



Welcome to 
care



A COMPREHENSIVE HEALTH COVER THAT TAKES CARE OF MEDICAL EXPENSES, SO THAT YOU ARE ABSOLUTELY WORRY-FREE!

carē - ADVANTAGE

- ✿ No upper-limit age bar on any of our plans
- ✿ Avail treatment anywhere in the world
- ✿ Complimentary Annual Health Check-up for all insured regardless of claim history
- ✿ No extra charge for pre-policy check-up
- ✿ Coverage for non-medical expenses with our daily allowance benefit
- ✿ Widest range of sum insured upto ₹ 75 lacs
- ✿ No premium loading on renewal even if claim made
- ✿ No Claims Bonus - SUPER
- ✿ Automatic Policy Recharge if claim amount exhausts your coverage at no extra cost
- ✿ In patient Alternative treatments (Ayush) covered
- ✿ Optional covers-Unlimited Automatic Recharge, Personal Accident
- ✿ Maternity covered





PLAN OPTIONS

Features/Plan (Sum Insured)	3 Lac, 4 Lac	5 Lac, 7 Lac, 10 Lac	15 Lac, 20 Lac, 25 Lac 30 Lac, 40 Lac	50 Lac, 60 Lac, 75 Lac
In-Patient Care	up to SI	up to SI	up to SI	up to SI
Pre-hospitalization	30 days	30 days	30 days	30 days
Post-hospitalization	60 days	60 days	60 days	60 days
Day Care Treatments	up to SI	up to SI	up to SI	up to SI
Room Rent	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)	Single Private Room (upgradable to next level only if Single Private Room is not available)
ICU Charges	up to 2% of SI per day	No Sub-Limit	No Sub-limit	No Sub-limit
Professional Charges/ Doctor Fees/Surgeon Fees	No Sub-Limit	No Sub-Limit	No Sub-Limit	No Sub-Limit
Other Medical Charges	No Sub-Limit	No Sub-Limit	No Sub-Limit	No Sub-Limit
Daily Allowance	₹500 per day; Max. 5 days per hospitalization covered	-	-	-
Ambulance Cover	Up to ₹1,500 per hospitalization	₹2,000 per hospitalization	₹2,500 per hospitalization	₹3,000 per hospitalization
Domiciliary Hospitalization	Up to 10%	Up to 10%	Up to 10%	Upto 10%
Organ Donor Cover	Up to ₹50,000	Up to ₹1,00,000	Up to ₹2,00,000	Up to ₹3,00,000



PLAN OPTIONS

Automatic Recharge	Up to SI	Up to SI	Up to SI	Up to SI
Annual Health check-up	Annual	Annual	Annual	Annual
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
Alternative Treatments	Up to Rs 15,000	Up to Rs 20,000	Up to Rs 30,000	Up to Rs 40,000
Care Anywhere	-	-	-	Up to Sum Insured Cash Less/Re imbursement
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
No Claims Bonus Super	Up to 150% Extra SI	Up to 150% Extra SI	Up to 150% Extra SI	Up to 150% Extra SI
Unlimited Automatic Recharge- Optional	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)
Personal Accident This Optional Cover can be chosen by Proposer only 5 or 10 times of SI without any financials	Accidental Death 100% of SI & PTD as per table	Accidental Death 100% of SI & PTD as per table	Accidental Death 100% of SI & PTD as per table	Accidental Death 100% of SI & PTD as per table



POLICY CONDITIONS

Age of Proposer	18 years or above	18 years or above	18 years or above	18 years or above
Entry Age – Minimum	Individual : 5 years Floater : 91 Days with at least 1 member of age 18 years or above	Individual : 5 years Floater : 91 Days with at least 1 member of age 18 years or above	Individual : 5 years Floater : 91 Days with at least 1 member of age 18 years or above	Individual : 5 years Floater : 91 Days with at least 1 member of age 18 years or above
Entry Age – Maximum	No Age bar	No Age bar	No Age bar	No Age bar
Renewal	Life long Renewability, The Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA	Life long Renewability, The Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA	Life long Renewability, The Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA	Life long Renewability, The Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA
Co-payment	20% per claim, where age of Insured / eldest member is 61 years or above at entry (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 at entry (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 at entry (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 at entry (Optional for existing Insured Person on attaining 61 years of Age)
Cover Type	Individual & Floater	Individual & Floater	Individual & Floater	Individual & Floater
Pre-policy Issuance Medical Check up	As Prevailing per Medical Grid	As Prevailing per Medical Grid	As Prevailing per Medical Grid	As Prevailing per Medical Grid
Initial Wait Period	30 Days	30 Days	30 Days	30 Days



POLICY CONDITIONS

Named ailments	24 months	24 months	24 months	24 months
Pre-existing Diseases	48 months	48 months	48 months	48 months
Grace period	30 days from the date of expiry to renew the policy	30 days from the date of expiry to renew the policy	30 days from the date of expiry to renew the policy	30 days from the date of expiry to renew the policy
Change in sum insured	You can enhance your sum insured under the policy only upon renewal, subject to review by the company	You can enhance your sum insured under the policy only upon renewal, subject to review by the company	You can enhance your sum insured under the policy only upon renewal, subject to review by the company	You can enhance your sum insured under the policy only upon renewal, subject to review by the company
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



care - AT A GLANCE

In-patient Care

Floater Cover

Daily Allowance

Pre & Post Hospitalization

Day Care Treatments

Health Check-up

Organ Donor Cover

Lifelong Renewability

Ambulance Cover

No Claim Bonus - SUPER

Second Opinion

Domiciliary Hospitalization

No Upper-Limit Age Bar

Direct Claims Service

Recharge your Policy

Longer Policy Term

Care Anywhere

Unlimited Recharge

Accidental Cover

Maternity covered

Alternative Treatment covered

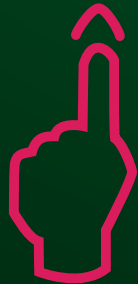
Tax Benefit



KNOW

CARE

TERMINOLOGY,



ON YOUR



FINGERTIPS!



PRE & POST HOSPITALIZATION

You are covered for expenses incurred for a period of:

30 days immediately prior to the date of the Insured Person's admission to the Hospital;
and

60 days immediately following the date of the Insured Person's discharge from Hospital.

**Medical Expenses claimed must relate to the same
Illness/Injury for which we have accepted the Insured Person's Claim.**

In case of relapse

The date of admission to Hospital shall be the date of the first admission to the Hospital for that illness.

The date of discharge from Hospital shall be the last date of discharge from the Hospital in relation to that Any One Illness.



RECHARGE YOUR POLICY

If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire sum insured of your policy for the remaining policy period.

The Recharge shall be utilized only after the Sum Insured, No Claims Bonus have been completely exhausted in that Policy Year.

The Recharge shall be available only for all future Claims and not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year.

The Recharge will only be applied once for the Insured Person during the Policy Year.

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

If the Policy is issued on a Floater basis, then the Recharge will also be available only on Floater basis.



RECHARGE YOUR POLICY

	Case 1	Case 2	Case 3
Sum Insured Available	10,00,000	10,00,000	10,00,000
Claim 1 Filed	9,00,000	10,00,000	11,00,000
Claim 1 Eligible	9,00,000	10,00,000	10,00,000
Balance SI	1,00,000	-	-
Recharge Available	10,00,000	10,00,000	10,00,000
Claim 2 Filed	11,00,000	10,00,000	9,00,000
Claim 2 Eligible	10,00,000	10,00,000	9,00,000
Balance SI	1,00,000	-	1,00,000



CARE ANYWHERE

We cover the insured for Medical Expenses incurred outside India, if such expenses are in respect to any of the major illness specified below:

**Cancer | Benign Brain Tumour | Heart Valve Replacement
Coronary Artery Bypass Graft | Major Organ Transplant
Coma | End Stage Lung Disease | End Stage Renal Failure
Major Burns | Myocardial Infarction | Stroke | Total Blindness**

The Medical Expenses incurred should pertain only to In-patient Care or Day Care Treatment undertaken in any Hospital.

Claim can be filled on re-imburement and even on cashless basis.

Also, the insured should give the Company prior notice before incurring any such expenses.



SECOND OPINION BENEFIT



We arrange a free Expert Opinion for the insured on any of the listed Major Illness.

This Benefit can be availed by the Insured once during the Policy Year for each Major Illness.

Benign Brain Tumour | Cancer | End Stage Lung Failure | Heart Attack |
Open Chest Coronary Artery Bypass Graft | Heart Valve Replacement |
Coma | End Stage Renal Failure | Stroke | Major Organ Transplant |
Paralysis | Motor Neuron Disease | Multiple Sclerosis | Major Burns |
End Stage Liver Disease



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.



Optional Cover Unlimited Automatic Recharge:

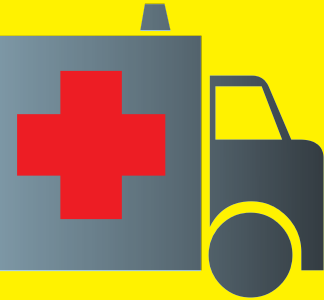
Through this Optional Cover, your sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire sum insured unlimited times in a policy year. This re-instated amount can be used for future/further 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 and No Claims Bonus Super shall not be considered while calculating **'Unlimited Automatic Recharge'**



WHAT IS AMBULANCE COVER?



We cover expenses incurred by the Insured on availing Ambulance services for necessary transportation to the nearest Hospital in case of an Emergency.

The necessity for Ambulance transportation should be certified by the treating Medical Practitioner.



LONGER POLICY TERM

- ⚡ The insured may opt for a policy term of 1, 2 or 3 years.
- ⚡ A longer policy term will entitle the insured to a 7.5% and 10% discount on premium.

FLOATER OPTIONS

- ⚡ Under a Floater option, you, your spouse, parents and children can be covered for the sum insured in a single policy.
- ⚡ The Company's 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 Sum Insured.



HOW TO SELL LONGER POLICY TERM

Customer opting for One Year Policy Term

Details	Premium in Rs.	Tax Benefit Saved (IT Rate@30%)	Net Prmium
Premim for Person Aged 40 years	10,000	3,000	7,000
Premim for Person Aged 41 years	13,000	3,900	9,100
Premim for Person Aged 42 years	13,000	3,900	9,100
Applicable Discount	0	0	0
Total	36,000	10,800	25,200

Customer opting for Three Year Policy Term

Details	Premium in Rs.	Tax Benefit Saved (IT Rate@30%)	Net Prmium
Premim for Person Aged 40 years	10,000	0	10,000
Premim for Person Aged 41 years	13,000	0	13,000
Premim for Person Aged 42 years	13,000	0	13,000
Applicable Discount	10%	0	0
Total	27,000	7,500	19,500

Note :

- The example is based on the Individual Policy Premium are not actual.



DAILY ALLOWANCE

Under this benefit, we pay the insured a daily allowance, depending on Sum Insured, for each continuous and completed day (24 hours) of Hospitalization of the Insured Person.

Key points:

The benefit of Rs.500 per day will be payable for a maximum of 5 consecutive days of Hospitalization.

Hospitalization should be only for In-patient Care.

The amount is provided to help the insured meet non-medical expenses (attendant's meals, transportation etc.)



ORGAN DONOR COVER

In case any organ transplant surgery is conducted on the insured during the policy period, we will cover the medical expenses incurred in respect of the donor related to donor screening, treatment, including surgery to remove organs from the donor.

The organ donated is for the Insured Person's use.

We do not cover the donor's Pre-hospitalization and Post-hospitalization expenses or any other Medical Expenses in respect of the donor consequent to the harvesting.



WHAT IS PORTABILITY?

If you wish to port your existing insurance policy to Religare Health, you can avail continuity benefits like no claim bonus & waiting period credits on the applicable Sum Insured.

Applicable Sum Insured equal to = sum insured of the expiring policy + Eligible Cumulative Bonus under the terms of the expiring policy.

You need to apply at least 45 days prior to expiry of your policy to avail portability benefits.

DOCUMENTS TO BE ATTACHED

- Proposal Form
- Portability Form

OTHER DOCUMENTS

- Premium instrument
- Expiring policy copy
 - Renewal notice
- No Claims declaration

Previous Policy		RHICL Policy	Available Limits	
Sum Insured	Cumulative Bonus	SI Opted	Sum Insured	Continuity Benefit
2,00,000	50,000	3,00,000	3,00,000	2,50,000
2,00,000	50,000	4,00,000	4,00,000	2,50,000

Explanation: 'Available Limit – SI' is the overall SI available whereas 'Available Limits – Continuity Benefit' is the SI up to which continuity benefits are available

Definition of Pre Existing Condition in (4 year wait period (PED)): Any illness/injury which is diagnosed or any medical advice is received or which is being treated within immediate 48 months prior to the first policy start date.



NO CLAIM BONUS

We increase your sum insured by 10% of the expiring policy sum insured if you do not file a claim during the previous policy period.

This benefit accrues every year up to a maximum of 50% of the total Sum Insured in the renewed policy.

The increase in Sum Insured under this Bonus does not increase the sub limits applicable to the policy.

In case of a claim in any policy year, the Sum Insured is reduced by 20% of the expiring policy sum insured but not lesser than the Sum Insured applicable in the first policy year.





NO CLAIM BONUS - SUPER

We increase your sum insured by 50% of the expiring policy sum insured if you do not file a claim during the previous policy period.

This benefit accrues every year upto a maximum 100% of the total Sum Insured in the renewed policy.

The increase in Sum Insured under this Bonus does not increase the sub limits applicable to the policy.

In case of a claim in any policy year, the Accumulated Bonus is reduced by 50% of the expiring policy sum insured. The reduction in Bonus will not impact the actual Sum Assured.





NO CLAIM BONUS - SUPER

Package Year	Total Sum Insured available (at the Beginning of the Year)	No Claim Bonus	No Claim Bonus - SUPER	Sum Insured With Recharge	Claim made in the Year
1	10,00,000	-	-	20,00,000	No
2	16,00,000	1,00,000	5,00,000	26,00,000	No
3	22,00,000	1,00,000	5,00,000	32,00,000	No
4	23,00,000	1,00,000	-	33,00,000	No
5	24,00,000	1,00,000	-	34,00,000	Yes
6	18,00,000	-1,00,000	-5,00,000	28,00,000	Yes
7	12,00,000	-1,00,000	-5,00,000	22,00,000	No
8	18,00,000	100000	5,00,000	28,00,000	No

Sum Insured more than doubles in 2 consecutive Claim free years.



DAY CARE TREATMENTS

List of 541 Day Care Treatments

We cover the medical expenses incurred for various surgeries that do not require a minimum of 24 hours of hospitalization under the Day Care Treatment Benefit

Tonsillectomy

Operation of cataract

Incision of the cornea

Blood Dialysis

Cancer Radiotherapy

Hernia

Mastoidectomy



Cancer Chemotherapy

Incision of the prostate

Surgery for ligament tear

Removal of metal wire

Coronary angiograph

Lithotripsy



ANNUAL HEALTH CHECK-UP

We provide all insured with a Complimentary Annual Health Check-up, at any time during the policy year

Package 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
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	Care 4
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	Care 5 & Care 6



PRE-POLICY CHECKUP GRADE

Age/Sum Insured (including Deductible)	Up to 5 Lakhs	Above 5 Lakhs and below 15 Lakhs	15 Lakhs to 25 Lakhs	Above 25 Lakhs and Above
Up to 17 years	No Medical Tests			Medical Examination Report for Individual policy - Set 1
18 to 24 years				Set 2
25 to 45 years				Set 7
46 to 50 Years				Set 8
51 Years and above	Set 3		Set 5	Set 8



DETAILS OF MEDICAL TESTS

S.No.	SET	MEDICAL TESTS
1	SET - 1	MER, CBC, FBS, RUA, SGPT, S. Creatinine
2	SET - 2	MER, CBC, FBS, RUA, ECG, USG, S. Creatinine
3	SET - 3	MER, CBC &ESR, FBS / HbA1c, T. Cholesterol, ECG, SGPT, S. Creatinine
4	SET - 5	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
5	SET - 7	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine, USG abd/pelvis (M&F)
6	SET - 8	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M&F), PSA (M)



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
T CHOLESTEROL	Total Cholesterol
Lipids	Fasting Lipid Profile
ECG	Electro Cardio Gram
SGPT	Serum Glutamic Pyruvic Transaminase
S CREATININE	Serum Creatinine
TMT	Treadmill Test
2 D Echo	2 D Echo
LFT	LFT
PSA	PSA
HBsAg	HBsAg
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



KEY POINTS: POLICY ISSUANCE

⚡ Premium is always computed for completed age as on last birthday. For example, if the age is 33 years and 11 months 30 days, the age would be 33 years. Premium for a floater cover is calculated based on the age of the eldest member.

⚡ An individual can cover any of 17 relationships in an individual policy for the purpose of insurable interest-

Self, Husband, Wife, Son, Daughter, Father, Mother, Brother, Sister, Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Daughter-in-law, Father-in-law and Mother-in-law.



WHAT IS POLICY START DATE (RISK COMMENCEMENT DATE – RCD)?

The policy start date for all new policies is calculated as later of the following dates:

- Proposal receipt date at branch + 1
- Cheque date

The insurance cover shall begin from midnight.

For example, if the proposal is received at branch on 1st January 2012 and the cheque date is 1st January 2012, then the insurance cover will begin from 2nd January 2012 – 12:00 AM.

Note-

- Please submit the proposal as soon as the proposal form and premium instrument are collected.



KEY POINTS

- ⚡ If there is no history of any pre-existing disease then the relevant columns shall be filled in as “None”.
- ⚡ Premium can be collected in any manner other than **CASH**.
- ⚡ The payer of the premium and proposer can not be different.
- ⚡ Post-dated cheques are not allowed.



RIGHT FLOATER CONSTRUCT

⚡ Why is 2 Adult Floater the best?

- It is economical to split a 3 Adult Floater policy into 2 Adult Floater + 1 Individual policy
 - The premium for a floater policy is calculated on basis of eldest member.
 - If eldest member is senior in age, overall premium increases considerably for a 3 Adult Floater compared to a 2 Adult Floater + 1 Individual Policy
 - Example, if there are 3 adults in a family of age 57, 54 and 25 respectively
 - Premium in case of 3 Adult Floater – Rs 33,500
 - Premium in case of 2 Adult Floater + 1 Individual Policy – Rs 27,050
[Rs 22,500 for Floater (Eldest member age 57) + Rs 4,800 for Ind. (Age 25)]