PRESENTING THE SUPERHERO OF HEALTH INSURANCE

Super Médiclaim

Religare Health Insurance Company Limited
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Disclaimer: This is only summary of selective features of product. For more details on risk factors, terms and conditions please read the sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

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UAN: 18052548     UIN: RHIHLIP18033V011819
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IRDA Registration Number - 148

PRESENTING THE SUPERHERO OF HEALTH INSURANCE
Good Health Comes With A SUPER MEDICLAIM

Religare Health Insurance Super Mediclaim offers comprehensive coverage for critical illness such as cancer, heart ailments etc, that too on an indemnity basis. Just like a superhero who comes to your need in times of distress, Super Mediclaim stands true to its promise. Health is wealth, and it’s time you knew!

About SUPER MEDICLAIM

This is an Individual and Family health indemnity cover which is simple to buy and easy to understand. This Product provides the flexibility to choose from any of the following benefits according to the plan suitable for your need:

- **Critical Mediclaim** - Covers a comprehensive list of 32 defined Critical Illnesses
- **Cancer Mediclaim** - Covers defined Cancer
- **Heart Mediclaim** - Covers defined Heart related Critical Illnesses
- **Operation Mediclaim** - Covers defined Surgical Procedures

Highlight Features of SUPER MEDICLAIM

**Differentiating Features**

- Indemnity based Plans
- Lifelong Renewability
- Equated Monthly/Quarterly installments

**Benefits at a Glance**

- Hospitalization Expenses
- Pre & Post Hospitalization Medical Expenses
- Chemotherapy and Radiotherapy Cover
- Dialysis Cover
- Ambulance Cover
- Organ Donor Cover
Alternative Treatments
Second Opinion
Annual Health Check-up
No Claims Bonus
Quick Recovery Counselling and Doctor on Call
Global Coverage
OPD Expenses
International Second Opinion*
Room Rent Modification*
Air Ambulance Cover*

Special Features:
- Lifelong Coverage
- Preventive Annual Health Check-up
- Flexible Tenure Options
- Quick Recovery Counselling
- No Claim Bonus

*Optional Cover is available on payment of additional premium.
SUPER MEDICLAIM - A Standout Amongst the Crowd

One serious illness in the family and the entire household is in a state of flux. We understand this and therefore will be there by your side at the time of need. Here’s how:

1. **In-patient Care**: Hospitalization for at least 24 hours - We will pay for the medical expenses, through Cashless or Reimbursement Facility (maximum up to Sum Insured) - from room charges, nursing expenses, ICU charges, surgeon’s fee, doctor’s fee, anaesthesia, blood, oxygen, OT charges and the like.

2. **Day Care Treatment**: Hospitalization involving less than 24 hours – We will pay through Cashless or Reimbursement Facility for all such listed day care treatments, maximum up to Sum Insured.

3. **Pre-Hospitalization Medical Expenses**: Examination, tests and medication - We cover the medically necessary expenses (maximum up to Sum Insured) for a period of 30 days immediately before the Date of Your Hospitalization.

4. **Post-Hospitalization Medical Expenses**: Back home and till You are back on Your feet - We cover the medically necessary expenses (maximum up to Sum Insured) incurred by You for a period of 60 days immediately after your discharge from the hospital.

5. **Chemotherapy and Radiotherapy Cover**: Cancer is a dreaded disease and it requires constant care. We believe in providing the necessary care and ensuring your smooth recovery even beyond the post-hospitalization period through Chemotherapy and Radiotherapy cover maximum up to Sum insured. Available if a Claim for Cancer has been accepted under Hospitalization Benefit.

6. **Dialysis Cover**: Some Critical illnesses don’t say and come! But have no worries, as We are there to take care of Your health by providing necessary medical expenses that even go beyond the Post-Hospitalization period through dialysis cover maximum up to Sum Insured.

7. **Ambulance Cover**: It is one of Our utmost concerns that You get the medical attention which You require as soon as possible, especially in an emergency for the Covered Conditions under the Policy. Towards that end, We will indemnify You up to a specified amount per hospitalization through Cashless or Reimbursement Facility, for expenses that You incur on an ambulance service offered by the hospital or any service provider, in an emergency situation.
8. Organ Donor Cover#: We care about those who help You as much as We care for you. So, beyond ensuring that Your medical needs are met, We will pay You through Cashless or Reimbursement Facility up to a specified amount/limit for medical expenses that are incurred by You towards Your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the applicable laws and rules and You have already claimed for the same Covered Condition under Hospitalization Expenses.

Note: ‘Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses’ shall not be payable in respect to the donor.

9. Alternative Treatments#: It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, We will pay You through Cashless or Reimbursement Facility up to a specified amount/limit for in-patient medical expenses which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy.

10. Second Opinion: We take Your illnesses as seriously as You do. If You are diagnosed with or have undergone/are undergoing any of the Covered Conditions and feel uncertain about Your diagnosis/treatment or wish to get a second opinion within India from a doctor on Your medical reports for any other reason, We arrange one for you, without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Illness / Surgery per Policy year.

11. Annual Health Check-up: Our prime concern is Your good health! To pre-empt Your ever having to visit a hospital, as a preventive measure, We provide an annual health check-up from second Policy Year on Continuous Coverage at Our Network Provider/ Empanelled Provider in India for all the Insured Persons covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

12. No Claims Bonus: If no Claim has been paid by us in the expiring Policy Year, We raise a cheer to Your good health in the form of a bonus for you. At the end of 1st Claim free Policy Year, We will enhance the Sum Insured by 50%, at the end of 2nd Claim free Policy Year by 25% and at the end of 3rd Claim free Policy Year by 25%, on a cumulative basis, as a No Claims Bonus for each completed and continuous Policy Year/s.

Note: In the event there is a claim in a policy year, the accrued No Claims Bonus will be reduced by same rate at which it is accrued at the commencement of next Policy Year.
13. **Health Services:** Serious illnesses or Surgeries not only drain our finances, they also drain us mentally. We have understood this and therefore provide you with:
- Quick recovery counselling#
- Doctor on Call
- Health Portal

14. **Global Coverage**

On opting for specific sum insured under the policy, through this benefit, you can avail Hospitalization expenses for the Covered Conditions incurred outside India, maximum up to Sum Insured. This Benefit is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year.

Note: Optional Benefit 5 (Room Rent Modification) is not applicable for any Claims made under Global Coverage.

15. **OPD Expenses**#: We understand how trivial yet important are bills pertaining to OPD consultations, diagnostics and medicines. Hence, through this Benefit, we will pay you, maximum up to a specified amount/limit for the Covered Conditions under the Policy, for the following Out-patient care Services during the Policy Year -
   a. Out Patient Consultations
   b. Diagnostic Examinations
   c. Pharmacy

16. **International Second Opinion***: It gives the benefit of providing a worldwide opinion (excluding India) on the covered conditions. International second opinion is available to every Insured person, once for each Illness/Surgery per Policy year.

17. **Room Rent Modification***: Just like care should have no boundary, we thought your Room Rent/Category should not have any restrictions or limit.

   This is the reason why by choosing this Optional Benefit you will have no limit on Room Rent/Room Category during Hospital Accommodation.

18. **Air Ambulance Cover****#: Through this cover, we will pay you up to the amount specified in the Policy for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital.

   However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance.

*Optional Cover is available on payment of additional premium.
*Available only if a claim under Benefit “Hospitalization Expenses has been admitted.
Eligibility Criteria

<table>
<thead>
<tr>
<th>Entry Age</th>
<th>5 years to 50 Years on Individual Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit Age</td>
<td>No Exit Age</td>
</tr>
<tr>
<td>Age of Proposer</td>
<td>18 Years or above</td>
</tr>
<tr>
<td>Cover Type</td>
<td>Individual : Maximum up to 6 Persons</td>
</tr>
<tr>
<td>Pre-policy Issuance</td>
<td>No medicals#</td>
</tr>
<tr>
<td>Medical Check-up</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tenure</th>
<th>1/2/3 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium Payment Mode*</td>
<td>Single/Monthly/Quarterly</td>
</tr>
<tr>
<td>How can You Cover Yourself</td>
<td>Individual basis (maximum up to 6 Persons having same/different Sum Insured)</td>
</tr>
</tbody>
</table>

*at the discretion of the Underwriter.
<table>
<thead>
<tr>
<th>Who are Covered (Relationship with Respect to the Proposer)</th>
<th>Individual: Self, legally married Spouse, Son, Daughter, Father, Mother, Brother, Sister, Mother-in-Law, Father-in-Law, Grandmother, Grandfather, Grandson, Granddaughter, Uncle, Aunt, Nephew, Niece, Employee or any other relationship having an insurable interest.</th>
</tr>
</thead>
</table>

Notes:
- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy and / or at the time of Renewal.
  Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Benefits.

*Terms and Conditions Applicable*

### Plan Details:

<table>
<thead>
<tr>
<th>SUM INSURED</th>
<th>CRITICAL MEDICLAIM</th>
<th>CANCER MEDICLAIM</th>
<th>HEART MEDICLAIM</th>
<th>OPERATION MEDICLAIM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum Insured (`)</td>
<td>10 Lakh</td>
<td>25 Lakh</td>
<td>50 Lakh</td>
<td>1 Crore</td>
</tr>
<tr>
<td>Covered Conditions (Illnesses/Diseases/Surgeries)</td>
<td>32 Critical illnesses</td>
<td>Cancer</td>
<td>Heart related Critical illnesses</td>
<td>All surgeries</td>
</tr>
<tr>
<td>In-Patient Hospitalization</td>
<td>Up to Sum Insured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Care Treatment</td>
<td>Plan specific, Up to Sum Insured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Hospitalization &amp; Post-Hospitalization</td>
<td>30 days/60 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy &amp; Radiotherapy Cover</td>
<td>Up to Sum Insured</td>
<td>Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis Cover</td>
<td>Up to Sum Insured</td>
<td>Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Cover</td>
<td>Up to Rs. 3000 per hospitalization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organ Donor Cover</td>
<td>Up to SI or 1.5 L whichever is lower</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Alternative Treatments</td>
<td>Up to 25% Sum Insured</td>
<td>Not Available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Opinion</td>
<td>Once per Covered Condition per Policy Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Health Check-up</td>
<td>Annually from 2nd Policy Year on continuous coverage</td>
<td></td>
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</tbody>
</table>

Note: Admissibility of a claim under the policy is subject to purview of coverage under the plan opted.
Religare Health Insurance Company Limited

Religare Health Insurance Company Limited is a specialist health insurer engaged in the distribution & servicing of health insurance products. Religare Health Insurance is promoted by Religare Enterprises Limited, a leading diversified financial services group based out of India; its other shareholders are Union Bank of India & Corporation Bank.

Religare is promoted by the founders of Fortis Healthcare, which owns or manages 54 healthcare facilities in India, Dubai & Mauritius; SRL Diagnostics, India’s largest diagnostics company with 306 networking laboratories, 6900 collection points and presence in Dubai, Sri Lanka & Nepal and the Fortis Healthworld chain of pharmacy and wellness stores.

Our expertise in the spectrum of financial services, healthcare delivery and preventive health solutions, coupled with a robust distribution model, offers us a unique edge to deliver and excel in a business environment that is driven by serviceability & scale.

### No Claim Bonus*

<table>
<thead>
<tr>
<th>SUM INSURED</th>
<th>CRITICAL MEDICLAIM</th>
<th>CANCER MEDICLAIM</th>
<th>HEART MEDICLAIM</th>
<th>OPERATION MEDICLAIM</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Claim Bonus*</td>
<td>50%/25%/25%-Corresponding increase in SI for 1st, 2nd and 3rd continuous claim-free Policy Years respectively, Max up to 100% of SI</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Health Services

- **Quick Recovery Counselling**: Up to Rs. 1000/- per session; Maximum 8 per policy year (twice a month)
- **Doctor On Call**: Available (Telephonic/Online Mode)
- **Health Portal**: Value added services through company’s website
- **Global Coverage**: Up to SI; only for SI >=1 Cr (Limited to In-Patient Care and Day Care treatment) with a Co-payment of 10% per Claim
- **OPD Expenses**: 1% of Sum Insured; Max. up to Rs. 25000/-
- **International Second Opinion**: Once per Covered Condition per policy year
- **Air Ambulance**: Up to Rs. 5 Lakhs
- **Room Rent Eligibility**: Single Pvt. Room / No limit^  
- **ICU Charges**: No Limit
- **Initial Waiting Period**: 90 days
- **Specific Ailment Waiting Period**: Not Applicable
- **PED Waiting Period**: 4 Years

*50%/25%/25%-Corresponding decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB. #Optional Benefit. ^with optional benefit Room Rent Modification. Note: Other SI / Age band options also available.