

How can I get this Policy?

For person below 45 years all you need to do is fill in the necessary details in the Proposal Form and hand it over along with your cheque to your Insurance Advisor. Once your proposal is accepted, you will receive your Policy and Health Card. All persons above 45 years will have to undergo a pre-enrolment medical test.

How do I claim my insurance?

You can claim your insurance through the cashless and/or reimbursement facility.

To avail our cashless facility at more than 4000 of our network hospitals across the country, contact our Third Party Administrators (TPA) on the helpline numbers given on your health card. Once you submit the required documents, the TPA would arrange for cashless facility to be made available at the Hospital/ Nursing Home, provided the disease/illness/injury, for which you are admitted in the hospital, is covered under your Policy. In case of an admission in a non-network hospital, inform the details to our TPA on the helpline numbers given on your health card within 7 days of admission. After you get discharged from the hospital, submit all your original bills to our TPA and claim for the reimbursement within 30 days of discharge.

Renewal Features

Increase of sum insured at time of renewal of the Policy

- Allowed only in Non Claim cases.
- Allowed only for person below 45 yrs.
- Increase not allowed for more than 3 lakh of sum insured under single policy.
- Increase of sum insured allowed only in one step, in multiple of 1 lakh.
- Upgradation of Plan not allowed.

Addition of Member

- Allowed only for new born baby up to 2 years of age and newly married spouse within 2 years of

marriage date, with proper documentary evidence and subject to clear proposal form.

Continuity Benefits

- Shall be available only if the Policy is renewed within 15 days from the previous Policy expiry date.

Renewal premium

- Renewal premium may change based on certain risk conditions or for certain habits/addictions etc., which may act as triggering factors for certain illnesses or for adverse and recurring claims or based on claim cost, identified in claims under expiring policy, by prior intimation to the customer, but not more than 100% of expiring premium in any case.

Renewal Age

- Up to 75 years

To ensure that finances never interfere with your family's healthcare, apply for the Reliance HealthWise Policy, today!

About us


Reliance General Insurance is one of the fastest growing general insurance companies in India with innovative product offerings and customer service standards that are benchmarked to the best in the world. The company aims to increase its presence in the retail and corporate sectors with a focus on customer centric products, multiple distribution channels and technology.

Reliance General Insurance is a subsidiary of Reliance Capital Limited. Reliance Capital is a part of the Reliance Anil Dhirubhai Ambani Group.

Some of our other products:

- Reliance Private Car Policy ■ Reliance Householder's Package Policy ■ Reliance Shopkeeper's Package Policy
- Reliance Travel Care Insurance Policy ■ Reliance Personal Accident Policy ■ Reliance Industry Care Policy
- Reliance Office Package Policy ■ Reliance Family Value Package Policy

This product brochure gives the salient features of the Policy only. For further details on all the conditions and exclusions related to Reliance HealthWise Policy, please contact us.

 **1800 3002 8282** (toll free)
3989 8282 (local charges apply)

sms 'health' to **55454**
www.reliancegeneral.co.in

RELIANCE General Insurance
Anil Dhirubhai Ambani Group

A Reliance Capital Company

Reliance General Insurance Company Limited
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Insurance is the subject matter of solicitation. HL-07

Reliance HealthWise Policy

because the health
of your family is important



RELIANCE
General Insurance
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Welcome to Reliance General Insurance

Seeing your family in the pink of health ranks highest in priority for you. Yet, despite your best efforts, illnesses do occur. With the spiralling cost of health care, these unforeseen circumstances can take a toll on your savings. To ensure that you don't need to spend your hard earned money on treatment of any such illness; we have a Policy that offers you all the financial support that you need.

Key Advantage

- 24 hours cashless facility at more than 4000 network hospitals.
- Income Tax benefits under Section 80D.
- Family Floater benefit giving comprehensive protection to your family members under one single Policy.
- Discount on renewal premium for claim free policy.
- Coverage of declared pre-existing diseases/illness/injury/conditions after 2 years/4 years as per plan opted.

What does this Policy cover?

Your Reliance HealthWise Policy covers:

Hospitalisation Expenses

Expenses incurred towards-

- Hospital (room, boarding and operation theatre)
- Doctors & nurses
- Medical tests
- Medicines, blood, oxygen, appliances etc.

Day Care Treatment

Medical expenses towards day care treatments/surgeries where 24 hours of hospitalisation is not required subject to treatment/surgeries listed in the policy document.

Domiciliary Hospitalisation

All expenses related to a medical treatment, which is being administered at home, provided that -

- (a) patients condition does not allow him to be shifted to a hospital; or

- (b) due to lack of accommodation at the hospital

Pre and Post Hospitalisation

Medical expenses related to your treatment before and after hospitalisation for a specified number of days.

Pre-Existing Diseases

Coverage of declared pre-existing diseases/illness/injury/conditions after two/four continuous renewals with us.

Donor Expenses

All hospitalisation expenses incurred by the donor in case of major organ transplant are covered (available only under Silver Plan).

What are the value added benefits available?

Your Reliance HealthWise Policy offers a host of value added benefits, depending on the plan opted by you. These include:

- Nursing Allowance for a maximum period of five days, on recommendation of the treating Medical Practitioner.
- Reimbursement of charges towards local road ambulance services.
- Expenses of an accompanying person at the Hospital/Nursing Home for a maximum of five days.
- Cost of Health Check up at the end of a block of four years, provided no claims were reported.

What are the additional features of this Policy?

Family Floater

Covers your family on a floater basis applicable to a maximum of four persons comprising of you, your spouse and two dependent children under the age of 21 yrs.

Example- If Mr. Sharma and his family choose a regular health insurance plan with Rs. 3 lakh Sum Insured each; they would have to pay individual premiums for each member of the family. In addition, the cover for each Insured member would be only up to 3 lakhs, even if the treatment costs beyond Rs. 3 lakhs. But, if they take a Policy of Rs. 5 lakhs for the entire family under a floater plan offered by Reliance HealthWise Policy, anyone from the family can claim up to Rs. 5 lakhs.

Renewal Discounts

Equivalent to 5% of renewal premium each year, if there is no claims in the previous year.

Income Tax Benefit

Premium eligible for deduction under Section 80D of the Income Tax Act.

Who are covered under the Policy?

- Children above the age of three months and adults below the age of 65 years.
- Children between 3 months and 18 years can be covered only if one or both the parents are covered.
- Maximum age to enter the Plan is 65 and 55 for Standard and Silver Plan respectively.
- For single person opting for the policy, he has to be 18 years & above and can opt only for 5 lakh Sum Insured.

Policy Options

Choice of plan

- Reliance HealthWise Policy - Standard Plan
- Reliance HealthWise Policy - Silver Plan

	Particulars	Standard	Silver
Basic Features	Hospitalisation	✓	✓
	Domiciliary Hospitalisation	✓	✓
	Pre Hospitalisation	30 days	60 days
	Post Hospitalisation	60 days	90 days
	Pre-Existing Diseases Coverage	after 4th year	after 2nd year
	Donor Expenses	x	✓
Value Added Features	Day Care Treatment	✓	✓
	Nursing Allowance (per day amount)	x	Rs. 250/-
	Local Road Ambulance Service (maximum of)	Rs. 500/-	Rs. 750/-
	Expenses on accompanying person (per day amount)	Rs. 200/-	Rs. 250/-
	Cost of Health Check up	✓	✓

(Value Added Features payable upto the limit of Sum Insured as specified in the policy)

Range of Sum Insured

- Standard - 4 lakhs & 5 lakhs
- Silver - 3 lakhs to 5 lakhs

What does the Policy not cover?

At Reliance General Insurance, we would like our Policy to be as transparent as possible. To ensure that you do not face any unpleasant surprises when you make a claim, we would like you to know some of the major exclusions under the Policy.

- Certain ailments are not covered in the first year of the inception of the Policy. However, they are covered from the second year onwards. These are Cataract, Benign Prostatic Hypertrophy, Congenital Internal Diseases, Fistula in Anus, Piles, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Sinusitis and related disorders.
- Pre-existing disease/illness/injury/condition will not be covered for the first two/four years, as per the plan opted.
- Any disease contracted during the first 30 days of inception of Policy.
- Treatment of pregnancy & childbirth-related complications.
- Suicide, self inflicted injury or illness, mental disorder, anxiety, stress or depression, use of alcohol or drugs.
- Diseases such as HIV or AIDS.
- Cost of spectacles, contact lenses and hearing aids.
- Dental treatment or surgery of any kind unless requiring hospitalisation.
- Expenses on vitamins and tonics unless forming part of treatment for disease/injury.
- Naturopathy treatment or obesity related treatment.
- War, terrorism and nuclear weapons induced hospitalisation.