



What does the policy cover?

Coverage of Hospitalisation Expenses

- Expenses incurred towards
 - Hospital charges (room, boarding & operation theatre)
 - Doctors & nurses fees
 - Medical tests
 - Medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs

Domiciliary Hospitalisation

- All expenses related to a medical treatment, which is being administered at home, in case of
 - Patient's condition does not allow him to be shifted to a hospital or
 - 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

- Medical expenses related to your treatment before and after hospitalisation for Standard plan is 30 and 60 days, whereas for Silver and Gold plan is 60 and 90 days respectively.

Pre-Existing Diseases

- Pre-existing diseases/illness/injury/conditions covered after four years of continuous coverage for Standard plan & two years for Silver and Gold plan.

Cost of Health Check Up

- Cost of Health Check Up at the end of a block of four consecutive five years, provided there were no claims reported.
 - Individual: Up to 1% of average sum insured
 - Floater: Up to 1.25% of average sum insured

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 to that person for all future renewals.

Policy Period

1 Year (Eg. 01st April - 31st March)

Policy Covers

1 Self & Spouse

Insured	Self+ Spouse(Gold-Floater)	Sum Insured = 5 lakhs (L*)					
		Claims Paid		Balance Sum Insured (SI*)			
	Claim Details			Self		Spouse	
		BH*	CI*	BH	CI	BH	CI
Year 1	(Claim1) Self: BH= 2 L	2L	0	3L	5L	3L	5L
	(Claim2) Spouse : BH= 3L	3L	0	0	5L	0	5L
	(Claim3) Self: CI=3 L	0	3L	0	0	0	2L
Year 2	(Claim1) Spouse : BH= 5 L	5L	0	0	0	0	2L
	(Claim2) Spouse: CI = 3L	0	2L	0	0	0	0
Year 3	(Claim1) Self: BH=3 L	3L	0	2L	0	2L	0
	(Claim2) Spouse : CI=2 L	2L	0	0	0	0	0
	(Claim3) Self: CI=2L	0	0	0	0	0	0

* Please note here BH= Basic Hospitalization, CI = Critical Illness, SI= Sum Insured*

Donor Expenses

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

Value Added Covers

- Daily hospitalisation allowance
- Reimbursement charges towards local road ambulance services
- Expenses for nursing allowance as per the plan
- Recovery benefit as per the plan if the insured person is hospitalised for more than 10 days
- Expenses on accompanying person will be provided as per the limits specified in the plan

What does the policy not cover?

To ensure that you do not face any unpleasant surprises while making a claim, do take a look at some of the major exclusions which will not be covered under our policy.

- Certain ailments are not covered in the first year of 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. Dilation & Curettage, Hernia, Hydrocoele, Congenital Internal Disease, Fistula in Anus, Sinitis, skin and all internal tumors, cysts, nodules, polyps of

any kind including breast lumps unless malignant/adenoids and hemorrhoids, dialysis required for Chronic Renal Failure, Gastric and Duodenal Ulcers

- Pre-existing disease/illness/injury/condition will not be covered for the first four years (Standard Plan) & two years (Gold & Silver Plan)
- 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 of vitamins and tonics unless forming part of treatment for diseases/injury
- Treatment of obesity and congenital external diseases
- War, nuclear weapons include hospitalization
- Naturopathy treatment any other form of non allopathic treatment on local medication

Entry Age Criteria

- 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 years

Policy Details

- Range of sum insured for all plans - 1 lacs, 2 lacs, 3 lacs, 4 lacs and 5 lacs.

How can I get this Policy?

- Fill the necessary details in the proposal form and hand it over along with your cheque to your insurance advisor. This is applicable for a person below 45 years with no known pre-existing disease
- All person above 45 years with medical history will have to undergo a 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.

You can also get this policy from reliancegeneral.co.in or call our toll free no. 1800 3009.

Renewal Features

- Continuity Benefits
- Shall be available only if the policy is renewed within 30 days from the previous policy expiry date

Renewal Age

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

Co-Pay

- Geographical Rating Structure is being introduced i.e. Zone A (Maharashtra, Gujarat, Delhi, Haryana, Uttar Pradesh & Bangalore) and Zone B (Rest of India). If a customer from Zone B makes a claim in Zone A, then he will be liable to a 25% co-pay. However, Those residing in Zone B can choose to pay appropriate premium as applicable for Zone A and avail treatment all over India without any co-payment.



Claim Process

We aim to make the claim process as smooth as possible for your convenience. Here's how to go about it:



Step 1

Inform our health claims team, RCARE, of hospital admission using the helpline number 1800 3009 given on your health card



Step 2

Submit the required documents to RCARE



Step 3

Network Hospital -
RCARE will arrange for Cashless facility

Non-Network Hospital -

For Re-imbursment claims please follow the process as mentioned in our policy wordings

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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 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.

RELIANCE

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Reliance
HealthWise Policy



Be wise,
get **HealthWise**
to protect your family's health

LiveSmart

Reliance HealthWise Policy (UIN: RELHLIP18124V021718)

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A COMPLETE
FAMILY
HEALTHCARE
POLICY

NOW WITH
UPGRADED
FEATURES

Seeing your family in good 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.



The incredible benefits
that makes the Reliance HealthWise Policy
a smart choice:



Premium Discount for girl child
7% discount in case of two daughters are covered in a 2 adult + 2 child policy and 4% discount in case one daughter is covered in a policy (either 2 adult + 1 child or 2 adult + 2 child).



Renewal Discounts

For every claim free renewal you get a 5% discount on applicable premium. This discount is applicable up to 4 continuous claim free years i.e maximum of 20%



Cashless Hospitalisation in our network of 4000+ hospitals

You have the convenience of choice and ease with cashless hospitalisation at more than 4000 preferred hospitals.



No Room Rent Capping

No capping on the room rent and it is covered upto the sum insured. You can choose any room type/category.



No Medical Test

No medical tests for person up to 45 years of age with no known pre-existing disease.



Income Tax Benefits

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



Plan Options

Benefits	Standard Plan	Silver Plan	Gold Plan
Hospitalisation	Yes - Covers Hospitalisation expenses for period more than 24 hours		
Domiciliary Hospitalisation	Yes - Limited to 10% of sum insured, for medical expenses incurred for availing medical treatment at home which would have otherwise required hospitalisation		
Day Care Treatment	Yes - As listed in Annexure 1		
Pre-Hospitalisation Medical Expenses	30 days	60 days	60 days
Post-Hospitalisation Medical Expenses	60 days	90 days	90 days
Pre-Existing Disease	After 4 continuous renewals	After 2 continuous renewals	After 2 continuous renewals
Cost of Health Check-up	Yes - Reimbursement of cost of medical check-up upto 1% of average sum insured for individual policies and up to 1.25% for floater covers, once at the end of a block of four consecutive years, provided there are no claims reported under the policies by any member, during the block		
Critical Illness	No	No	Yes
Donor Expenses	No	Yes	Yes



Value Added Covers

Benefits	Standard Plan	Silver Plan	Gold Plan
Daily Hospitalisation Allowance	No	No	₹250 per day up to 7 days
Nursing Allowance (Per day amount)	No	₹250 per day for a maximum period of 5 days	₹300 per day for a maximum period of 5 days
Local Road Ambulance Service (maximum of)	₹500/-	₹750/-	₹1000/-
Recovery Benefit	No	Yes - If in case an insured person is hospitalised for more than 10 days, a lump-sum of ₹10,000/- will be paid	
Expenses on accompanying person (per day amount)	₹200/- per day for a maximum period of 5 days	₹250/- per day for a maximum period of 5 days	₹300/- per day for a maximum period of 5 days

To make a smart choice, get in touch with us right away!



reliancegeneral.co.in

1800 3009 (Toll Free)
022-4890 3009 (Paid)



74004 22200



Connect directly with our Customer Care Executive
Call 022-3383 4185 (paid line) only for senior citizen

Go digital with us



A Smart App by Reliance General Insurance

available on

Contact our Insurance advisor



GENERAL
INSURANCE

An ISO 9001:2015
Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, visit the website www.reliancegeneral.co.in or read the sales brochure, prospectus and policy wordings carefully before concluding sale. Tax laws are subject to change.

IRDAI Registration No. 103.
Reliance General Insurance Company Limited

Registered & Corporate Office:
Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway,
Santacruz (East), Mumbai - 400 055.

Corporate Identity Number: U66603MH2000PLC128300.
Reliance HealthWise Policy (UIN: RELHLIP18124V021718)

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