

## Prospectus

### Care - Advantage

We believe you deserve distinct benefits for choosing care, and they come your way in the form of certain thoughtfully designed product and service features:

- Everyday care package for all your health and wellness needs
- Sum insured options to meet all requirements
- Increase sum insured of your existing policy, at your convenience
- Annual health check-up for all insured members who are not enrolled as "Child"
- Get automatic policy recharge if claim amount exhausts your coverage, at no extra cost
- Wellness benefits from Religare group companies
- Direct and hassle free cashless settlement of claims

### Care Highlights\*

- Floater
- Day Care Treatment
- Health Check-up
- Domiciliary Hospitalization
- Care Anywhere
- Longer Policy Term
- Daily Allowance
- Ambulance Cover
- Second Opinion
- Pre & Post Hospitalization
- Organ Donor Cover
- No Claim Bonus
- Recharge of sum insured

\* The features varies with the plan

### Care is

SIMPLE

COMPREHENSIVE

REWARDING

FLEXIBLE - to your needs

MORE - than what you can expect

### A. Key Benefits

#### 1. In-patient Care

Hospitalization for at least 24 hours - If you are admitted to a hospital for in-patient care, for a minimum period of 24 consecutive hours, we pay for the medical expenses incurred 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, etc.

Conditions to the Medical Expenses:

Following conditions apply basis the plan opted by you:

- o Room Rent = 1% of Sum Insured per day
- o Room Category = Single private room
- o ICU Charges = 2% of Sum Insured per day
- o Fees charged by a surgeon, anesthetist and medical practitioner = 25% of Sum Insured per Claim

#### 2. Day Care Treatment

Hospitalization for less than 24 hours - We also pay for your medical expenses if you undergo a day care treatment at a hospital or a day care centre that requires hospitalization for less than 24 hours. Please refer the list of the surgeries / treatments covered, attached as annexure A to the Policy terms and conditions.

#### 3. Pre-hospitalization and Post-hospitalization

Examination, tests and medication - Sometimes the procedures that finally lead you to hospital, such as investigative tests and medication, can be quite financially draining. We cover the medical expenses incurred by you for a period 30 days immediately before your hospitalization.

Back home and till you are back on your feet - The expenses don't end once you are discharged. There are bound to be follow-up visits to your medical practitioner; medication that is required and sometimes even further confirmatory tests. We also cover the medical expenses incurred by you for a period of 60 days immediately after your hospitalization.

#### 4. Ambulance Cover

It is one of our utmost concerns that you get the medical attention that you require as soon as possible, especially in an emergency. Towards that end, we will reimburse you for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation.

#### 5. 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 like to reimburse those out of pocket expenses too. So that you can meet these expenses without a bother and as suits you best, we pay - Daily Allowance - a lump sum per day for each completed day (24 hours) of hospitalization.

#### 6. 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 reimburse you for medical expenses that are incurred by an organ donor while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person.

#### 7. Second Opinion

We take your illnesses as seriously as you do. If you are suffering from a major illness (as stated in the policy) and feel uncertain about your diagnosis or wish to get a second opinion of an doctor on your medical reports for any other reason, we arrange one for you, free of cost. This second opinion is available to each of the members covered every year for each illness.

#### 8. Domiciliary Hospitalization

Despite suffering from an illness/disease/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 in no condition to be moved to a hospital, or a room may not be available. Don't worry, we understand that and are happy to let you know that under our 'Domiciliary Hospitalization', we will reimburse the medical expenses incurred by you during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days and had actually merited hospitalization.

#### 9. Health Check-up

Our concern is your good health. To pre-empt your ever having to visit a hospital, we provide an annual health check-up for yourself and your family members who is not covered under the Policy as the Policyholder's child.

Set No.	List of Medical Tests covered in the Annual Health Check-up	Age	Plan
1	Complete Blood Count, Urine Routine, Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine	18 years and above	Care 1
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, ECG, Serum Cholesterol, SGPT, Serum Creatinine	18 years and above	Care 2 & Care 6
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	18 years and above	Care 3
4	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	18 years and above	Care 4 & Care 5

#### 10. Recharge of Sum Insured

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 run out of/exhaust your health cover, we reinstate the entire sum insured once in the policy year. This re-instated amount can be used for future claims, not related to the Illness/Injury for which the claim has been made during the same year.

For any single Claim during a Policy Period the maximum Claim amount payable shall be sum of:

- o The Sum Insured
- o No Claims Bonus
- o No Claims Bonus Super

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

- o Sum Insured
- o No Claims Bonus
- o No Claims Bonus Super
- o Recharge of Sum Insured

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

The Recharge shall not be considered while calculating the No Claims Bonus and No Claims Bonus Super.

#### 11. Care Anywhere

Our care knows no geographical boundaries; literally. So, for select diseases / ailments / treatments, while we ensure you have access to the best healthcare services and we leave it to your discretion whether you would wish to avail the same in India or abroad. After all, its your health, and we stand by every decision you take in its interest.

All payments under this Benefit shall always be made in India, in Indian Rupees and on a re-imburement basis only.

Payment under this Benefit shall be made only if prior written notice of at least 7 days is given to us.

## 12. No Claims Bonus

If you do not have any occasion to claim health insurance in a particular year, we raise a cheer to your good health in the form of a bonus for you. You receive an increase of 10 per cent in your sum insured during the next year. In any case the No Claims bonus will not exceed 50% of the total of 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 expiring sum insured but in no case shall the sum insured be reduced. And 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.

## B. Special Conditions

### 1. Floater Cover

You no longer need to manage individual health insurance plans for your family members. Under the 'floater' plan, you can cover any member of your immediate family (yourself or spouse, parents and children) for the sum insured in a single policy.

### 2. Co-payment

The Policyholder shall bear 20% of the Final Claim Amount, as mentioned in the table below, and our liability shall be restricted to the balance amount, subject to the available Sum Insured.

Cover Type	Entry Age* of Insured Person or Eldest Insured Person (in case of Floater)	Applicable To
Individual	>=61 years	Individual Insured Person
Floater	>=61 years	All Insured Person's

\*Entry Age means the age of the Insured Person at the time first buying of the Policy with us.

## C. Add-on Benefits

### 1. Everyday Care - Wellness Package

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 provide unlimited consultations to our wide network of consultants, specialists and surgeons at a nominal charge. However, the consultations are restricted to a maximum of 4 visits for the same illness or disease.

To add to this, our Everyday Care wellness package provides you access to a free health helpline, health and wellness offers from our associates nationwide, online health risk assessments and health perquisites.

Our sincere endeavor is to offer a product in which you find value whether you are in a state of good health or not.

### 2. No Claims Bonus Super

If the option is chosen by you and you do not have any occasion to claim health insurance in a particular year, we raise a cheer to your good health in the form of a bonus for you. You receive an increase of 50 percent in your sum insured during the next year. In any case the No Claims bonus Super will not exceed 100% of the total of sum insured under the policy and in the event there is a claim in a policy year then the No Claims bonus Super accrued will be reduced by 50% of the expiring policy sum insured but in no case shall the sum insured be reduced. And 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.

## D. Salient Features

### 1. Cashless Hospitalization

With cashless hospitalization, you no longer need to run around paying off hospital bills and then follow up for a reimbursement. All you now need to do is get admitted to any of our network hospitals and concentrate only on your recovery. Relieve yourself from the worry of arranging for the funds. Leave the bill payment arrangements to us, except for any non-medical expenses that you incur at the hospital.

### 2. Underwriting Loading

A loading of up to 50% may be levied on the premium payable based on your individual underwriting. Such loading shall be applied on all renewals.

### 3. Policy Term

The security of your health and resultant happiness should be your prerogative for life. To make the process of renewing your health insurance more convenient, choose a policy with a term between one to three years.

### 4. Tax Benefit

Opting for health insurance is certainly a step in the right direction, and it comes with a two-fold benefit. Not only does it ensure that you and your family can access good medical care at all times, it also enables you to avail of a tax benefit on the premiums you pay towards your health insurance, under Section 80D of the Income Tax Act, 1961. (Tax benefits are subject to changes in the tax laws, please consult your tax advisor for more details).

### 5. Free Look Period

We have your best interests at heart and at the same time recognize that you know your needs the best. Hence, after purchasing the policy, if you find it unsuitable, you can cancel and return the policy to us. Our policies come with a free-look period of 15 days.

### 6. Premium

The premium charged under the policy depends upon the sum insured chosen, policy period / tenure and Add-on Benefit taken and the health status of the individual.

The premium rates for the plans offered are annexed hereto with the proposal.

**7. Avail the treatment of your choice**

We believe that you should be free to decide how to spend your health insurance cover towards getting the best possible medical care. As far as we're concerned, it is your money. So our select plans come without any cap on vital expenses like doctor/surgery fees, operation theater and allied \ charges, room rent and intensive care unit charges to name a few.

**8. Cancellation/Termination**

You can cancel/terminate the policy any time by giving a 15 days' notice in writing. We shall 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 up to (x months) from Policy Period Start Date	1 Year	2 Year	3 Year
Upto 1 month	75.0%	87.0%	91.0%
Upto 3 months	50.0%	74.0%	82.0%
Upto 6 months	25.0%	61.5%	73.5%
Upto 12 months	0.0%	48.5%	64.5%
Upto 15 months	N.A.	24.5%	47.0%
Upto 18 months	N.A.	12.0%	38.5%
Upto 24 months	N.A.	0.0%	30.0%
Upto 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

**9. Contribution Clause**

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 Company, provided that the Claim amount payable is up to Sum Insured of such Policy.

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 in proportion of the Sum Insured of all the policies. This clause shall not apply to any Benefit offered on a fixed benefit basis.

**10. Subrogation Clause**

In case where we have settled any claim and subsequently you receive any amount towards settlement of the same claim, in form of compensation or any other form, we reserve the first right to recover the settled amount from the such amount received by you. This clause shall not apply to any Benefit offered on a fixed benefit basis.

**E. Portability**

If you wish to migrate your policy from any other non-life insurance company, you can apply for a health insurance policy under portability, but in no case later than 30 days after the renewal date of your policy and the Waiting Periods as under the policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer.

The Sum Insured opted for with Us should be equal to higher than the Sum Insured of the expiring health policy.

The Waiting Periods as defined in Clauses 4.1(a), 4.1(b) and 4.1(c) 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 Eligible Cumulative Bonus under the expiring health insurance policy.

The Waiting Periods under Clauses 4.1(a), 4.1(b) and 4.1(c) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the total of sum insured and Eligible Cumulative Bonus under the terms of the expiring policy.

The Waiting Period, Specific Waiting Period and waiting period for Pre-existing Diseases shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

Credit for the Sum Insured and the Eligible Cumulative Bonus of the expiring policy shall additionally be available as under:

- (i) If the insured person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with us, then the Eligible Cumulative Bonus to be carried forward for credit under this Policy would also be applied on a Floater basis only.
- (ii) In all other cases the Eligible Cumulative Bonus to be carried forward for credit in this Policy would be applied on an individual basis only.

For the purpose of this provision the "Eligible Cumulative Bonus" shall mean the additional sum insured and cumulative bonus which the insured person would have been eligible for, had the same policy been renewed with the same insurance company.

**\*Note: Portability provisions will apply even if the Insured Person migrates to any other health insurance policy.**

## F. Grievance Redressal

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) 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](http://www.religarehealthinsurance.com)

Email: [customerfirst@religarehealthinsurance.com](mailto: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.

- (b) If You/Insured Person is not satisfied with Our redressal of 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.

## G. Claims Management

We believe in the old adage, "The proof of the pudding is in the eating." So we back up our promise with an enduringly simple claims procedure, which involves just you and us. Direct dealing with us for claims settlement.

With you directly interacting with us, we can be doubly sure that you are satisfied. And when you are satisfied, we feel satisfied too.

**We deliver on our promises. We take pride in offering hassle-free clearance and speedy settlements.**

**Cashless :** Either in the case of an emergency or a planned hospitalization, all you have to do is present the Religare Health Card at our network of more than 1,700 leading hospitals pan India and avail of the cashless service.

**Re-imbusement :** In case of reimbursement of expenses when you use a non-networked hospital, all you need to do is notify us within 48 hours in case of a planned hospitalization or within 24 hours in case of an emergency about the claim. Call us directly, send us the documents specified below and we will process your claim.

List of Documents :

1. Duly completed and signed Claim form, in original;
2. Medical Practitioner's referral letter advising Hospitalization;
3. Medical Practitioner's prescription advising drugs/diagnostic tests/consultation;
4. Original bills, receipts and discharge card from the Hospital/Medical Practitioner;
5. Original bills from pharmacy/chemists;
6. Original pathological/diagnostic test reports/radiology reports and payment receipts;
7. Indoor case papers;
8. First Information Report, final police report, if applicable;
9. Post mortem report, if conducted;
10. Any other document as required by us to assess the Claim

The following details are to be provided 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 information, documentation or details requested by us.

## Duties of the Claimant

- a) You will check the updated list of Network Hospitals before submission of a pre-authorization request for cashless facility.
- b) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim.
- c) You shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment if you fail to follow such directions, advice or guidance.
- d) 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 the Policy.
- e) You will, at our request, submit yourself for a medical examination by our nominated Medical Practitioner. We shall bear the cost of such examination.
- f) We and/or our representatives shall be given access and co-operation to inspect your medical and Hospitalization records and to investigate the facts.

## H. Exclusions

1. Medical Expenses incurred for treatment of any Illness during the first 30 days of Policy Period Start Date except those Medical Expenses incurred as a result of an Injury.

This exclusion shall not apply for subsequent Policy Periods provided that there is no break in insurance cover for that Insured Person and that the Policy has been renewed with us for that Insured Person on time and for the same or lower Sum Insured.

2. Specific wait period of 24 months
  - a) Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
  - b) 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;
  - c) Benign Prostatic Hypertrophy;
  - d) Cataract;
  - e) Dilatation and Curettage;
  - f) Fissure/Fistula in anus, Hemorrhoids/Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers;
  - g) Surgery of Genito urinary system unless necessitated by malignancy;
  - h) All types of Hernia, Hydrocele;
  - i) Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
  - j) Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
  - k) Kidney Stone/Ureteric Stone/Lithotripsy/Gall Bladder Stone;
  - l) Myomectomy for fibroids;
  - m) Varicose veins and varicose ulcers

### 3. Pre-existing Disease

Any pre-existing ailment/injury that was diagnosed/received within 48 months prior to issuance of the first policy.

### 4. Permanent Exclusions

- a) Any condition or treatment as specified in Annexure - C of Policy Terms and Conditions.
- b) 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 Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- c) 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.
- d) 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.
- e) 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.
- f) Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
- g) Experimental, investigational or unproven 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.

- h) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- i) 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.
- j) Treatment of any Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.
- k) Treatment of mental illness, stress or psychological disorders.
- l) Aesthetic treatment, 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.
- m) Any treatment/surgery for change of sex or gender reassignments including any complication arising from these treatments.
- n) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- o) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- p) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- q) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- r) Non-allopathic treatment.
- s) Any OPD treatment.
- t) Treatment received outside India.
- u) Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/ Day Care Treatment is required.
- v) 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.
- w) 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.
- x) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
- y) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- z) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- aa) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- bb) 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:
  - i) 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.
  - ii) 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.
  - iii) 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.

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 shall also be excluded.

- cc) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- dd) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- ee) 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.
- ff) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Certificate.

*For further details on the exclusions applicable, please refer to the Policy Terms & Conditions or seek the advice of your financial advisor.*

## I. Medical Check-up

You would be required to undergo medical tests based on the following grid at our network providers. The cost of these tests will be borne by us if your proposal is accepted. The test is to be taken as per the corresponding grid :

Age/Sum Insured	Sum Insured upto 5 Lac	Sum Insured 7 Lac & 10 Lac	Sum Insured above 10 Lac
Upto 5 years	No	No	No
6 years to 18 years	No	No	Set 2
19 years to 45 years	Nil	Set 1	Set 2
46 years & above	Set 1	Set 2	Set 2

The cost of the medical tests would be borne by us in case you opt for a 2 year or 3 year tenure. In case the policy tenure is 1 year and if the cost of medical tests is borne by You, we shall reimburse at least 50% of the costs of these medical tests if Your proposal is accepted.

However, we will deduct the cost of tests and the applicable service tax thereon, from the proposal amount paid by you, if we reject your proposal as under:

S.No.	Description	Cost
1	Set 1	₹ 825
2	Set 2	₹ 2,200

Also, wherever any pre-existing disease or any other adverse medical history is declared for any member; we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of the member's age.

The result of these tests will be valid for a period of 3 months from the date of tests.

The Pre-policy health check-up grid is as under:

Set	Set 1	Set 2
General Multi Screen Tests	CBC	CBC
	ESR	ESR
	URA	URA
		CXR
	GPE	GPE
Diabetes Screen	FBS/HbA1C	HbA1C
Cardiac Screen	S CHOLESTEROL	LIPID PROFILE
	ECG	TMT
Liver screen	SGPT	LFT with GGT
		HBsAg
Kidney screen	S CREATININE	S CREATININE

The explanation of these tests is:

Test	Full Form	Test	Full Form
CBC	Complete Blood Count	ECG	Electro Cardio Gram
ESR	Erythrocyte Sedimentation Rate	SGPT	Serum Glutamic Pyruvic Transaminase
URA	Urine Routine Analysis	S CREATININE	Serum Creatinine
GPE	General Physician Examination	CXR	Chest X-Ray
HBA1C	Glycosated Hemoglobin	LIPID PROFILE	N.A.
S CHOLESTEROL	Serum Cholesterol	TMT	Treat Mill Test
HBsAg	Hepatitis B Antigen	LFT with GGT	Liver Function Test



## J. Policy Terms

Minimum entry age	Individual - 5 Years or above Floater - 91 days with at least 1 member of age 18 years or above										
Maximum entry age	No age bar										
Maximum renewal age	Lifelong										
Age of proposer	18 Years or above										
Floater combinations	<table border="0"> <tr> <td>1 Adult + 1 Child</td> <td>2 Adults</td> </tr> <tr> <td>1 Adult + 2 Children</td> <td>2 Adults + 1 Child</td> </tr> <tr> <td>1 Adult + 3 Children</td> <td>2 Adults + 2 Children</td> </tr> <tr> <td>1 Adult + 4 Children</td> <td>2 Adults + 3 Children</td> </tr> <tr> <td></td> <td>2 Adults + 4 Children</td> </tr> </table>	1 Adult + 1 Child	2 Adults	1 Adult + 2 Children	2 Adults + 1 Child	1 Adult + 3 Children	2 Adults + 2 Children	1 Adult + 4 Children	2 Adults + 3 Children		2 Adults + 4 Children
1 Adult + 1 Child	2 Adults										
1 Adult + 2 Children	2 Adults + 1 Child										
1 Adult + 3 Children	2 Adults + 2 Children										
1 Adult + 4 Children	2 Adults + 3 Children										
	2 Adults + 4 Children										
Renewal terms	<ol style="list-style-type: none"> <li>This Policy will automatically terminate at the end of the Policy Period. All renewal applications should reach to us before the end of the Policy Period. The same may be renewed by mutual consent and in such event the renewal premium will be paid to us on or before the date of expiry of the Policy or of the subsequent renewal thereof.</li> <li>The Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA.</li> <li>Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.  Grace Period - 30 days from the expiry of the Policy. We will not be liable for any claim which occurs during the Grace Period.</li> </ol>										
Increase of Sum Insured	You can enhance your Sum Insured under the Policy only upon renewal, subject to a review by us.										

Note:

- Family includes self, spouse, dependent children and parents
- The premium for floater policies depends on the age of the eldest insured member.

## K. Schedule of Discounts

S.No.	Description	Parameters	Rates
1	Family discount - This discount shall be applicable if more than one persons of the same family are covered in the same policy, individually	No. of persons	Discount
		2,3 members 4 and above	5.00% 10.00%
2	Cross sell/Loyalty discount (to our existing customers/beneficiaries)		10.00%
3	Co-pay (@ 20% per claim, where age of eldest member at entry is 61 years or above)		15.00%
4	Discount for multi-year policies (on single premium) 2 year rate = Annual Rate x 2 x (1 - Discount applicable) 3 year rate = Annual Rate x 3 x (1 - Discount applicable)	Tenure	Discount
		2 Year	7.50%
		3 Year	10.00%
5	Discount for e-Policy		Rs. 250 per policy

Note: Nothing contained above shall be construed as rebate even in the remotest usage of the interpretation and application.

## L. Schedule of Benefits

Features/Plan (Sum Insured)	Care 1 (1 Lac)	Care 2 (2 Lac/3 Lac/4 Lac)	Care 3 (5 Lac/7 Lac/10 Lac)	Care 4 (15 Lac/20 Lac/25 Lac)	Care 5 (50 Lac/60 Lac)	Care 6 (2 Lac/3 Lac/4 Lac)
In-patient Care	Yes	Yes	Yes	Yes	Yes	Yes
Day Care Treatment	Yes	Yes	Yes	Yes	Yes	Yes
- Room Rent/Room Category	1% of SI per day	1% of SI per day	Single Private Room	Single Private Room upgradable to next level	Single Private Room upgradable to next level	Single Private Room
- ICU Charges	2% of SI per day	2% of SI per day	No Limit	No Limit	No Limit	No Limit
- Professional Charges/Doctor Fees	25% of SI per claim	No Limit	No Limit	No Limit	No Limit	No Limit
Pre-hospitalization	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days
Post-hospitalization	60 Days	60 Days	60 Days	60 Days	60 Days	60 Days
Ambulance Cover	₹ 750 per claim	₹ 1,500 per claim	₹ 2,000 per claim	₹ 2,500 per claim	₹ 3,000 per claim	₹ 1,500 per claim
Daily Allowance	₹ 250 per claim upto 5 days	₹ 500 per claim upto 5 days	-	-	-	-
Organ Donor Cover	-	Upto ₹ 50,000	Upto ₹ 1,00,000	Upto ₹ 2,00,000	Upto ₹ 3,00,000	Upto ₹ 50,000
Second Opinion	-	-	Yes	Yes	Yes	-
Domiciliary Hospitalization	Upto 10% of SI	Upto 10% of SI	Upto 10% of SI	Upto 10% of SI	Upto 10% of SI	Upto 10% of SI
Health Check-up	Yes	Yes	Yes	Yes	Yes	Yes
Recharge of Sum Insured	-	Yes	Yes	Yes	Yes	Yes
Care Anywhere	-	-	-	-	Yes	-
No Claims Bonus	Yes	Yes	Yes	Yes	Yes	Yes

## M. Special Conditions

Features/Plan (Sum Insured)	Care 1 (1 Lac)	Care 2 (2 Lac/3 Lac/4 Lac)	Care 3 (5 Lac/7 Lac/10 Lac)	Care 4 (15 Lac/20 Lac/25 Lac)	Care 5 (50 Lac/60 Lac)	Care 6 (2 Lac/3 Lac/4 Lac)
Floater Cover	No	Yes	Yes	Yes	Yes	Yes
Co-payment	No	No	@ 20% per claim, where age of eldest member at entry is 61 years or above	@ 20% per claim, where age of eldest member at entry is 61 years or above	@ 20% per claim, where age of eldest member at entry is 61 years or above	@ 20% per claim, where age of eldest member at entry is 61 years or above

## N. Add-on Benefits

Features/Plan (Sum Insured)	Care 1 (1 Lac)	Care 2 (2 Lac/3 Lac/4 Lac)	Care 3 (5 Lac/7 Lac/10 Lac)	Care 4 (15 Lac/20 Lac/25 Lac)	Care 5 (50 Lac/60 Lac)	Care 6 (2 Lac/3 Lac/4 Lac)
Everyday Care	Yes	Yes	Yes	Yes	Yes	Yes
No Claims Bonus Super	No	Yes	Yes	Yes	No	Yes

## O. Illustrations

### Illustration 1: Working of Recharge of Sum Insured

For Policy Period 1st Jan. 2012 to 31st Dec. 2012

Details	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Sum Insured at Policy Period Start Date (01-Jan-2012)	3,00,000	3,00,000	3,00,000	3,00,000
No Claims Bonus	-	-	90,000	90,000
			Assuming that policy has 3 claim free years	
Total Eligible Sum Insured for Claim	3,00,000	3,00,000	3,90,000	3,90,000
Claim 1 on 01-May-2012 :				
Claim made for (Rs.)	2,00,000	2,00,000	3,50,000	4,50,000
Claim Amount Eligible	2,00,000	2,00,000	3,50,000	3,90,000
Sum Insured utilized for Claim	2,00,000	2,00,000	3,00,000	3,00,000
No Claims Bonus available	No	No	Yes	Yes
No Claim Bonus amount to be utilized for Claim	N.A.	N.A.	50,000	90,000
Total Claim Payable	2,00,000	2,00,000	3,50,000	3,90,000
Balance Sum Insured available for the balance policy period	1,00,000	1,00,000	-	-
Balance No Claim Bonus available for the balance policy period	-	-	40,000	-
Recharge Sum Insured available for the balance policy period	3,00,000	3,00,000	3,00,000	3,00,000
Claim 2 on 01-Sep-2012				
Claim made for (Rs.)	2,00,000	4,00,000	3,50,000	3,50,000
Claim Amount Eligible	2,00,000	3,00,000	3,40,000	3,00,000
Sum Insured utilized for Claim	1,00,000	1,00,000	-	-
No Claims Bonus available	No	No	Yes	No
No Claim Bonus amount to be utilized for Claim	N.A.	N.A.	40,000	N.A.
Recharge available	Yes	Yes	Yes	Yes
Recharge Sum Insured utilized	1,00,000	2,00,000	-	3,00,000
Total Claim Payable	2,00,000	3,00,000	3,40,000	3,00,000
Balance Sum Insured available for the balance policy period	-	-	-	-
Recharge Sum Insured available for the balance policy period	2,00,000	1,00,000	-	-

Note : It is assumed that Claim Event 1 and Claim Event 2 are not related events

### Illustration 2: Working of Portability

Scenario A	Sum Insured opted with us is equal to the expiring Policy Sum Insured			
Previous Policy Sum Insured	Previous Policy Cumulative Bonus	Our policy Sum Insured	Credit for Previous Policy Sum Insured	Credit for Previous Policy Cumulative Bonus
2,00,000	50,000	50,000	2,00,000	50,000

Scenario B	Sum Insured opted with us is higher than the expiring Policy Sum Insured			
Previous Policy Sum Insured	Previous Policy Cumulative Bonus	Our policy Sum Insured	Credit for Previous Policy Sum Insured & Cumulative Bonus	
2,00,000	50,000	3,00,000	2,50,000	

## About Us

### Religare Health Insurance Company Limited

Religare Health Insurance is focused on the delivery of health insurance services. Our promoter's expertise in the spectrum of financial services, healthcare delivery and preventive health solutions, coupled with a robust distribution model, offers us a unique edge to deliver and excel in a business environment that hinges on serviceability and scale. Powered by the best-in-class product design and a customer-centric approach, Religare Health Insurance is committed to delivering on its innate values of being a responsible, trustworthy and innovative health insurer.

The shareholders of Religare Health Insurance comprise of three strong entities - Religare Enterprises Limited, Union Bank of India and Corporation Bank.

### Religare Enterprises Limited

Religare Enterprises Limited (REL), a leading emerging markets financial services group anchored in India, offers a wide array of services including broking, insurance, asset management, lending solutions, investment banking and wealth management. With a network that spans across over 1650 locations, and more than a million clients, REL enjoys a dominant presence in the Indian financial services space.

We have also built an Asia and emerging markets-focused Institutional Equities & Investment Banking business and a multi-boutique global asset management platform to tap the broader opportunities offered by the most promising emerging markets around the world.

### Union Bank of India

Union Bank of India, a key player in India's public sector banking domain, operates out of over 3500 branches across the country and has a clientele base of more than 24 million. Over the past 90 years, the bank has played a proactive role in infusing cross-sector economic growth in India and has sustained a robust income mechanism from a well-diversified portfolio of assets.

### Corporation Bank

Corporation Bank, a leading public sector bank, delivers its core objectives of sustainably maintaining the highest standards of service to its customers with innovative product & process solutions, through its formidable network of 1707 branches. The Bank has committedly worked towards empowering the rural and urban population alike, and has resultantly been a significant contributor to the economic growth impetus of the nation.

### Religare Health Insurance Company Limited

Registered Office: D-3, District Centre, Saket, New Delhi - 110017

Correspondence Office: GYS Global, Plot No. A3, A4, A5, Sector - 125, Noida, U.P. - 201301

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**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 prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred rupees.

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#### Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy Terms & Conditions, available on request.
2. Proposal form and the prospectus 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 this policy shall commence only once we receive 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](http://www.religarehealthinsurance.com)
6. The product is in conformity with the IRDA approval and health insurance regulations and standardization guidelines.