

Prospectus

Eligibility Criteria

Entry Age - Minimum	Adult : 18 years	Child : 1 day	New Born : 1 day
Entry Age - Maximum	Adult : 65 years	Child : 24 years	New Born : 90 days
Exit Age	Lifelong		
Age of Proposer	18 years or above		
How can you cover yourself	Individual basis (maximum up to 6 Persons) or Floater basis		
Floater combinations	2 Adults ; 2 Adults + 1 Child ; 2 Adults + 2 Children		
Who are covered	Individual : Self, Legally married spouse, son, daughter, brother, sister, grandson, granddaughter, nephew, niece, Son-in-law, Daughter-in-law, Employee Family Floater : Self, Legally married Spouse, Children & Parents, Employee & their dependent		

Note :

1. Child: 1 day to 24 years would be covered only under a floater. Child would be ported to an individual policy and treated as adult upon attaining age of 25 at the time of renewal.
2. 2 Adults implies 1 Male & 1 Female

Key Benefits

1. Hospitalization Expenses

(i) In-patient Care

We indemnify for the medical expenses incurred during Hospitalization for a minimum period of 24 consecutive hours like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc.

(ii) Day Care Treatment

We indemnify 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.

2. Pre-hospitalization Medical Expenses & Post Hospitalization Medical Expenses

This benefit indemnifies for

- (i) The medical expenses incurred by you for a period 30 days immediately before your Hospitalization; and
- (ii) The medical expenses incurred by you for a period 60 days immediately after your discharge from Hospital.

3. Ambulance Cover

We will indemnify you for expenses incurred on an ambulance service offered by the hospital or any service provider, in an emergency situation.

4. Maternity Cover (including Pre-natal & Post-natal Expenses)

We will indemnify for the expenses incurred related to Maternity including pre-natal & post-natal expenses incurred in respect of the Hospitalization of the Insured Person for the delivery of the child.

NOTE: Cover under this Benefit is available only up to 45 years of Age.

5. New Born Baby Cover

We Cover Your New Born from birth till 90 days. We shall pay for the medical expenses incurred towards Your New Born too. 91 days and above, Your baby would be covered under the regular policy upon payment of additional premium.

6. New Born Birth Defects

We will pay the amount as a lump sum in case the New Born Baby is diagnosed with Down's Syndrome or Cerebral Palsy provided that no Claim under Benefit - 'New Born Baby Cover' shall be made with respect to Down's syndrome or Cerebral Palsy in case Claim is payable under this Benefit.

Special Conditions

1. Floater Cover

Under the 'floater' plan, you can cover any member of your immediate family (yourself or spouse, parents and children) and employee & their dependents for the sum insured in a single policy.

2. Co-payment

You will 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.

Optional Cover

1. No Claim Bonanza

If the option is chosen by you and you do not have any occasion to claim health insurance in a block of completed and continuous three policy year, we raise a cheer to your good health in the form of a bonus for you. You receive an increase of 100 percent in your sum insured on a cumulative basis. In any case the No Claim Bonanza 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 Bonanza accrued will not be available but in no case shall the sum insured be reduced. It's just our way to tell you that we're there with you in good times and in bad.

Salient Features

1. Policy Term

The Policy term for Joy Today would be three years. Your policy term for Joy Tomorrow can be one year, two years or three years.

2. Tax Benefit

You can avail tax benefit on the premium you pay towards your 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 your tax advisor for more details).

3. Cashless Facility

With Cashless Facility, 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. Leave the bill payment arrangements to us, except for any non-medical expenses that you incur at the Hospital.

4. Free Look Period

You may, within 15 days from the receipt of the Policy, return the Policy stating reasons for your objections, if You disagree with any terms and conditions. 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, as applicable. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.

5. Premium

The premium charged under the Policy depends upon the Sum Insured, Age, gender, number of members in the policy, policy term and the health status of the individual.

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

6. Cancellation/Termination

- We may at any time, cancel this Policy on grounds as specified in Clause 7.1 of the Policy Terms & Conditions and We shall have no liability to make payment of any Claims and the premium paid shall be forfeited to Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/ recorded delivery to Your last known address.
- 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.

c) Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Joy Tomorrow	Joy Tomorrow	Joy Today/Joy Tomorrow
	1 Year	2 Year	3 Year
Upto 1 month	75.0%	87.0%	91.0%
1 month to 3 months	50.0%	74.0%	82.0%
3 months to 6 months	25.0%	61.5%	73.5%
6 months to 12 months	0.0%	48.5%	64.5%
12 months to 15 months	N.A.	24.5%	47.0%
15 months to 18 months	N.A.	12.0%	38.5%
18 months to 24 months	N.A.	0.0%	30.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

d) In case of Your demise,

- i. Where the Policy covers You, this Policy shall stand null and void from the date and time of Your demise. The premium would be refunded for the unexpired period of this Policy at the short period scales.
- ii. Where the Policy covers other Insured Person, this Policy shall continue till the end of Policy Period. 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:
 - I. Written notice in this regard is given to Us before the Policy Period End Date; and
 - II. A person over Age 18 who satisfies our criteria to become a Policyholder.

7. 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 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.

8. Subrogation Clause

You shall at Your 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 civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We would become entitled upon by 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 You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide We 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 effecting a recovery, where after We shall pay any balance remaining to the You. This clause shall not apply to any Benefit offered on a fixed benefit basis.

9. Portability

In case portability has been granted to You/or Insured Person under this Policy then :-

- a) The Waiting Periods as defined in Clauses 4.1(a), 4.1(b), 4.1(c) and 4.1(d) of the Policy Terms & Conditions 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 Cumulative Bonus under the expiring health insurance policy.
- b) The Waiting Periods under Clauses 4.1(a), 4.1(b), 4.1(c) and 4.1(d) of the Policy Terms & Conditions shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and Cumulative Bonus under the terms of the expiring policy.
- c) The Waiting Periods as defined in Clauses 4.1(a), 4.1(b), 4.1(c) and 4.1(d) of the Policy Terms & Conditions shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- d) No credit for Waiting Period as defined in Clause 4.1(d) of the Policy Terms & Conditions shall be available under portability if the health insurance policy with the previous insurer does not include maternity cover.
- e) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - i. If the You were 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.
 - ii. In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.

- f) In case the 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:
- We may at the 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.
 - In case any Claim is reported during the extended Policy Period, You shall first pay the premium so as to make the Policy Period part of full Policy as applicable. Our liability for the payment of the Claim shall commence only once such premium is received. Alternately, We may deduct the premium payable by You and pay the balance Claim amount, if any and issue Policy for the balance Policy Period.

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

Email: customerfirst@religarehealthinsurance.com

Contact No.: 1800-102-4488

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,

Unit No. 604 - 607, 6th Floor, Tower C,

Unitech Cyber Park, Sector-39,

Gurugram-122001 (Haryana)

Claims Management

We directly process the claims. Your claims would be managed In-house.

We take pride in offering hassle-free clearance and speedy settlements.

Intimation : Kindly notify Us in case of occurrence of any event that can give rise to Claim. The notification should be

- At least 48 hours before the commencement of planned Hospitalization; or
- Within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

Claim Process

- Any Claim under this Policy shall be settled either on cashless or on reimbursement basis as per the Benefit.
- Please send the duly signed claim form and all the information/documents mentioned therein to Us.
Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by You, We will send the deficiency letter.
- On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement in Your name.

Cashless

The Cashless Facility is available only at Our Network Hospitals. All You have to do is present the Religare Health Card along with a valid photo identification document at Our nation-wide network of leading hospitals and avail of the cashless service. The list of these hospitals is available on our website www.religarehealthinsurance.com or call our call centre.

You need to request for the cashless facility in a prescribed format. We may authorize Your request and thereafter You shall not be required to pay for the hospital bills, except for the non-medical expenses.

Re-imbursement

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 to be submitted for reimbursement claims :

- 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. Original investigation test reports and payment receipts
9. Ambulance Receipt
10. Any other document as required by us to assess the Claim

Claim Assessment

All Claims made under this Policy shall be assessed by Us in the following progressive order:

- (i) If Contribution Clause is applicable, then Our liability to make payment under the claims shall first be apportioned accordingly.
- (ii) If the room category opted for, is higher than the eligible limit as applicable, then the Variable Medical Expenses payable shall be pro-rated.
- (iii) Balance amount, if any, shall be the claim payable.

Duties of the Claimant

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 Hospitals before submission of a pre-authorisation 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 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 of the Policy Terms & Conditions.
- (v) You will, at Our request, submit Yourself 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 documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.
- (viii) List of black listed hospitals have been mentioned in Annexure III of Policy Terms & Conditions. Modification of hospitals can be made to this list from time to time. A list of such hospitals will be available on our website.

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, once the Sum Insured for that Insured Person 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.
- (d) If You or Insured Person suffers 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 for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (e) For cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (f) For the Reimbursement Claims, We will pay You. In the event of Your death, We will pay the nominee (as named in the Policy Certificate) and in case of no nominee at Our discretion to Your legal heirs whose discharge shall be treated as full and final discharge of its liability under the Policy.

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. **Wait period of 24 months for specified ailments/treatments/Illnesses**

- 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

If an Insured Person is suffering from any of the above Illnesses, conditions or Pre-Existing Diseases at the time of commencement of first policy with Us, any Claim in respect of that Illness, condition or Pre-existing Disease shall not be covered until the completion of 48 months of continuous insurance coverage with Us from the first Policy Period Start Date.

3. **Pre-existing Disease**

Any claims for Medical Expenses incurred for diagnosis or treatment of any Pre-existing Disease shall not be admissible until the completion of 48 months of continuous coverage since the inception of the first Policy with Us.

4. **Maternity Wait Period**

Joy Today: 9 months of continuous coverage

Joy Tomorrow: 24 months of continuous coverage

5. **Permanent Exclusions**

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:

- (i) Any condition or treatment as specified in Annexure – II of Policy Terms & Conditions.
- (ii) 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.
- (iii) 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.
- (iv) 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.
- (v) 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.
- (vi) 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.
- (vii) 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.
- (viii) 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.

- (ix) Treatment of any Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.
- (x) Treatment of mental illness, stress or psychological disorders.
- (xi) 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.
- (xii) Any treatment/surgery for change of sex or gender reassignments including any complication arising from these treatments.
- (xiii) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xiv) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- (xv) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- (xvi) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (xvii) Non-allopathic treatment.
- (xviii) Any OPD Treatment.
- (xix) Treatment received outside India.
- (xx) 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.
- (xxi) 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.
- (xxii) 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.
- (xxiii) 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.
- (xxiv) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xxv) 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.
- (xxvi) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- (xxvii) 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.
- (xxviii) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- (xxix) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (xxx) 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.

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

Pre-Policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite Medical Check-up if the age is 46 years or above. The result of these tests shall be valid for a period of 3 months from the date of tests.

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 member to undergo 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 :

Age / Sum Insured	Rs. 3 Lac	Rs. 5 Lac
Up to 45 years	Not Applicable	Not Applicable
46 years to 55 years	Set 1	Set 2
56 years and above	Set 2	Set 2

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

Set 1	Set 2
MER	MER
RUA	RUA
HbA1c	HbA1c
CBC with ESR	CBC with ESR
Serum total cholesterol	Fasting Lipid Profile
ECG	TMT/ECG + 2-D Echo
SGPT	LFT
S Creatinine	KFT
Female - USG (Abdomen Pelvis)	HBsAg
	Serum PSA(Male) USG (Abdomen Pelvis)

The explanation of these tests is:

Test	Full Form
MER	Medical Examination Report
RUA	Routine & Microscopic Urine Analysis
CBC	Complete Blood Count
ESR	Erythrocyte Sedimentation Rate
HBA1C	Glycosylated Hemoglobin
S CHOLESTEROL	Serum Cholesterol
ECG	Electro Cardio Gram
SGPT	Serum Glutamic Pyruvic Transaminase
S CREATININE	Serum Creatinine
USG (Abdomen Pelvis)	Ultrasonography
TMT	Treadmill Test
2 D Echo	2D Echocardiography
LFT	Liver Function Test
KFT	Kidney Function Test
HBsAG	Hepatitis B surface antigen
Serum PSA	Prostate Specific Antigen

Renewal Terms

1. 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.
2. 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.
3. 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.
4. We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation You.
5. We reserve the right to carry out underwriting in relation to any request for change in the Sum Insured at the time of renewal of the Policy.
6. 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.
7. We may, in its sole discretion, revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time.
8. Renewal shall be offered lifelong. You shall be given an option to port this policy into any other individual health insurance product of Ours and credit shall be given for number of years of continuous coverage under this policy for the standard waiting periods.

Discounts

Sr. #	Description	Rates
1	Discount for Employees and their dependents of : A. Religare Enterprises Limited & its subsidiaries/affiliates B. Corporation Bank & its subsidiaries/affiliates C. Union Bank of India & its subsidiaries/affiliates D. Any other Stakeholder or Partners	15%
2	Co-pay (@ 20% per claim, where age of eldest member at entry is 61 years or above)	15%

Note: Maximum discount on a cumulative basis shall not exceed 20% of the premium.

Schedule of Benefits

Plan Name	Joy Today	Joy Tomorrow
Sum Insured - on annual basis	3 Lac / 5 Lac	3 Lac / 5 Lac
Hospitalization Expenses		
In-Patient Care	Up to Sum Insured	Up to Sum Insured
Day Care Treatment	170 surgeries	170 surgeries
Room Category	Single Private Room with A.C.	Single Private Room with A.C.
Pre-Hospitalization Medical Expenses	Up to 30 days	Up to 30 days
Post-Hospitalization Medical Expenses	Up to 60 days	Up to 60 days
Ambulance Cover	Up to Rs. 1,000 per Claim	Up to Rs. 1,000 per Claim
Maternity Cover (including Pre-natal & Post natal expenses)	Up to Rs. 35,000 for Rs. 3 lacs SI Up to Rs. 50,000 for Rs. 5 lacs SI	Up to Rs. 35,000 for Rs. 3 lacs SI Up to Rs. 50,000 for Rs. 5 lacs SI
New Born Baby Cover	Up to Rs. 30,000 for Rs. 3 lacs SI Up to Rs. 50,000 for Rs. 5 lacs SI	Up to Rs. 30,000 for Rs. 3 lacs SI Up to Rs. 50,000 for Rs. 5 lacs SI
New Born Birth Defects	Not Applicable	Rs. 50,000
Optional Cover : No Claim Bonanza	100% increase of Sum Insured in case of 3 continuous claim free years; maximum upto 100% of Sum Insured. In case a claim is made during a policy year, the accumulated / accrued No Claim Bonanza would be reduced to nil.	100% increase of Sum Insured in case of 3 continuous claim free years; maximum upto 100% of Sum Insured. In case a claim is made during a policy year, the accumulated / accrued No Claim Bonanza would be reduced to nil.

Note : Maternity Benefit under both the above plans shall be available only till age of 45 years.

About us

Religare Health Insurance Company Limited

Religare Health Insurance (RHI), the health insurance arm of Religare Enterprises Limited (REL), is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With RHI's operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Religare Health Insurance currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates. The organization has been adjudged the 'Best Health Insurance Company' at the ABP News-BFSI Awards & 'Best Claims Service Leader of the Year – Insurance India Summit & Awards. Religare Health Insurance has also received the 'Editor's Choice Award for Best Product Innovation' at Finnoviti and was conferred the 'Best Medical Insurance Product Award' at The FICCI Healthcare Awards.

Best Health Insurance Company - ABP News – BFSI Awards 2015, Best Claims Service Leader of the Year - Insurance India Summit & Awards 2018, Best Product Innovation - Editor's Choice Award Finnoviti 2013, Best Medical Insurance Product - FICCI Healthcare Awards 2015.

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 sustainable 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: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Correspondence Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)

Website: www.religarehealthinsurance.com E-mail: customerfirst@religarehealthinsurance.com Call: 1800-102-4488 / 1860-500-4488

Disclaimer: This is only summary of features of JOY. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. 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.

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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
6. The product is in conformity with the IRDA approval and health insurance regulations and standardization guidelines.