

RELIANCE HEALTH INFINITY INSURANCE - CUSTOMER INFORMATION SHEET

TITLE	DESCRIPTION	Refer to Policy Clause Number
Product Name	Reliance Health Infinity Insurance	
What am I covered for	A. Basic Benefits:	:
	a. Inpatient Care: Covers medical expenses incurred during Hospitalization due to an illness or accident for period more than 24 hours.	3.1.1
	b. Special Treatment: Covers for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Special Treatments.	3.1.2
	c. Day Care Procedures: Medical expenses incurred for Day Care Treatment which is surgical procedure, chemotherapy or radiotherapy or hemodialysis taken by an Insured person during the Policy Period at a Hospital or Day Care Centre.	3.1.3
	d. Domiciliary Hospitalisation: Medical expenses for medical treatment at home for a period exceeding 3 consecutive days which would otherwise have necessitated hospitalisation.	3.1.4
	e. Organ Donor: Medical expenses on harvesting the organ from the donor for organ transplantation.	3.1.5
	f. AYUSH Benefit: The Medical Expenses for In-patient Treatment taken under Ayurveda, Unani, Sidha and Homeopathy	3.1.6
	g. Pre-Hospitalisation Medical Expenses: Covers expenses incurred 90 days prior to the date of hospitalisation.	3.1.7
	h. Post-Hospitalisation Medical Expenses: Covers expenses incurred up to 180 days from the date of discharge	3.1.8
	i. Emergency Ambulance: Actual expenses incurred per Hospitalization for utilizing ambulance service for transporting the Insured Person to the nearest Hospital with adequate facilities in case of an emergency or from one hospital to another for medically necessary treatment.	3.1.9
	j. Transportation Benefit: Reasonable expenses incurred upto Rs 500 per Hospitalization for utilizing a registered radio cab operator's services for transporting the Insured Person to and/or from the Hospital.	3.1.10
	k. Restore Benefit: On subsequent claim, one reinstatement up to 100% of Sum Insured for unrelated illness/injury.	3.1.11
	B. More Options Benefits The insured may choose one of the following More Options Benefits, which will be applied to the policy with no additional premium. If policy is renewed without any break, such More option benefit with no additional premium will be offered for the next Policy period. The insured can also choose any of the other More options benefits by paying an additional premium.	3.2
	l. MoreTime: The policy period will be extended by one month in case of one year policy period and two months in case of two year policy period. This option is not available for three-year policy period.	3.2.1
m. MoreCover: Additional Sum Insured limit for payment of further claims, in case the Sum Insured is exhausted due to claims made and paid/payable during the Policy Year. Additional Sum Insured will be applied only once for the Insured Person/s during a Policy Year.	3.2.2	
n. MoreGlobal: Benefit covers Emergency Care on treatment of illness or "conditions manifested" during the Policy Period while travelling overseas. This benefit also covers Planned In-Patient Treatment upto the S.I or Rs 50 lakhs whichever is lower. The benefit is subject to a deduction of an amount (in INR) equivalent to USD100 which shall be applicable on each and every claim.	3.2.3	
C. Renewal Benefit-Stay Healthy Discount The Insured Person will be "get upto" 10% discount at the time of Renewal for carrying out an annual health check-up and sharing the results of the same with the Company.	3.3	



D. Add On Covers	3.4
o. Voluntary Co-payment: On Opting for Voluntary Co-payment, the Insured person is eligible for a discount of 10% on premium. The Co-payment is applicable for each and every claim.	3.4.1
p. Limitless Cover:	3.4.2
i. Consumables Cover: This benefit pays the Reasonable and Customary expenses which are listed in Annexure -A List I as Optional Items.	3.4.2.1
ii. Unlimited Restore Benefit: On subsequent claim. Policies with Sum Insured 5 lakhs: Unlimited restore of S.I on unrelated illness/injury, sub-limit of 100% of Sum Insured for related illness/injury. Policies with Sum Insured >=10lakhs Unlimited restore of S.I on related or unrelated illness/injury This benefit supersedes Basic Benefit - Restore Benefit	3.4.2.2
q. Smart Protector	3.4.3
i. Super Charger: At the end of each completed and continuous Policy Year, the Company shall provide "the additional" Sum Insured under the Policy. Options: (Option 1): 20% of S.I, maximum up to 100% of S.I (Option 2): 33.33% of S.I, maximum up to 100% of S.I	3.4.3.1
ii. Air Ambulance: This benefit indemnifies the Insured, for the expenses incurred on availing Air Ambulance services. S.I < 1crores: 7.5% of Sum Insured or Rs 5 Lakhs whichever is higher S.I >=1crores: 10% of Sum Insured	3.4.3.2
r. Mother and Child Care:	3.4.4
i. Maternity Cover: This Cover indemnifies the Insured Person up to 1lakh/2lakhs (S.I < 5L- 1lakh and S.I >=10L- 1or 2lakhs) towards the maternity expenses including pre-natal and post-natal medical expenses. Cover is available only to 3 years Policy Period.	3.4.4.1
ii. Newborn baby and Vaccination Cover: This Cover indemnifies the Insured up to Rs 1lakh during the Policy Year, towards the Hospitalization Expenses incurred towards treatment of Newborn baby and it also includes the cost of mandatory New-born baby immunization vaccination up to 90 days of birth.	3.4.4.2
s. OPD Cover: OPD Cover has 2 plans: Plan A: This benefit indemnifies the Insured for following: a. OPD Consultations with 10 Super Specialist b. Diagnostic Tests c. Prescription Drugs: 35% of OPD limit OPD Limits: 10000 to 20000 (in multiples of 5000) Plan B: This benefit indemnifies the Insured for following: a. OPD Consultations with Medical Practitioners b. Diagnostic Tests c. Prescription Drugs: 35% of OPD limit d. OPD for Dental Treatment & related Diagnostic Tests & prescription drugs e. Surgical Treatments OPD Limits: 25000 to 50000 (in multiples of 5000)	3.4.5
t. Medical Equipment Cover: The benefit provides the Reasonable and Customary expenses for procuring Durable and Small Medical Equipment or devices (listed in Policy Wordings) as medical aid, during the Policy Year.	3.4.6
u. Double Cover: This benefit provides an additional 100% of Sum Insured which can be utilized on the same claim, after exhaustion of Sum Insured.	3.4.7
v. Home Care Treatment: This benefit indemnifies the Insured for the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings) under the Policy.	3.4.8
w. Change in Pre-Existing Waiting Period: This benefit allows the Policyholder to change the Pre-Existing Waiting Period to 48 months, 24 months or 12 months.	3.4.9
x. Reduction in Specific Illness Waiting Period: This benefit reduces the Specific Illness Waiting Period to 12 months.	3.4.10
y. Reduction in Room Rent: This benefit gives an option to Policyholder to change the allowable Room Category.	3.4.11
z. Discount for Removal of More Options Benefits: This benefit gives discount in Policy Premium if one complementary More Option Benefit is not opted under the Policy.	3.4.12
aa. Voluntary Aggregate Deductible: The benefit gives an option to the Policyholder to avail discount in premium by choosing (10000, 25000, 50000, 100000) as the Voluntary annual Aggregate Deductible.	3.4.13

What are the major exclusions in the policy	<p>The following is a partial list of the policy exclusions (Please refer to the policy wording for the complete list of exclusions):</p> <ol style="list-style-type: none"> a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports(Code:Excl09) g. Breach of law (Code: Excl10) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code: Excl14) l. Refractive Error (Code: Excl15) m. Unproven Treatments (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code: Excl 18) <p>Specific Exclusions</p> <ol style="list-style-type: none"> p. Alternative Treatments q. Circumcision r. Convalescence or Rehabilitation s. Dental Treatments t. Unprescribed Drugs or treatments u. External Congenital Anomaly v. Hearing aids w. Hormonal therapies x. Non-Medically necessary treatment y. Medical Supplies aa. Non-medical expenses ab. Outpatient Treatment (OPD) ac. Overseas Treatment ad. Peritoneal Dialysis ae. Prosthetic and other devices af. Charges other than Reasonable and Customary ag. Self-Injury or suicide ah. Spinal subluxation, manipulation and muscle stimulation ai. Treatment by a family member aj. Treatment Outside discipline ak. Vaccination and immunization al. Nuclear Attack am. War (whether declared or not) 	4
Waiting period	<ol style="list-style-type: none"> a. 36 months waiting period for Pre-Existing Disease (Code: Excl01) b. 24 months waiting period for Specified disease/procedure waiting period code (Code: Excl02) c. 30 Days Waiting Period (Code: Excl03) d. 15 days Waiting Period for treatment of Covid-19 e. 12 or 24 months Waiting Period for Maternity 	<p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.2.1</p> <p>4.2.2</p>
Payment basis	<ol style="list-style-type: none"> a. Indemnity payment basis – Reimbursement of covered expenses or cashless facility upto the specified limits mentioned in the schedule 	Annexure-I Coverage Summary

Loss Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following	
	Sub-Limits	
	a. Special Treatment: S.I < 10 L- 50% of S.I and S.I >=10L-100% of S.I	3.1.2
	b. More Cover	3.2.2
	Sum Insured (in Rs)	More Cover Sum Insured (in Rs)
	300000	1,00,000
	500000	2,00,000
	1000000	3,00,000
	1500000	5,00,000
	2500000	7,50,000
	5000000	15,00,000
	10000000	30,00,000
	20000000	60,00,000
	30000000	90,00,000
40000000	1,20,00,000	
50000000	1,50,00,000	
c. Transportation Benefit: Rs 500 per Hospitalization	3.1.10	
d. More Global: Planned Treatment up to Sum Insured or Rs 50 lakhs whichever is lower.	3.2.3	
e. Air Ambulance: S.I < 1 crores: 7.5% of Sum Insured or Rs 5 Lakhs whichever is higher and S.I >= 1crores: 10% of Sum Insured	3.4.3.2	
f. Maternity Cover: S.I 5L-1lakh and S.I >=10L- 1lakh or 2lakhs	3.4.4.1	
g. Newborn baby and Vaccination Cover: 1lakh	3.4.4.2	
h. OPD Limits: 35% sub-limit for prescription drugs on OPD limit	3.4.5	
i. Medical Equipment Cover: • Durable Medical Equipment: Limit: 5% of Sum Insured subject to max. of Rs 2.5 lacs and Co-Payment of 20% on each and every claim. • Small Medical Equipment: 1% of Sum Insured subject to max. of 20000	3.4.6	
Co-Payments/Deductible		
j. Voluntary Co-payment: 10% for each and every claim (Applicable, if opted by Insured)	3.4.1	
k. Voluntary Aggregate Deductible: Options: 10000, 25000, 50000, 100000	3.4.13	
l. More Global Cover: Deductible USD 100 on each and every claim.	3.2.3	
m. Zone wise Co-Payment: 20% Zone wise Co-payment applicable, in case of claims being administered from a zone different from the policy pricing zone		
Renewal conditions	a. Policy is ordinarily renewable, except on grounds of fraud, moral hazard, misrepresentation by the Insured Person. Renewal is subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium. b. Grace period of 30 days for renewing the policy is provided. Any claim incurred during break-in period will not be payable under this policy. c. We are not under obligation to: i send renewal notices or reminders ii renew it on same terms or premium as the cover under the existing policy	5.1.8
Renewal benefits	a. Stay Healthy Discount b. Super Charger	3.3 3.4.3.1

Cancellation	<p>a. This Policy can be cancelled by the Company at any time on grounds of misrepresentation, fraud, non-disclosure of material facts by any Insured Person, upon giving 15 days' notice without refund of premium.</p> <p>b. The Insured may cancel this Policy at any time by giving written notice. If no claim has been made under the Policy, then the refund premium will be in accordance with the table below: Retention % to be applied on Policy Premium</p> <table border="1" data-bbox="276 271 1353 689"> <thead> <tr> <th data-bbox="276 271 715 331">Cancellation date up to (x Months) From Policy Period Start Date</th> <th colspan="3" data-bbox="719 271 1353 331">Retention % (of Full Policy Period Premium)</th> </tr> <tr> <th data-bbox="276 338 715 376">Policy Period</th> <th data-bbox="719 338 954 376">1 Year</th> <th data-bbox="959 338 1161 376">2 Years</th> <th data-bbox="1166 338 1353 376">3 Years</th> </tr> </thead> <tbody> <tr> <td data-bbox="276 383 715 421">Upto 1 Month</td> <td data-bbox="719 383 954 421">25.00%</td> <td data-bbox="959 383 1161 421">12.50%</td> <td data-bbox="1166 383 1353 421">8.30%</td> </tr> <tr> <td data-bbox="276 427 715 465">Upto 3 Months</td> <td data-bbox="719 427 954 465">50.00%</td> <td data-bbox="959 427 1161 465">25.00%</td> <td data-bbox="1166 427 1353 465">16.70%</td> </tr> <tr> <td data-bbox="276 472 715 510">Upto 6 Months</td> <td data-bbox="719 472 954 510">75.00%</td> <td data-bbox="959 472 1161 510">37.50%</td> <td data-bbox="1166 472 1353 510">25.00%</td> </tr> <tr> <td data-bbox="276 517 715 555">Upto 9 Months</td> <td data-bbox="719 517 954 555">100.00%</td> <td data-bbox="959 517 1161 555">50.00%</td> <td data-bbox="1166 517 1353 555">33.30%</td> </tr> <tr> <td data-bbox="276 562 715 600">Upto 12 Months</td> <td data-bbox="719 562 954 600">100.00%</td> <td data-bbox="959 562 1161 600">75.00%</td> <td data-bbox="1166 562 1353 600">50.00%</td> </tr> <tr> <td data-bbox="276 607 715 645">Upto 18 Months</td> <td data-bbox="719 607 954 645">NA</td> <td data-bbox="959 607 1161 645">100.00%</td> <td data-bbox="1166 607 1353 645">75.00%</td> </tr> <tr> <td data-bbox="276 651 715 689">Upto 24 Months</td> <td data-bbox="719 651 954 689">NA</td> <td data-bbox="959 651 1161 689">100.00%</td> <td data-bbox="1166 651 1353 689">87.50%</td> </tr> <tr> <td data-bbox="276 696 715 734">Beyond 24 Months</td> <td data-bbox="719 696 954 734">-</td> <td data-bbox="959 696 1161 734">NA</td> <td data-bbox="1166 696 1353 734">100.00%</td> </tr> </tbody> </table> <p>c. If an Insured Person dies, he will cease to be an Insured Person upon the Company receiving all relevant particulars in this regard. The Company will return a rateable part of the premium received for such person if there are no claims made in respect of that Insured Person under the Policy</p>	Cancellation date up to (x Months) From Policy Period Start Date	Retention % (of Full Policy Period Premium)			Policy Period	1 Year	2 Years	3 Years	Upto 1 Month	25.00%	12.50%	8.30%	Upto 3 Months	50.00%	25.00%	16.70%	Upto 6 Months	75.00%	37.50%	25.00%	Upto 9 Months	100.00%	50.00%	33.30%	Upto 12 Months	100.00%	75.00%	50.00%	Upto 18 Months	NA	100.00%	75.00%	Upto 24 Months	NA	100.00%	87.50%	Beyond 24 Months	-	NA	100.00%	5.1.16
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Beyond 24 Months	-	NA	100.00%																																							
Claims	Please contact Company atleast 48 hrs prior to an event which might give rise to a claim. For any emergency situations, kindly contact the Company within 24 hours of the event. For any claim related query, information or assistance You can also contact Our Help Line at 1800 3009(toll free)/022-41112600 or visit Our website www.reliancegeneral.co.in or e-mail Us at rgicl.rcarehealth@relianceada.com	Annexure-III																																								
Policy servicing/	<p>Company Officials</p> <p>In case of a Policy Servicing / grievance, You can contact the Company with the details through: Our website: www.reliancegeneral.co.in Email :rgicl.services@relianceada.com Helpline :1800 3009(toll free)/022-41112600 Address :Reliance General Insurance., Winway Building 2nd & 3rd Floor,11/12 Block No-4,Old no-67,South Tukoganj Indore(M.P) -452001</p>	Annexure-II																																								
Grievances/ Complaints	<p>For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com</p> <p>IRDAI / (IGMS/Call Centre): Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in. Toll free number: 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday)</p> <p>Ombudsman: In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman.</p>	5.1.17																																								
Insured's rights	a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception.	5.1.14																																								
	b. Lifelong renewability (except on certain specific grounds)	5.1.8																																								
	c.Right to migrate from one product to another product of the company (E-mail us at rgicl.services@relianceada.com and For correspondence contact us Reliance General Insurance, Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore(M.P) -452001 Contact No.- 022-41112600	5.1.12																																								
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	e. Change in SI during the policy term or at the time of renewal E-mail us at rgicl.services@relianceada.com	5.2.4																																								

f. Norms on TAT for Pre-Auth and Settlement of reimbursement.			
Sr. No	Type of claim	Prescribed Time Limit	
1	Pre-Authorization	Within 4 hours of receipt of necessary document.	
2	Reimbursement of hospitalization, day care and expenses	Within 30 days of date of receipt of last necessary document.	
Insured's obligations	<p>This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the Proposal Form and any other details submitted in relation to the Proposal Form. If at the time of issuance of Policy or during continuation of the Policy, any material fact in the information provided to Us in the Proposal Form or otherwise, by You or the Insured Person, or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:</p> <p>i. Cancelled (ab initio) from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at Our sole discretion, upon 15 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium; and</p> <p>ii. Any claim made under such Policy, shall be rejected/repudiated forthwith.</p>		5.1.1

Legal disclaimer Note: The information must be read in conjunction with the prospectus and policy wording. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy documents shall prevail.

Premium Illustration attached to CIS

Benefit Illustration in respect of policies offered on Individual and Family Floater basis										
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51	12907	5,00,000	12907	10%	11,616	5,00,000	23897	0%	23897	500000
44	8501	5,00,000	8501		7,651	5,00,000				
23	6299	5,00,000	6299		5,669	5,00,000				
18	5199	5,00,000	5199		4,679	5,00,000				
Total Premium for all members of the family is Rs.32,906 when each member is covered separately.				Total Premium for all members of the family is Rs. 29,616 when they are covered under a single policy.			Total Premium when policy is opted on floater basis is Rs. 23,897			
Sum insured available for each individual is Rs.5 lakhs				Sum insured available for each family member is Rs.5 lakhs			Sum insured of Rs 5 lakhs is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates without any discount for Rest of India zone. Also, the premium rates are exclusive of taxes applicable.										