PROSPECTUS AND SALES LITERATURE

Care - Advantage

Our all new "Care" is designed to take care of every minute requirement of yours, to the fullest.
We believe you deserve distinct benefits for choosing "Care", and they come your way in the form of certain thoughtfully designed product features.

Care – Highlight Features*

Service Features

- Simple
- Comprehensive
- Rewarding
- Flexible

Benefits at a glance

- Hospitalization Expenses
- Pre & Post Hospitalization Medical Expenses
- Daily Allowance
- Ambulance Cover
- Organ Donor Cover
- Domiciliary Hospitalization
- Automatic Recharge
- Second Opinion
- Alternative Treatments
- No Claims Bonus
- Global Coverage (excluding U.S.A.)
- Annual Health Check-up
- Vaccination Cover
- Care Anywhere
- Maternity Cover

Optional Covers

- Global coverage – Total
- Unlimited Automatic Recharge
- No Claims Bonus Super
- Deductible Option
- Everyday Care
- Smart Select
- Travel Plus
- OPD Care
- Daily Allowance+
- Personal Accident
- International Second Opinion
- Additional Sum Insured for Accidental Hospitalization
- Reduction in PED Wait Period
- Extension of Global coverage
- Air Ambulance Cover

Special Features

- Preventive Care through Annual Health Check-up
- Wide Range of Sum Insured Options
- Feature to get discount in Premium by choosing Deductible Option & Smart Select
- Feature to get discount in Premium by choosing Longer Tenure Options
- Feature to reduce PED Wait Period

** The features vary with the plan*

- The Eligibility Criteria, Benefits & Optional Covers mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
- In this document, words like "We", "Us" or "Our/Ours" represents the Insurer i.e., "Religare Health Insurance Company" and "You" or "Your/Yours" represents the "Proposer" or "Insured Person(s)".
- All the Benefits and Optional Covers will be applicable only during the Policy Period considering all the terms, conditions, exclusions, Wait Periods, sub-limits and maximum up to limits specified under the section – 'Schedule of Benefits'.
- Admissibility of a Claim under Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 7 (Automatic Recharge), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 3 (Unlimited Automatic Recharge), Optional Cover 7 (Smart Select), Optional Cover 9 (Daily Allowance+) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization) and Optional Cover 15 (Air Ambulance Cover). The event giving rise to a Claim under Benefit 1 shall be within the Policy Period for the Claim of such Benefit to be accepted.
- Our maximum, total and cumulative liability in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
  - On Floater Basis, our maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Total Sum Insured.
  - For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus (Benefit 10), No Claims Bonus Super (Optional Cover 4) and Additional Sum Insured for Accidental Hospitalization (Optional Cover 11). (NOTE: This clause is not applicable to Optional Cover 10: Personal Accident).
  - All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
  - Our liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
- Any Claim paid for Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), and Optional Covers namely Optional Cover 1 (Global Coverage – Total), Optional Cover 2 (Travel Plus), Optional Cover 6 ('Everyday Care' except Health Care Services), Optional Cover 7 (Smart Select), Optional Cover 8 (OPD Care), Optional Cover 9 (Daily Allowance+), Optional Cover 14 (Extension of Global Coverage), and Optional Cover 15 (Air Ambulance Cover), shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
- The Co-payment (as applicable) shall be borne by You on each Claim which will be applicable on Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total), Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).
  - At the time of issue of the first Policy with Us, if Age of Insured Person or eldest Insured Person (in case of Floater) is 61 Years or above, such Insured Person or all Insured Persons (in case of Floater) shall bear a Co-payment of 20% per Claim (over & above any other co-payment, if any).
  - On attaining 61 years of Age by an existing Insured Person or eldest Insured Person (in case of Floater), we provide an option to Insured Person / Policyholder, only on subsequent renewal, to choose for co-payment option of 20% per claim (over & above any other co-payment, if any) which applies to such Insured Person or all Insured Persons (in case of Floater) and thereby get a discount of 20% in Premium to be paid.
  - The Co-payment shall be applicable to each and every Claim made, for each Insured Person.
- Deductible Option (if opted) is applicable on the Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage – excluding U.S.A.), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).
- Hospitalization or Medical Expenses which are 'Medically Necessary' only shall be admissible under the Policy.

1. Eligibility Criteria

Entry Age – Minimum	Individual : 5 years Floater : 91 Days with at least 1 Insured Person of age 18 years or above
Entry Age – Maximum	Lifelong
Exit Age	Lifelong
Age of Proposer	18 Years or above
How can You cover Yourself	Individual basis (maximum up to 6 Persons having equal Sum Insured) or Floater basis
Floater combinations	1Adult + 1Child / 1Adult + 2Children / 1Adult + 3Children / 1Adult + 4Children / 2Adults / 2Adults + 1Child / 2Adults + 2Children / 2Adults + 3Children / 2Adults + 4Children
Who are covered (Relationship with respect to the Proposer)	1. Individual: Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest. 2. Family Floater: Self, Legally married spouse, son, daughter, father, mother, employee and his/her dependents (Legally married Spouse, Children & Parents) or any other relationship having an insurable interest.

Notes:

- Child would be ported to an individual policy (having a separate Sum Insured) and treated as an adult Insured Person, upon attaining 25 years of age, at the time of renewal.
- All the Age calculations are as per "Age Last Birthday" as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Covers.

2. Benefits

2.1. Benefit 1: Hospitalization Expenses:

(i) In-Patient care: Hospitalization for at least 24 hours - If you are admitted to a hospital for in-patient care which should be Medically Necessary, for a minimum period of 24 consecutive hours, we will pay, maximum up to Sum Insured, for the medical expenses incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.

(ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries don't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay for all such day care treatments as per Annexure-I to Prospectus, maximum up to Sum Insured.

2.2. Benefit 2: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses:

(i) Pre-Hospitalization Medical Expenses:

Examination, tests and medication - Sometimes the procedures that finally lead you to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 30 days immediately before the Date of Your Admissible Hospitalization, provided that we shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date .

(ii) Post-Hospitalization Medical Expenses:

Back home and till you are back on your feet - The expenses don't end once you are discharged. There might be follow-up visits to your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 60 days immediately after the Date of Discharge of Your Admissible Hospitalization.

2.3. Benefit 3: Daily Allowance:

It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay Daily Allowance - a fixed lump sum amount, for each completed day (24 hours) of hospitalization, payable for a maximum of 5 consecutive days per Hospitalization, so that you can meet these expenses without a bother and as suits you best.

2.4. Benefit 4: Ambulance Cover:

It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount per hospitalization, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

2.5. Benefit 5: Organ Donor Cover:

We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to a specified amount for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.

'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor. Clause 4.2 (19) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.6. Benefit 6: Domiciliary Hospitalization:

Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you up to a specified amount, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect of a claim made under this Benefit.

Any Medical Expenses incurred for the treatment in relation to any of the *following diseases shall not be payable under this Benefit*:

(i) Asthma;
(ii) Bronchitis;
(iii) Chronic Nephritis and Chronic Nephritic Syndrome;
(iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis;
(v) Diabetes Mellitus and Diabetes Insipidus;
(vi) Epilepsy;
(vii) Hypertension;
(viii) Influenza, cough or cold;
(ix) All Psychiatric or Psychosomatic Disorders;
(x) Pyrexia of unknown origin for less than 10 days;
(xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
(xii) Arthritis, Gout and Rheumatism.

2.7. Benefit 7: Automatic Recharge:

A refill is always welcome! So your sum insured is reinstated just when you need it the most.
If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire sum insured immediately, once in the policy year.
This re-instated amount can be used for future claims which are not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year.
- For any single Claim during a Policy Year the maximum Claim amount payable shall be sum of:

- Sum Insured
- No Claims Bonus (Benefit – 10)
- No Claims Bonus Super (Optional Cover – 4)
- Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)

- During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:

- Sum Insured
- No Claims Bonus (Benefit – 10)
- No Claims Bonus Super (Optional Cover – 4)
- Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
- Automatic Recharge(Benefit – 7)

- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating 'Automatic Recharge'.
- The Recharge is applicable only for Benefit 1 (Hospitalization Expenses).

2.8. Benefit 8: Second Opinion:

We take your illnesses as seriously as you do. If you are suffering from a serious illness (namely Benign Brain Tumor, Cancer, End Stage Lung Failure, Myocardial Infarction, Coronary Artery Bypass Graft, Heart Valve Replacement, Coma, End Stage Renal Failure, Stroke, Major Organ Transplant, Paralysis, Motor Neuron Disease, Multiple Sclerosis, Major Burns & Total Blindness) and feel uncertain about your diagnosis or wish to get a second opinion within India from a doctor on your medical reports for any other reason, we arrange one for you, free of cost, without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Major Illness / Injury per Policy year.

2.9. Benefit 9: Alternative Treatments:

It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, we will pay You up to a specified amount for medical expenses incurred by You towards Your in-patient admission in a Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions, in India, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy. Clause 4.2 (20) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.10. Benefit 10: No Claims Bonus:

If no Claim has been paid by Us in the expiring Policy Year, we raise a cheer to your good health in the form of a bonus for you. You receive a flat increase of 10 per cent in your sum insured for the next Policy year. In any case the No Claims bonus will not exceed 50% of the Sum insured under the policy and in the event there is a claim in a policy year, then the No Claims bonus accrued will be reduced by 10% of the sum insured but in no case shall the Total Sum insured be less than the Sum insured. For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad. The Recharge amount ('Automatic Recharge' & 'Unlimited Automatic Recharge') shall not be considered while calculating 'No Claims Bonus'. Along with the Benefits (Base Covers) under the Policy, accrued **'No Claims Bonus' can be utilized for** Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

2.11. Benefit 11: Global Coverage (excluding U.S.A.):

Through this benefit, you can avail Hospitalization expenses incurred outside India, anywhere in the world excluding United States of America, maximum up to Sum Insured. A mandatory Co-Payment of 10% per Claim is applicable, which will be in addition to any other co-payment (if any) applicable in the Policy. This Benefit is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year. The Medical expenses payable shall be limited to Maternity Cover and Hospitalization Expenses (i.e., In-Patient Care and Day Care Treatment) only.

2.12. Benefit 12: Annual Health Check-up:

Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!!

To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network Provider in India for all the Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

(a) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to Rs.60 Lac for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Plan
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	Care 2, Care 3 & Care 8
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	Care 4 & Care 9
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	Care 5 & Care 6

(b) Medical Tests covered in the Annual Health Check-up, applicable for Care 7, for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

Infection Markers Complete Blood Count(CBC) ESR ABO Group & Rh Type Urine Routine Stool Routine	**Lipid Profile** Cholesterol LDL HDL Triglycerides VLDL
Liver Function Test S Bilirubin (Total/Direct) SGPT SGOT GGT Alkaline Phosphatase Total Protein Albumin : Globulin	**Kidney Function Test** Creatinine Blood Urea Nitrogen Uric Acid
Lung Function Markers Lung Function Test	**Diabetes Markers** Hba1c
Cardiac Markers Treadmill Test ECG	**Imaging Tests** X-Ray – Chest Ultrasound Abdomen

(c) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date for all Plans except Care 1, are as follows :-

List of Medical Tests covered as a part of Annual Health Check-up
Physical Examination (Height, Weight and Body Mass Index (BMI)), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)

2.13. Benefit 13: Vaccination Cover

As they rightly say, Prevention is better than Cure! We too strongly believe in the same!!

We will pay you up to a specified amount, towards the Vaccination expenses for all the Insured Persons up to 18 years of age, as prescribed in the National Immunization Schedule (NIS) for protection against Diphtheria, Pertussis, Tetanus, Polio, Measles, Hepatitis B and Tuberculosis, which fall under category of Vaccine preventable diseases as follows:

S. No	Vaccine& its presentation	Protection against	S. No	Vaccine& its presentation	Protection against
1	BCG (Bacillus Calmette Guerin)- Lyophilized vaccine	Tuberculosis	**5**	Measles - Lyophilized vaccine	Measles
2	OPV (Oral Polio Vaccine)- Liquid vaccine	Poliomyelitis	**6**	TT (Tetanus Toxoid) – Liquid vaccine	Tetanus
3	Hepatitis B – Liquid Vaccine	Hepatitis B	**7**	JE vaccination Lyophilized vaccine	Japanese Encephalitis (Brain fever)
4	DPT (Diphtheria, Pertussis and Tetanus Toxoid) – Liquid vaccine	Diphtheria, Pertussis and Tetanus	**8**	Hib (given as pentavalent containing Hib + DPT + Hep B) – Liquid vaccine	Hib Pneumonia and Hib meningitis

2.14. Benefit 14: Care Anywhere

After all, it's your health, and we stand by every decision you take in its interest.

For specific diseases / ailments (namely Cancer, End Stage Renal Failure, Benign Brain Tumor, Total Blindness, Major Organ Transplant, End Stage Lung Disease, Heart Valve Replacement, Coronary Artery Bypass Graft, Stroke, Myocardial Infarction, Major Burns & Coma) we ensure that You have access to one of the best healthcare services out of India, anywhere in the world!

Payment for medical expenses for specific diseases / ailments under this Benefit shall be made only if prior written notice of at least 7 days is given to us.

2.15. Benefit 15: Maternity Cover

Pregnancy is undoubtedly one of the most beautiful and significantly life-altering events in a Women's life! Thus through Maternity Cover, we will pay up to a specified amount, for the Medical Expenses associated with Hospitalization of an Insured Person for the delivery of a child, subject to the conditions specified below:

- Claims will not be admissible for any expenses incurred for diagnosis / treatment related to any Maternity Expenses until 24 months since the inception of the first Policy with us.
- This Benefit is available only under Floater cover type for all Insured Persons of age 18 years or above.
- Clause 4.2 (4) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

3. Optional Covers

You can opt for the following Optional covers either at the inception of the policy or at the time of renewal:-

3.1. Optional Cover 1: Global Coverage – Total

A comprehensive Insurance should not have many restrictions in terms of where to avail the treatment in case of your ill health. So, we thought of offering you a health insurance which has sky as its limit. Through this Optional Cover, you can avail treatment under Maternity Cover and Hospitalization i.e., In-Patient care and Day Care Treatment outside India, anywhere in the world (including United States of America).

This Optional Cover stands as an extension to Benefit 12 – Global Coverage (excluding U.S.A.)

3.2. Optional Cover 2: Travel Plus:

A friend in need is a friend indeed!

Imagine you visit a foreign land and due to unforeseen circumstances, you fall sick and it becomes a situation of medical emergency *or* you realize that you misplaced your passport *or* you suddenly realize that your Baggage is lost after Checking-into the common carrier or may it be Repatriation of Mortal Remains or Medical Evacuation, your health insurance cover will come to your rescue to serve as a protection shield on that foreign land in such contingencies. Having this Policy with you will be as good as taking a friend along, who stands by you, the moment you need a companionship the most.

This Optional Cover is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year.

The following is the detailed list of Benefits provided to you under Travel Plus, which are valid outside India.

3.2.1. Worldwide In-Patient Cover (for emergency): If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury which leads to an emergency medical situation, you will be eligible to avail in-patient care in a 'Single Private Room' in a Hospital through this Policy, maximum up to limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim. 'Day Care Treatment', 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered under the purview of this cover.

3.2.2. Worldwide OPD Cover: If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury, you will be eligible to avail out-patient care through this Policy, maximum up to limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim.

3.2.3. Loss of Passport: If you lose your original passport, and you incur expenses towards obtaining a duplicate or new passport, we will pay you for such incurred expenses, maximum up to the limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim.

3.2.4. Loss of Checked-in Baggage: We will pay you up to specified limit for the market value for cost of replacement of the entire baggage and its contents if the entire Checked-In Baggage is lost whilst in custody of the Common Carrier.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds Rs.5,000/-, Our liability shall be limited to Rs.5,000/- only. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person and all the pieces of Checked-in Baggage are not lost, then our liability shall be restricted to 0.5% of the Sum Insured or Rs. 10,000 (whichever is lesser).

3.2.5. Repatriation of Mortal Remains: We will pay You, up to limits specified, for the costs of repatriation of the mortal remains of the Insured Person back to the Place of Residence or for a local burial or cremation at the place where death has occurred, if your demise happens solely and directly due to an Insurable event.

3.2.6. Medical Evacuation: Even the best-planned trips don't always go as planned!

May it be a quick weekend trip or a well-planned dream Holiday!!

As explained in Emergency Medicine, the golden hour is a time period lasting for one hour following traumatic injury being sustained by a casualty or medical emergency, during which there is the highest likelihood that prompt medical treatment will prevent death. It is well established that the patient's chances of survival are greatest if they receive care within a short period of time after a severe injury.

We will pay you, up to specified limit, for the reasonable cost incurred towards your Medical Evacuation in an Emergency condition through an Ambulance, which includes Air Ambulance or any other transportation and evacuation services to the nearest Hospital. This also includes necessary medical care en-route forming part of the treatment, for any Illness contracted or Injury sustained by you. Payment under this Benefit is subject to a Claim for the same Illness or Injury being admitted by Us under Benefit 3.2.1 (Worldwide In-Patient Cover (for Emergency)).

Note for Deductible under 'Worldwide In-Patient Cover (for emergency)', 'Worldwide OPD Cover' and 'Loss of Passport' of Optional Cover 'Travel Plus' – Once the claimed amount is converted into Indian Rupees, the deductible (in INR) will be applied to calculate the final pay-out to the Claimant.

3.3. Optional Cover 3: Unlimited Automatic Recharge:

This Optional Cover is an extension to Benefit – 7, "Automatic Recharge". Through this Optional Cover, your sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire sum insured unlimited times in a policy year. This re-instated amount can be used for future/further claims, not related to the Illness / Injury for which the claim has been made during the same Policy year.

Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.

No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating 'Unlimited Automatic Recharge'.

3.4. Optional Cover 4: No Claims Bonus Super:

For every year that you enjoy un-interrupted good health, your *No Claims Bonus Super* keeps building up!

This Optional Cover serves as an extension to No Claims Bonus (Benefit – 10). In a particular year, if this option is chosen by you and we have not paid any claim, we raise a cheer to your good health in the form of a *No Claims Bonus Super* for you. You receive an increase of 50 percent flat in your Sum insured, which is over & above the Sum Insured accrued under No Claims Bonus (Benefit – 10), for the next Policy year. In any case the No Claims Bonus Super will not exceed 100% of the Sum insured and in the event there is a claim paid in a policy year, then the No Claims bonus Super accrued will be reduced by 50% of the Sum insured but in no case shall the Total Sum Insured be reduced than the Sum Insured. The Recharge amount ('Automatic Recharge' & 'Unlimited Automatic Recharge') shall not be considered while calculating 'No Claims Bonus Super'. Along with the Benefits (Base Covers) under the Policy, accrued **'No Claims Bonus Super' can be utilized for** Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, 'No Claims Bonus Super' would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

3.5. Optional Cover 5: Deductible Option:

Win-Win Situation!

We give you an option of choosing a deductible along with your Plan, which will help you reduce the amount of Premium to be paid!!

Deductible is the claim amount (as specified) which is to be borne by You under this Policy. Deductible would apply on an aggregate basis in a Policy Year.

We shall be liable only once the aggregate amount of all the claims exceed the Deductible.

Illustration for applicability of Deductible in the same Policy Year

(Amount in Rupees)

Sr. No	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	500,000	100,000	75,000	125,000	100,000	-	100,000	100,000
2	500,000	100,000	75,000	250,000	300,000	-	225,000	275,000
3	500,000	100,000	250,000	400,000	400,000	150,000	350,000	-

3.6. Optional Cover 6: Everyday Care:

We understand that healthcare needs are not only limited to hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and if the option is chosen by you, We will provide the following Everyday Care Services (the "Services") to You during the Policy Year, under this Optional Cover:-

(i) Out Patient consultations:

You may avail out-patient treatment at any of our Network Service Provider, up to a maximum limit of 1% of Sum Insured. For the purpose of this Benefit, a flat Co-payment of 20% per consultation is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(ii) Diagnostic Examinations:

You may avail Diagnostic Examination facilities anywhere within our Network, up to a maximum limit of 1% of Sum Insured, as prescribed by a Medical Practitioner. For the purpose of this Benefit, a flat Co-payment of 20% per Diagnostic Examination is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(iii) Health Care Services which include only the following:

a) **Doctor Anytime /Free Health Helpline:** You may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting Us on the helpline details specified on Our website.
b) **Health Portal:** You may access health related information and services available through Our website.
c) **Health & Wellness Offers:** You may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Service Providers (which are listed on Our website).

Network Service Provider means any person, organization, institution that has been empanelled with us to provide Services specified under this Optional Cover to the Insured Person.

3.7. Optional Cover 7: Smart Select:

This Optional Cover provides you a discount in the premium you pay!

By choosing this Optional Cover and thereby getting a discount of 15% on the Premium payable, you can avail Medical Treatment at any hospital listed under Annexure – IV to the Prospectus.

However, if you avail Medical Treatment in hospitals other than those mentioned under Annexure – IV to the Prospectus, then you shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

NOTE: For an updated list of Hospitals mentioned under Annexure – IV to the Prospectus, please refer to our Website.

3.8. Optional Cover 8: OPD Care:

We understand how trivial but important are bills pertaining to OPD consultations, diagnostics and medicines. Collectively, they can sum-up to cause a major financial impact.

Hence through this Optional Cover, we will pay you, through Reimbursement facility only, maximum up to a specified limit, for the following Out-patient care Services during the Policy Year -

(a) Out Patient consultations
(b) Diagnostic Examinations
(c) Pharmacy

Note: Coverage for Optional Cover 'OPD Care' is provided for entire Policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable / reimbursed by Us. However, claim can be filed with Us, only twice during that Policy year, as and when that Insured Person may deem fit.

3.9. Optional Cover 9: Daily Allowance+:

It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay a fixed lump sum amount (as chosen by You), for each completed day (24 hours) of hospitalization, payable for a maximum of 30 days in a Policy Year, so that you can meet these expenses without a bother and as suits you best.

In case you are hospitalized in an ICU, we would pay twice the amount chosen by You.

The Payment under this Optional Cover will be in addition to any payment made under Benefit 3 (Daily Allowance).

NOTE: At one point of time, an Insured Person cannot stay both in a regular Hospital room as well as in an ICU room. Hence, only either one of the rooms would be considered for pay-out as per the Insured Person's room occupancy in the Hospital.

3.10. Optional Cover 10: Personal Accident:

Accidents are never foreseen as they mean! But a stitch in time can save nine!!

A little plan for such unforeseen events can protect the interests of your beneficiaries in a big way.

This Optional Cover can be chosen by You for yourself, Spouse & Dependent children, only if they are insured under this Policy and You (for yourself) have opted for such Cover. (Proposer's Dependent parents are not eligible to for coverage under this Optional Cover 'Personal Accident').

Maximum coverage amount which can be chosen by the Proposer for oneself ranges from 'Sum Insured' to '10 times of the Sum Insured' (subject to a maximum of Rs.3 Crore) in multiples of Lacs only. (NOTE: Sum Insured mentioned here is the Sum Insured pertaining to the base plan)

Optionally, if You wish to cover your Spouse or Children under this Optional Cover, the coverage amount is as follows:

i. For Spouse:50% of the Coverage amount chosen for You
ii. Per Child:25% of the Coverage amount chosen for You (If opted for 'Per Child', cover should be taken for all dependent children under this Policy)

This Optional Cover includes two Benefits namely "Accidental Death" and "Permanent Total Disablement" which are explained below and are applicable to events arising worldwide.

3.10.1. Accidental Death

We shall pay 100% of the coverage amount of the Insured Person, in the event of his / her Death on account of an Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.

3.10.2. Permanent Total Disablement (PTD)

We shall pay up to the coverage amount of the Insured Person as specified below in case of his / her permanent total disablement on account of any Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per table below:

Sr. No.	Insured Events	% of coverage amount of the Insured Person under this Optional Cover
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV in the table above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

For the purpose of this Benefit only:

(i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

(ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;

(iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

3.11. Optional Cover 11: Additional Sum Insured for Accidental Hospitalization:

In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Period, We shall automatically provide an additional Sum Insured equal to the Sum Insured for In-patient Care for that Insured Person who is hospitalized, provided that:

i. The 'additional Sum Insured for Accidental Hospitalization' shall be utilized only after the Sum Insured has been completely exhausted;

ii. The total amount payable under such Claim shall not exceed the sum total of the Sum Insured, No Claims Bonus, No Claims Bonus Super (if opted) and 'additional Sum Insured for Accidental Hospitalization';

iii. The 'additional Sum Insured for Accidental Hospitalization' shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;

iv. The 'additional Sum Insured for Accidental Hospitalization' shall be applied only once during the Policy Period.

3.12. Optional Cover 12: International Second Opinion

"International Second Opinion" is an extension to Benefit 8 (Second Opinion) and hence all the provisions stated under the Benefit – 'Second Opinion', holds good for this Optional Cover as well, except that the geographical scope of coverage for this Optional Cover is applicable to worldwide excluding India only.

3.13. Optional Cover 13: Reduction in PED Wait Period

Choosing this Optional Cover reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.

Hence all the provisions stated under Clause 4.1 (iii), holds good for this Optional Cover as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after just 24 months of continuous coverage has elapsed, since the inception of the first Policy with us.

NOTE: This Optional Cover will be available only at the time of inception of the Policy and only for the Sum Insured chosen at that time.

3.14. Optional Cover 14: Extension of Global Coverage

There may be times when our heart asks for more!

For those who feel the need for an extended duration of coverage under Benefit 15 'Global Coverage (excluding USA)' and Optional Cover 1 'Global Coverage – Total', the duration of coverage will be extended to 90 continuous days in a single trip and maximum 180 days on a cumulative basis, by opting this Optional Cover.

3.15. Optional Cover 15: Air Ambulance Cover

Through this cover, we will pay you up to the amount specified for *availing Air Ambulance services* in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance.

General Note applicable to all the Optional Covers:

Coverage amount limits for Optional Cover 2 'Travel Plus', Optional Cover 6 'Everyday Care', Optional Cover 8 'OPD Care', Optional Cover 10 'Personal Accident', Optional Cover 11 'Additional Sum Insured for Accidental Hospitalization' and Optional Cover 15 'Air Ambulance Cover' are covered over and above the 'Sum Insured'. Please refer to Annexure V for more details on 'Basis of treatment of Optional Covers'.

4. Exclusions

4.1. Waiting Periods:

(i) First 30-Day waiting Period

a) Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days from the Policy Period Start Date shall not be admissible, except those Medical Expenses incurred directly as a result of an Injury taking place within the Policy Period.

b) This exclusion shall not apply for subsequent Policy Years provided that there is no Break in Policy for that Insured Person and that the Policy has been renewed with us for that Insured Person within the Grace Period and for the same or lower Sum Insured.

(ii) Specific Waiting Period

Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty four) consecutive months of coverage of the Insured Person by Us from the first Policy Period Start Date:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers

(iii) **Pre-existing Disease:** Claims will not be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease until 48 months of continuous coverage has elapsed, since the inception of the first Policy with us.

(iv) If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the incremental amount of the Sum Insured only.

(v) If the Sum Insured is reduced on any renewal of this Policy, the credit for waiting periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be restricted to the lowest Sum Insured under the previous Policy.

(vi) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(vii) If Coverage for Benefits (in case of change in Product Plan) or Optional Covers are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Covers, from the time of such renewal.

(viii) For specific Covers offered on a global basis namely Benefit 11 'Global Coverage (excluding USA)', Optional Cover 1 'Global Coverage – Total' and Optional Cover 2 'Travel Plus', first 30 day Waiting Period defined as per Clause 4.1 (i) does not apply on the foreign land, in case the Insured Person travels abroad.

4.2. Permanent Exclusions:

The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.

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.

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Prospectus).
2. We shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – III to the Prospectus.
3. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
4. 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. This exclusion will not apply to ectopic pregnancy.
5. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
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 routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
8. Unproven/Experimental or investigational 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.
9. Expenses incurred on High Intensity Focused Ultra Sound, Balloon Sinuplasty, Enhanced External Counter Pulsation Therapy and related therapies. Deep Brain Simulation, Hyperbaric Oxygen Therapy, Robotic Surgery ((whether invasive or non-invasive), Holmium Laser Enucleation of Prostate, KTP Laser surgeries, cyber knife treatment, Femto laser surgeries and such other similar therapies, bioabsorbable stents.
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. 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 (except for Benefit – 6: Domiciliary Hospitalization).

12. Treatment of any external Congenital Anomaly, genetic disorders or Illness or defects or anomalies or treatment relating to external birth defects.
13. Treatment of mental illness, stress or psychological disorders or Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness.
14. Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.
15. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
16. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
17. All preventive care (except eligible and entitled for Benefits – 13: Annual Health Check-up), Vaccination (except eligible and entitled for Benefit – 14: Vaccination Cover), including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.
18. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
19. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery (This exclusion is only applicable for Care Plan 1).
20. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
21. 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.
22. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
23. 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 intoxicating drugs, alcohol or hallucinogens.
24. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
25. 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.
26. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.
27. 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.
28. Impairment of an Insured Person’s intellectual faculties by abuse of stimulants or depressants.
29. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.

30. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions.
31. Stem cell implantation/surgery and storage except for allogeneic bone marrow transplantation
32. All the Hazardous Activities
33. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
34. 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.
35. Oral Chemotherapy.
36. Any other exclusion as specified in the Policy Certificate.

Note: 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.

(i) <u>Additional Exclusions Applicable To 'Travel Plus' (Optional Cover 2)</u>

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* under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

1) Medical treatment taken outside the Country of Residence if that is the sole reason or one of the reasons for the journey.
2) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
3) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Policy Period.
4) Degenerative or oncological (Cancer) diseases.
5) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
6) Any expenses related to services, including Physiotherapy, provided by Chiropractitioner; and the expenses on prostheses / prosthetics (artificial limbs).
7) Traveling against the advice of a Medical Practitioner; or receiving, or is supposed to receive, medical treatment; or having received terminal prognosis for a medical condition; Or taking part or is supposed to participate in war like or peace keeping operation.

(ii) <u>Additional Exclusions applicable to 'Loss of Checked-in Baggage' under 'Travel Plus' (Optional Cover 2):</u>

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

1) Any partial loss or damage of any items contained in the Checked-In Baggage.
2) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
3) Any loss due to damage to the Checked-In Baggage.
4) Any loss of the Checked-In Baggage sent in advance or shipped separately.
5) Valuables (**Valuables** shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals).

(iii) Additional Exclusions applicable to 'Personal Accident' (Optional Cover 10):

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 pre-existing injury or physical condition;
2) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
3) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
4) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;
5) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
6) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
7) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
8) Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
9) Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
10) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
11) Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the schedule of Policy Certificate.

(iv) Additional exclusion for Benefits / Optional Covers, which are applicable 'outside India':
Under the Benefits 'Care Anywhere', 'Global Coverage (excluding USA)', Optional Covers 'Global Coverage – Total' and 'Worldwide In-Patient Cover (for Emergency)' of Optional Cover 'Travel Plus', 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered as a part of those respective Benefits / Optional Covers.

5. Portability

In case Portability has been granted to you under this Policy then:-

(i) The proposed Insured Person has to be covered without any break in insurance coverage under any similar indemnity health insurance policy from any non-life insurance company or Health Insurance Company registered with the IRDAI or any of Our similar group indemnity health insurance policy; and

(ii) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the sum insured and the deductible under the expiring health insurance policy.

(iii) The Waiting Periods under Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.

(iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(v) Credit for the sum insured of the expiring policy shall additionally be available as under:

- **(a)** If you are covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with us, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
- **(b)** In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.

(vi) In case you have opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:

- **(a)** We may at your request, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
- **(b)** In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy, as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with Us for that Policy year.

6. Claims Procedure and Management

This section explains you about procedures involved to file a valid Claim and related processes involving us to manage the Claim. All the procedures and processes such as pre-requisite for filing an admissible Claim, Duties of a Claimant, Documents to be submitted for filing a valid Claim, Claim Settlement Facilities, You intimating the Claim to us, Progressive order for Assessment of Claims by us, settlement of payable Claim Amount by us to you (in case of Reimbursement Facility) and/or Hospital (in case of Cashless Facility) and related terms of Payment, are explained herein.

6.1. Pre-requisite for admissibility of a Claim:

Any claim being made by you or your attendant during Hospitalization on your behalf, should mandatorily comply with the following conditions and in case of non-compliance of any kind, we shall not be bound to accept the Claim:

(i) The Condition Precedent Clause has to be fulfilled.

(ii) The health damage caused, medical expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by us as an Insured Person except for a Nominee.

(iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium Clause by their respective due dates.

(iv) The Claimant should not be a minor or of unsound mind or on drug administration or influenced by any means of coercion and to exploit us while making the Claim.

(v) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

6.2. Claim settlement - Facilities

(a) Cashless Facility:

We extend Cashless Facility as a mode to indemnify the medical expenses incurred by you at a Network Provider. For this purpose, you will be issued a "Health card" at the time of first Policy purchase, which has to be preserved and produced at any of Network Provider in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

(i) **Submission of Pre-authorization Form:** A Pre-authorization form as prescribed by IRDAI, which is available on our Website or with the Network Provider, has to be duly filled and signed by you and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.

(ii) **Identification Documents:** The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes.

Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.

(iii) Our Approval: We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for your Hospitalization.

(iv) Our Authorization:

(a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of you shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.

(b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to you, if any, as applicable.

(c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

(v) Event of Discharge from Hospital: All original bills and evidence of treatment for the Medical Expenses incurred in respect of your Hospitalization and all other information and documentation specified under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before your discharge from Hospital.

(vi) Our Rejection: If we do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by you to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to your Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. You can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

(vii) Network Provider related: We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, you may refer to the list of Network Providers available on our website or at the call center.

(viii) Claim Settlement: For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(ix) Claims incurred outside India: Our Assistance Service Provider should be intimated for availing Cashless Facility outside India under Benefit 11 (Global coverage (excluding USA), Benefit 14 (Care Anywhere), Optional Cover 1 (Global coverage – Total), Optional Cover 2 (Travel Plus) and Optional Cover 12 (International Second Opinion).

(b) Re-imbursement Facility

(i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically state that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clauses 6.4 and 6.5, shall be submitted to us at Your own expense, immediately and in any event within 15 days of your discharge from Hospital.

(ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.

(iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.

(iv) For Claim settlement under reimbursement, we will pay the Policyholder. In the event of death of the Policyholder, we will pay the nominee and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of our liability under the Policy.

6.3. Duties of a Claimant/ Insured Person in the event of Claim

(a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

(i) You shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.

(ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

(iii) You shall follow the directions, advice or guidance provided by a Medical Practitioner and we shall not be obliged to make payment that is brought about or contributed to by you failing to follow such directions, advice or guidance.

(iv) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 (Claims Procedure and Management) of the Policy.

(v) The Insured Person will, at our request, submit himself / herself for a medical examination by our nominated Medical Practitioner as often as we consider reasonable and necessary. The cost of such examination will be borne by us.

(vi) Our Medical Practitioner and representatives shall be given access and co-operation to inspect your medical and Hospitalization records and to investigate the facts and examine you.

(vii) We shall be provided with complete necessary documentation and information which we have requested to establish our liability for the Claim, its circumstances and its quantum.

6.4. Claims Intimation

Upon the occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to our liability under the Policy, all of the following shall be undertaken:

(i) 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, we shall be notified with full particulars within 48 hours from the date of occurrence of event either at Our call center or in writing.

(ii) Claim must be filed within 15 days from the date of discharge from the hospital.

Note: 6.4 (i) and 6.4 (ii) are precedent to admission of liability under the policy.

(iii) The following details are to be disclosed to us at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury;
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by us.

(iv) In case of an Emergency Hospitalization, We shall be notified either at the Our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

6.5. Documents to be submitted for filing a valid Claim

(a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims:

(i) Duly filled and signed Claim form by the Insured Person;
(ii) Copy of Photo ID of Insured Person;
(iii) Medical Practitioner's referral letter advising Hospitalization;
(iv) Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
(v) Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
(vi) Original bills from pharmacy/chemists;
(vii) Original pathological/diagnostic test reports/radiology reports and payment receipts;
(viii) Operation Theatre Notes;
(ix) Indoor case papers;
(x) Original investigation test reports and payment receipts supported by Doctor's reference slip;
(xi) Ambulance Receipt;
(xii) MLC/FIR report, Post Mortem Report if applicable and conducted;
(xiii) Any other document as required by us to assess the Claim.

Note: We may give a waiver to one or few of the above or below mentioned documents depending upon the case.

(b) Additional Documents to be submitted for any Claim under 'Loss of Passport' which is a part of 'Travel Plus' (Optional Cover 2) :

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(i) Copy of the police report
(ii) Details of the attempts made to trace the passport;
(iii) Statement of claim for the expenses incurred;
(iv) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

(c) Additional Documents to be submitted for any Claim under 'Loss of Checked-in Baggage' which is a part of 'Travel Plus' (Optional Cover 2) :

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(i) Property irregularity report issued by the appropriate authority.
(ii) Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.
(iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage

(d) Additional Documents to be submitted for any Claim under 'Repatriation of the mortal remains' which is a part of 'Travel Plus' (Optional Cover 2) :

It is a condition precedent to Our liability under this Benefit that the following information and documents shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
(ii) Copy of the postmortem certificate, if conducted;
(iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
(iv) In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

(e) Additional Documents to be submitted for any Claim under 'Medical Evacuation' which is a part of 'Travel Plus' (Optional Cover 2) :

(i) It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
(ii) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of evacuation.
(iii) Documentary proof for expenses incurred towards the Medical Evacuation.

(f) Additional Documents to be submitted for any Claim under 'Air Ambulance Cover' (Optional Cover 15) :

(i) It is a condition precedent to Our liability under this Optional Cover that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(ii) Medical reports and transportation details issued by the air ambulance service provider, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of air ambulance services.

(iii) Documentary proof for expenses incurred towards availing Air Ambulance services.

(g) We will accept bills/invoices which are made in the Insured Person's name only.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.6. Claim Assessment

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, we may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

(i) If the provisions of the Contribution Clause in Clause 7.9 are applicable, our liability to make payment under that Claims shall first be apportioned accordingly.

(ii) If a Room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than your eligible limit, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits.

'Variable Medical Expenses' means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges in a Hospital:

I. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
II. Intensive Care Unit (ICU) charges;
III. Fees charged by surgeon, anesthetist, Medical Practitioner;
IV. Investigation Expenses.

(iii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible where the Claim amount is within the Deductible, we will not apply the Contribution Clause. Similarly, if 'Deductible per claim' is applicable, our liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded and we will not apply the Contribution Clause.

(iv) Co-payment shall be applicable on the amount payable by us.

(c) The Claim amount assessed in Clause 6.6 (b) above would be deducted from the following amounts in the following progressive order:

(i) Sum Insured;
(ii) Additional Sum Insured for Accidental Hospitalization (if applicable);
(iii) No Claims Bonus (if applicable);
(iv) No Claims Bonus Super (if applicable);
(v) Automatic Recharge (if applicable);
(vi) Unlimited Automatic Recharge (if applicable).

(d) All claims incurred in India are dealt by Us directly.

6.7. Payment Terms

(a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.

(b) We shall have no liability to make payment of a Claim under the Policy in respect of you during the Policy Period, once your Total Sum Insured is exhausted.

(c) **We shall settle any Claim within 30 days** of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by us. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you, we shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, we shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

(d) **If you suffer a relapse within 45 days** of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

(e) **If any Claim is made which extends in to two Policy Periods**, then such Claim shall be paid taking into consideration the available Sum Insured in these Policy Periods including the deductible for each Policy Period. Such eligible Claim amount will be paid to you after deducting the extent of premium to be received for the renewal/due date of premium of the policy, if not received earlier.

(f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Certificate.

7. Salient Features

7.1. Policy Term

The Policy term can be one, two or three years**.**

7.2. Premium

The premium charged under the Policy depends upon the Plan opted, Sum Insured, Co-payment, Deductible chosen, Age band, cover type (individual / floater), number of Insured persons in the Policy, Policy Term, optional cover(s) opted and the health status of the individual.
For premium calculation of floater policies, age of eldest Insured Person would be considered.
The premium rates for the plans offered are annexed hereto with the prospectus.

7.3. Underwriting Loading

Based on the Underwriter's assessment of the extra risk on account of medical conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Policyholder for their consent before issuance of the Policy. Loading will not exceed 100% of Premium (all the applicable loadings are additive in nature). Criteria for such loading are objectively mentioned in the Underwriting Manual.
In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Our call center or visit any of Our branch.

7.4. Tax Benefit

The Insured Person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

7.5. Free Look Period

(a) Within 15 days from the receipt of the Policy document, you may return the Policy stating reasons for your objection, if you disagree with any Policy terms and conditions.
(b) If no Claim has been made under the Policy, we will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
(c) Provision for free look period is not applicable and available at the time of renewal of the Policy.

7.6. Renewal Terms

(a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach Us on or before the Policy Period End Date.
(b) The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
(c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by us and we shall not be liable for any Claims incurred during such period.
(d) We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation you.
(e) We may carry out underwriting in relation to any request for change in the Sum Insured or Deductible at the time of renewal of the Policy.

(f) This product may be withdrawn / modified by us after due approval from the IRDA. In case this product is withdrawn / modified by us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate you at least three months prior to the date of such modification / withdrawal of this product and the options available to you at the time of Renewal of this Policy.

(g) We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.

(h) Renewal shall be offered lifelong. You shall be given an option to port this policy into any other of our individual health insurance product and credit shall be given for number of years of continuous coverage under this policy for the standard waiting periods.

(i) No loading based on individual claim experience shall be applicable on renewal premium payable.

7.7. Cancellation / Termination

(a) We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by You or any one acting on Your behalf, We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio and no refund of premium shall be effected by Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.

(b) You may also give 15 days' notice in writing, to us, for the cancellation of this Policy, in which case we shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Policy Tenure – 1 Year	Policy Tenure – 2 Years	Policy Tenure – 3 Years
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.50%
18 months to 24 months	N.A.	0.00%	33.00%
24 months to 30 months	N.A.	N.A.	8.00%
Beyond 30 months	N.A.	N.A.	0.0%

(c) In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at the short period scales.

(ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, we will renew the Policy subject to the appointment of a policyholder provided that:

1) Written notice in this regard is given to us before the Policy Period End Date; and
2) A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.

7.8. Subrogation

We shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by us for the purpose of enforcing and/or securing any rights and remedies or obtaining relief or indemnity from any other party to which we are or would become entitled upon us paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide us with whatever assistance or cooperation is required to enforce such rights. Any recovery we make pursuant to this clause shall first be applied to the amounts paid or payable by us under this Policy and any costs and expenses incurred by us of affecting a recovery, where after we shall pay any balance remaining to you. This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.9. Contribution

(a) In case you are covered under more than one indemnity insurance policies, with us or with other insurers, you shall have the right to settle the Claim with any of the Companies, provided that the Claim amount payable is up to the Sum insured of such Policy.

(b) In case the Claim amount exceeds the Sum Insured, then you shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under:

(i) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then we shall not be liable to pay or contribute more than its ratable proportion of any Claim.

(ii) This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.10. Grievances

We have developed proper procedures and effective mechanism to address of complaints by the customers. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by IRDA from time to time in this regard.

(a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance through:

Website: www.religarehealthinsurance.com
Email: customerfirst@religarehealthinsurance.com
Contact No.:1800-200-4488
Fax: 1800-200-6677
Courier: Any of Our Branch Office or corporate office

You / Insured Person may also approach the grievance cell at any of Our branches with the details of your grievance during Our working hours from Monday to Friday.

To address any claim/grievance raised by Senior Citizens, We have developed the Customer Service channels in such a way that they identify the senior citizens based on their Policy number. Thereby, their claims and grievances are prioritized by Us through various fast track internal escalations by getting serviced through a lesser Turn-Around-Time (TAT).

(b) If You / Insured Person is not satisfied with Our redressal of the Your / Insured Person's grievance through one of the above methods, You / Insured Person may contact Our Head of Customer Service at:

Head – Customer Services,
Religare Health Insurance Company Limited,
GYS Global,
Plot No. A3, A4, A5, Sector - 125,
Noida, U.P. – 201301.

(c) You / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irda.gov.in, or on our website at www.religarehealthinsurance.com

8. Pre-Policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the plan, age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by Us in case You opt for a 2 year or 3 year tenure and Your proposal is accepted. We shall bear 50% of the cost of medical tests in case You opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such Insured Person to undergo tele-underwriting which may include specific tests, as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if Your proposal is accepted.

The test is to be taken as per the corresponding grid:

(Amount in Rupees)

<table>
<tr><th>Age/Sum Insured including Deductible</th><th>Up to 5 Lacs</th><th>Above 5 Lacs and below 15 Lacs</th><th>15 Lacs to 30 Lacs</th><th>Above 30 Lacs and below 100 Lacs</th><th>100 Lacs and above</th></tr>
<tr><td>Up to 17 years</td><td colspan="2" rowspan="3">No Medical Tests</td><td>Medical Examination Report</td><td>Medical Examination Report</td><td>For Floater Policy – Medical Examination Report;
For Individual Policy – Set 2</td></tr>
<tr><td>18 to 24 years</td><td>Set 1</td><td>Set 2</td><td>Set 6</td></tr>
<tr><td>25 to 45 years</td><td>Set 5</td><td>Set 7</td><td>Set 9</td></tr>
<tr><td>46 Years and above</td><td>Set 3</td><td>Set 4</td><td>Set 5</td><td>Set 8</td><td>Set 10</td></tr>
</table>

The Pre-policy Issuance Medical check-up test grid is as follows:

Category	Medical Tests
Set 1	MER, CBC, FBS, RUA, SGPT, S. Creatinine
Set 2	MER, CBC, FBS, RUA, ECG, USG, S. Creatinine
Set 3	MER, CBC &ESR, FBS / HbA1c, T.Cholesterol, ECG, SGPT, S. Creatinine
Set 4	MER, CBC &ESR, FBS / HbA1c, T.Cholesterol, TMT, SGPT, S. Creatinine
Set 5	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
Set 6	MER, CBC, FBS, RUA, 2DEcho, USG, S. Creatinine

Category	Medical Tests
Set 7	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine, USG abd/pelvis (M&F)
Set 8	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M&F), PSA (M)
Set 9	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M&F), CEA, PSA (M), PAP(F)
Set 10	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG (M&F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH

The explanation of the medical tests mentioned above, are as follows:

MER	Medical Examination Report
CBC with ESR	Complete Blood Count with Erythrocyte Sedimentation Rate
RUA	Routine and Microscopic Urine Analysis
HbA1C	Glycosylated Hemoglobin
S. Cholesterol	Serum Cholesterol
Lipids	Fasting Lipid Profile
ECG	Electro Cardio Gram
SGPT	Serum Glutamic Pyruvic Transaminase
S. Creatinine	Serum Creatinine
TMT	Treadmill Test
2 D Echo	2D Echocardiography
LFT	Liver Function Test
PSA	Prostate Specific Antigen
HBsAg	Hepatitis B Surface Antigen/Australian Antigen
PAP	Papnicolaou Test
USG abd / Pelvis	Ultrasonography abdomen and Pelvis
TSH	Thyroid Stimulating Hormone
PFT	Pulmonary Function Test
CEA	Carcino Embryonic Antigen
RFT	Renal Function Test
T.Cholesterol	Total Cholestrol

9. Schedule of Discounts

Sr. No	Description	Parameters	Rates
1	Family Discount - This discount shall be applicable if 2 to 6 persons of the same family are covered in the same policy, on individual Sum Insured basis	**No. of persons**	**Discount**
		2 or 3 members	5.00%
		4, 5 or 6 members	10.00%
2	Cross Sell / Loyalty Discount (Discount given if you have any continuing retail policy of RHICL for last 6 months)	-	10.00%
3	Discount for multi-year policies (on single premium)	**Tenure**	**Discount**
	2 year rate = Annual Rate x 2 x (1 - Discount applicable)	2 Year	7.50%
	3 year rate = Annual Rate x 3 x (1 - Discount applicable)	3 Year	10.00%
4	Discount for Employees and / or their dependents of :	-	15.00%
	A. Corporation Bank & its subsidiaries / affiliates		
	B. Union Bank of India & its subsidiaries / affiliates		

Notes:– Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible under Optional Cover – 5) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

– All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 35% of the Premium).

10. Schedule of Benefits

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Tenure	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years
Benefits									
Hospitalization Expenses (In-Patient Care & Day Care Treatment)									
- In-Patient Care	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI
- Day Care Treatment	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI
Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI
Daily Allowance	Rs. 250 per day; Max. 5 days per hospitalization covered	Rs. 500 per day; Max. 5 days per hospitalization covered	Rs. 500 per day; Max. 5 days per hospitalization covered	✕	✕	✕	✕	Rs. 500 per day; Max. 5 days per hospitalization covered	✕
Ambulance Cover	Up to Rs 1,000 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 2,000 per hospitalization	Up to Rs 2,500 per hospitalization	Up to Rs 3,000 per hospitalization	Up to Rs 5,000 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 2,000 per hospitalization
Organ Donor Cover	✕	Up to Rs 50,000	Up to Rs 50,000	Up to Rs 1 Lac	Up to Rs 2 Lacs	Up to Rs 3 Lacs	Up to Rs 5 Lacs	Up to Rs 50,000	Up to Rs 1 Lacs
Domiciliary Hospitalization	✕	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Automatic Recharge	✕	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)
Second Opinion	✕	✕	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year
Alternative Treatments	✕	✕	Up to Rs 15,000	Up to Rs 20,000	Up to Rs 30,000	Up to Rs 40,000	Up to Rs 50,000	Up to Rs 15,000	Up to Rs 20,000
No Claims Bonus (NCB)	✕	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Global Coverage (excluding USA); Coverage outside India & USA - 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year.	×	×	×	×	×	×	Up to SI for Hospitalization Expenses & up to the limit specified under 'Maternity Cover' towards Maternity expenses; With a 10% co-payment per Claim	×	×
Annual Health Check-up	×	Annual	Annual	Annual	Annual	Annual	Annual	Annual	Annual
Vaccination Cover	×	×	×	×	×	×	Up to Rs.10,000	×	×
Care Anywhere	×	×	×	×	×	Up to Sum Insured	×	×	×
Maternity Cover (Available only under Floater Cover Type for all Insured Persons of age 18 years or above with a wait period of 24 months)	×	×	×	×	×	up to Rs 1 Lac	up to Rs 2 Lacs;	×	×

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
OPTIONAL COVERS									
Global Coverage – Total	×	×	×	×	×	×	Geographical scope of Benefit 'Global Coverage (excluding USA)' is extended to USA also	×	×
Travel Plus (For all the 6 Benefits under 'Travel Plus', duration of coverage is 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year)									
i. Worldwide In-Patient Cover (for emergency)	×	×	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim	Up to Rs. 20 Lacs ; Deductible of Rs. 5,000 per Claim	×	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim
ii. Worldwide OPD Cover	×	×	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim	Up to Rs. 20 Lacs; Deductible of Rs. 5,000 per Claim	×	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim
iii. Loss of Passport	×	×	up to 1% of SI ; Deductible of Rs. 2,500 per Claim	up to 1% of SI ; Deductible of Rs. 2,500 per Claim	up to 1% of SI or Rs. 20,000 (whichever is lesser); Deductible of Rs. 2,500 per Claim	up to Rs. 20,000; Deductible of Rs. 2,500 per Claim	×	up to 1% of SI ; Deductible of Rs. 2,500 per Claim	up to 1% of SI ; Deductible of Rs. 2,500 per Claim

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
iv. Loss of Checked-in Baggage	✕	✕	up to 1% of SI	up to 1% of SI	up to 1% of SI or Rs. 20,000 (whichever is lesser)	up to Rs. 20,000	✕	up to 1% of SI	up to 1% of SI
v. Repatriation of Mortal Remains	✕	✕	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	✕	Up to SI	Up to SI
vi. Medical Evacuation	✕	✕	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	✕	Up to SI	Up to SI
Unlimited Automatic Recharge	✕	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	✕	Up to SI (unlimited times)	Up to SI (unlimited times)
No Claims Bonus Super (NCBS)	✕	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	✕	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Deductible Option– on an aggregate basis per Policy Year (in Rs.)	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L
Everyday Care (With a flat co-payment of 20% per consultation / diagnostic examination)	×	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services
Smart Select	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
OPD Care (Re-imbursement towards claims incurred in a policy year can be claimed only twice during that policy year)	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy
Daily Allowance+	×	×	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	×	×	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Personal Accident This Optional Cover can be chosen by Proposer for oneself, Spouse & Dependent children, only if they are Insured under this Policy and the Proposer (for oneself) has opted for such Cover	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)
Additional Sum Insured for Accidental Hospitalization	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	×	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident
International Second Opinion	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Reduction in PED Wait Period	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years
Extension of Global Coverage (Applicable to : - Benefit – 'Global Coverage (excluding USA)'; - Optional Cover – 'Global Coverage – Total')	✕	✕	✕	✕	✕	✕	Duration of Coverage will be extended to 90 continuous days in a single trip and Max. 180 days on a cumulative basis	✕	✕
Air Ambulance Cover	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs
Wait Periods									
Initial Wait Period	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days
Named ailments	24 months	24 months	24 months	24 months	24 months	24 months	24 months	24 months	24 months
Pre-existing Diseases	48 months	48 months	48 months	48 months	48 months	48 months	48 months	48 months	48 months
Sub-limits									
Room Rent / Room Category	Up to 1% of SI per day	Up to 1% of SI per day	Up to 1% of SI per day	Single Private Room	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Up to 1% of SI per day	Single Private Room (Max. Up to 1% of SI per day)

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
ICU Charges	Up to 2% of SI per day	Up to 2% of SI per day	Up to 2% of SI per day	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to 2% of SI per day	Up to 2% of SI per day
Treatment of Cataract	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 20,000 per eye	Up to Rs. 30,000 per eye
Treatment of Total Knee Replacement	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 80,000 per knee	Up to Rs. 1 Lac per knee
Treatment for each and every Ailment / Procedure mentioned below:- i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 50,000	Up to Rs. 65,000

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
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Treatment for each and every Ailment / Procedure mentioned below:- i. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 2 Lacs	Up to Rs. 2.5 Lacs
Co-payment	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)	20% per claim, where age of Insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)

Notes:

1. All the Sum Insured mentioned are on a Policy Year basis.
2. If the Room Category/ Room Rent eligibility is 'Single Private Room (upgradable to next level)', it means such up-gradation will trigger only if Single Private Room is not available in the Hospital at the time of admission and our liability will arise only after accepting required documented proof for such Room unavailability. In case such documented proof is not furnished, then the maximum eligible Room Category would be considered as 'Single Private Room' only.
3. If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

Registered Office Address :
Religare Health Insurance Company Limited
D-3, District Centre, Saket, New Delhi – 110017.

Correspondence Office Address :
Religare Health Insurance Company Limited
GYS Global, Plot No. A3, A4, A5,
Sector - 125, Noida, U.P. – 201301.

Disclaimer: This is only a summary of features of 'Care'. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

Statutory Warning : Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receives the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.religarehealthinsurance.com
6. The product is in conformity with the IRDA approval and health insurance regulations and standardization guidelines.

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