

## Reliance HealthWise Policy

### Customer Information Sheet

Coverage	Standard Plan	Silver Plan	Gold Plan
<b>Basic Covers</b>			
Hospitalisation	Minimum 24 hours hospitalisation. Maximum cover up to the Sum Insured selected by the Insured.		
Domiciliary Hospitalisation	Limited to 10% of the Sum Insured opted by the Insured.		
Day Care Treatment	Covered within the limit of Sum Insured opted by the Insured		
Pre and Post Hospitalisation	Relevant expenses incurred for 30 days prior to hospitalisation and expenses incurred up to 60 days after hospitalisation are covered.	Relevant expenses incurred for 60 days prior to hospitalisation and expenses incurred up to 90 days after hospitalisation are covered.	
Pre-Existing	Pre-existing disease expenses are covered from the 5th year of the Policy after 4 continuous renewals of this Policy with the company	Pre-existing disease expenses are covered from the 3rd year of the Policy after 2 continuous renewals of this Policy with the company.	
Critical illness	Additional Sum Insured Not Applicable		An additional amount equivalent to the Sum Insured opted under hospitalisation will be available for treatment of the following critical illnesses undertaken in a Hospital/Nursing Home: Cancer, Coronary Artery Bypass Surgery, First Heart Attack, Kidney Failure, Multiple Sclerosis, Major Organ Transplant, Stroke, Aorta Graft Surgery, Paralysis and Primary Pulmonary Arterial Hypertension
Donor Expenses	Not Applicable	Hospitalisation expenses incurred towards the donor is covered in case of major organ transplant within the overall limit of Sum Insured.	
Cost of health check up	The Insured/Insured Person (s) is entitled to reimbursement of the cost of medical check-up at the end of a block of 4 consecutive years provided there were no claims reported under the Policies by any member, during this block. The cost so reimbursable shall not exceed an amount equal to 1% of the average Sum Insured during the block of 4 Underwriting years. In case of Family Floater the above limit is 1.25% of the average Sum Insured for all the Insured Person covered in the policy put together.		
<b>Value Added Covers</b> (Subject to the overall limit of Sum Insured opted by the Insured during the policy period)			
Daily Hospitalisation Allowance	Not Applicable		In addition to hospital expenses, where the hospitalization is for more than 3 days, a daily hospital cash allowance of Rs 250 per day up to 7 days will be paid to cover daily expenses starting from day 4 to day 10. However, in case of hospitalization for critical illness, the said cash allowance will be paid up to 14 days. This allowance is irrespective of the number of occurrences. Even if two people of the same floater are hospitalized, concurrently, each one of them will be eligible for hospital daily allowance separately.
Nursing Allowance	Not Applicable	Allowance towards charges for medical services of a nurse at the residence of Insured/Insured Person or during the period they are hospitalized is payable provided they are confirmed to be necessary by the attending medical practitioner and relate directly to the disease, illness or injury for which the Insured/Insured Person has been hospitalized. The allowance is payable at of Rs. 250/- per day for a maximum period of 5 days	Allowance towards charges for medical services of a nurse at the residence of Insured/Insured Person or during the period they are hospitalized is payable provided they are confirmed to be necessary by the attending medical practitioner and relate directly to the disease, illness or injury for which the Insured/Insured Person has been hospitalized. The allowance is payable at Rs. 300/- per day for a maximum period of 5 days. However, in case of listed critical illnesses the said reimbursement will be extended to maximum 10 days
Ambulance charges	Cost of transportation of the Insured/Insured Person(s) by a local road Ambulance Service to the Hospital reimbursable to a maximum of Rs. 500/-	Cost of transportation of the Insured/Insured Person(s) by a local road Ambulance Service to the Hospital shall be reimbursable to a maximum of Rs. 750/-	Cost of transportation of the Insured/Insured Person(s) by a local road Ambulance Service to the Hospital shall be reimbursable to a maximum shall be of Rs. 1000/-
Recovery Benefit	Not Applicable		If in case a person is hospitalised for more than 10 days, a lump-sum of Rs. 10, 000 will be paid. This condition is applicable for all the members of the floater separately irrespective of the number of occurrences during the Policy period subject to overall limit of Sum Insured.
Expenses on accompanying person at the Hospital	Subject to the Insured/Insured Person(s) being hospitalised for a period of 5 days at a given time, an allowance towards expenses of accompanying person at the hospital is payable at Rs.200 per day for a maximum of 5 days (i.e. from the 6th day to the 10th day of hospitalisation).	Subject to the Insured/Insured Person(s) being hospitalised for a period of 5 days at a given time, an allowance towards expenses of accompanying person at the hospital is payable at Rs.250 per day for a maximum of 5 days (i.e. from the 6th day to the 10th day of hospitalisation).	Subject to the Insured/Insured Person(s) being hospitalised for a period of 5 days at a given time, an allowance towards expenses of accompanying person at the hospital is payable at Rs. 300 per day for a maximum of 5 days (i.e. from the 6th day to the 10th day of hospitalisation).
Entry Age	3 months to 65 years	3 months to 60 years	3 months to 55 years
Exit Age	75 years	75 years	75 years
Medical Test Requirement	All Individuals above the age of 45 years may be required to undergo pre-acceptance medical tests. All Medical reports need to be within 15 days from date of Proposal form and can be conducted at the Company's list of Network Hospitals/Clinics. In case of accepted proposals the Insurer shall reimburse 50% of the total medical costs		

(All the above coverages are subject to exclusions, terms and conditions as specified in the Policy Wording)