

- 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 arising from or traceable to pregnancy & childbirth 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 with minimum 24 hours stay and treatment.
- Expenses on vitamins and tonics unless forming part of treatment for disease/injury.
- Treatment of Obesity, General Debility and congenital external disease.
- War, nuclear weapons induced hospitalisation.
- Naturopathy treatment, any other form of non allopathic treatment on local medication.

How can I get this Policy?

For person below 45 years with a clear medical history 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.

All persons above 45 years & persons with medical history will have to undergo a pre-enrolment medical test. Once the proposal has been cleared for acceptance, the requisite premium should be paid and the insurance cover shall commence only thereafter.

Once your proposal is accepted, you will receive your Policy and Health Card

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

Continuity Benefits

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

Renewal premium

- No loading in Renewal premium.

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

 **022-3989 8282**
(call 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
Registered office Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

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. Unexpected accidents could also result in expensive hospitalization, straining your reserves further. 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 eventualities; 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.

Domiciliary Hospitalisation

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

- patients condition does not allow him to be shifted to a hospital; or
- due to lack of accommodation at the hospital

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.

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

Critical Illness – Additional Sum Insured

Gold Plan offers an additional amount equivalent to Sum Insured opted under Hospitalisation for treatment of listed critical illness such as Cancer, Coronary Artery Bypass Graft, First Heart Attack, Kidney Failure, Multiple Sclerosis, Major Organ Transplant, Stroke, Aorta Graft Surgery, Paralysis and Primary Pulmonary Arterial Hypertension more specifically defined in the policy. Once a claim is accepted & paid for, coverage under this section will not be available for that person for all future renewals.

Donor Expenses

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

Cost of Health Check Up

Cost of Health Check up at the end of a block of four years, provided there were no claims reported.

What are the value added covers available?

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

- Daily hospitalization allowance for a maximum period of 7 days.
- Nursing Allowance for a maximum period of five days, on recommendation of the treating Medical Practitioner.
- Reimbursement of charges towards local road ambulance services.
- Recovery Benefit of Rs.10,000 in case of hospitalisation for more than 10 consecutive days.

- Expenses of an accompanying person at the Hospital/Nursing Home for a maximum of five days.

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 & two dependent children under 21 yrs of age.

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

Renewal discounts of 5% of base premium on each claim free renewal, subject to a maximum overall discount of 20% over all claim free periods.

	Particulars	Standard	Silver	Gold
Basic Covers	Hospitalisation Expenses	✓	✓	✓
	Domiciliary Hospitalisation	✓	✓	✓
	Day Care Treatment	✓	✓	✓
	Pre Hospitalisation	30 days	60 days	60 days
	Post Hospitalisation	60 days	90 days	90 days
	Pre-Existing Diseases Coverage	after 4th year	after 2nd year	after 2nd year
	Additional benefit for Listed Critical Illnesses	x	x	✓
	Donor Expenses	x	✓	✓
Value Added Covers	Cost of Health Check up	✓	✓	✓
	Daily Hospital Allowance	x	x	✓
	Nursing Allowance (per day amount)	x	Rs.250/-	Rs.300/-
	Local Road Ambulance Service (maximum of)	Rs.500/-	Rs.750/-	Rs.1000/-
	Recovery Benefit	x	x	✓
Expenses on accompanying person (per day amount)	Rs.200/-	Rs.250/-	Rs.300/-	

(Total benefit under this policy, including the Value added features, shall be within the limit of sum insured as specified in the policy)

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, depending on the plan selected.
- Children between 3 months and 18 years can be covered only if one or both the parents are covered.
- Maximum age to enter the various plans is as below: Gold-55 years, Silver-60 years and Standard-65 years.
- A single person opting for the policy should have completed 18 years of age on date of proposal.

Policy Options

Choice of plans

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

Range of Sum Insured for all plans

- 2 lacs, 3 lacs, 4 lacs and 5 lacs

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, Myomectomy, Hysterectomy or Menorrhagia or Fibromyoma, unless because of malignancy, Dilatation & Curettage, Hernia, Hydrocoele, Congenital Internal Disease, , Fistula in Anus, Sinusitis, skin and all internal tumours, cysts, nodules, polyps of any kind including breast lumps unless malignant/ adenoids and hemorrhoids, Dilaysis required for Chronic Renal Failure, Gastric and Duodenal Ulcers.