

# SCHEME DOCUMENT

## Customized exclusively for the REGISTERED MEMBERS OF FITPASS

### **(a) About Religare Health Insurance Company Limited**

Religare Health Insurance Company Limited (RHICL) is focused on the delivery of health insurance services. Our promoter's 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 hinges on serviceability and scale. Powered by the best-in-class product design and a customer centric approach, RHICL is committed to delivering on its innate values of being a responsible, trustworthy and innovative health insurer. RHICL is promoted by three strong entities- Religare, Union Bank of India and Corporation Bank.

### **(b) Policy Design**

#### **1. Eligibility**

The Insured should be the REGISTERED MEMBERS OF FITPASS

#### **2. Cover type options**

Individual

#### **3. Relationships allowed**

Self only

#### **4. Age**

Age definition: Age on Last birthday

Minimum entry age: 18 years

Maximum entry age: 60 Years

Exit age: Lifelong

#### **5. Sum Insured options**

Sum Insured options available is RS. 30K

#### **6. Tenure of the Policy**

The tenure of the policy is one year.

#### **7. Claims Payout**

Reimbursement

**8. Claims servicing**

In-House

**9. Underwriting Guidelines**

Good health declaration basis

**10. Deductible**

The deductible would be 1 day which is completed 24 hours of hospitalization

**11. Wait Periods**

Initial	30 days (Except for Accidents/Injuries)
Named Ailments	24 months
Pre-Existing	48 months

**(c) Policy Features – Key highlights**

**Benefits definitions:**

**Daily Allowance:**

It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay Daily Allowance - a fixed lump sum amount, for each completed day (24 hours) of hospitalization, payable for a maximum of 30 days per policy year, so that you can meet these expenses without a bother and as suits you best.

It covers both Accidental and Non-Accidental claims.

**Waiting Periods & Exclusions**

**30-day waiting period**

We are not liable for medical expenses towards any illness that was diagnosed or hospitalization that began within 30 days of the commencement of the policy, except for those Medical Expenses incurred due to an injury.

**Specific waiting period**

We are not liable for medical expenses incurred during hospitalization for treatment of the following illness/surgeries for 24 months from the policy commencement, and for 24 months from policy commencement if these or any other conditions that are found to be pre-existing

- Arthritis, if non-infective, gout, rheumatism and spinal disorders, joint replacement surgery

- 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
- Benign prostatic hypertrophy
- Cataract
- Dilatation and curettage
- Fissure / fistula in anus, hemorrhoids / piles, pilonidal sinus, gastric and duodenal ulcers
- Surgery of genito urinary system unless necessitated by malignancy
- All types of hernia, hydrocele
- Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy
- Internal tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
- Kidney stone/ ureteric stone/ lithotripsy/ gall bladder
- Myomectomy for fibroids
- Skin tumors unless malignant
- Varicose veins and varicose ulcers

The waiting periods as mentioned above shall be tracked separately for each Insured Member and claims shall be assessed accordingly.

#### **Pre-existing diseases**

We are not liable for any medical expenses incurred during hospitalization for a diagnosis / treatment of any pre-existing diseases till the time as defined in the Policy but not exceeding 24 months of continuous coverage, since the cover start date under the first policy with us.

#### **Permanent Exclusions:**

Any Claim in respect of any Insured Member 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 generally excluded in Hospital Indemnity Policy.
- (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 pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

- (iv) Any treatment arising from or traceable to any fertility or sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (v) 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.
- (vi) Charges incurred in connection with cost of routine eye and ear examinations, dentures, and artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
- (vii) Unproven/Experimental Treatment or investigational treatment.
- (viii) Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.
- (ix) 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.
- (x) 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.
- (xi) Treatment of all external Congenital Anomaly or Illness or defects or anomalies or treatments relating to birth defects..
- (xii) Treatment of mental illness, stress or psychological disorders.
- (xiii) Aesthetic treatment, Cosmetic Surgery and 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
- (xiv) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
- (xv) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xvi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics
- (xvii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health

- (xviii) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (xix) Non-allopathic treatment.
- (xx) Out-patient treatment.
- (xxi) Treatment received outside India.
- (xxii) Domiciliary Hospitalization or treatment.
- (xxiii) Charges incurred at a Hospital primarily for 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.
- (xxiv) 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.
- (xxv) Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent.
- (xxvi) 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.
- (xxvii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xxviii) Personal comfort & 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/baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (xxix) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
- (xxx) 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.

- (xxxi) Impairment of an Insured Member's intellectual faculties by abuse of stimulants or depressants.
- (xxxii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (xxxiii) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Certificate.
- (xxxiv) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification Centre, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions, unless specifically provided for.

## Claims

### How to file your Claim

Our principal purpose for our existence is to ensure that Insured Members enjoy hassle-free access to best-in-class healthcare delivery facilities, and we live this objective through our seamless claim process.

Please refer to the following steps in the claim procedure to ensure smooth processing of the same:

### Reimbursement of treatment expenses incurred at Network/Non Network Hospitals

#### Step 1: Claim Intimation

- In case of unplanned hospitalization, call and inform us/ Our TPA within 24 hours of your admission. However, if your hospitalization is planned, kindly intimate Us / Our TPA 48 hours prior to your admission.
- The following information is to be provided during the claim intimation-
  - ✓ Policy holder's name
  - ✓ Claimant's name and customer ID
  - ✓ Hospital details

- ✓ Diagnosis and treatment details
- ✓ Approximate claim amount
- ✓ Date of admission
- We will provide a reference ID for all future communication pertaining to the claim request

### **Step 2: Initiating the Claim process**

- The Claim form can be downloaded from our website [www.religarehealthinsurance.com](http://www.religarehealthinsurance.com)
- The completed claim form has to be sent to us along with the following documents –
  - Duly filled and signed RHICL claim form
  - Original receipts/bills and discharge voucher of the hospital/nursing home
  - Original bills of chemists supported by prescriptions
  - Original Investigation reports and payment receipts
  - Other case papers as mentioned in Claims Form
  - Doctor consultation papers and bills
  - Any other document which is required by Us/Our TPA to adjudicate the claim
- The claim form and additional documents are to be sent to us at the following address:

**Religare Health Insurance Company Limited**

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

- You can also submit the claim form and additional documents in case You have selected TPA, the name, contact details etc. is mentioned in the Policy certificate for the selected TPA.

### **Step 3: Claim Processing and Reimbursement**

- If your request for reimbursement of expenses is approved, you will be duly intimated by us/ Our TPA.
- In case of any information deficiency or further information requirements, you will be communicated instantly to ensure resolution of the same at the earliest
- If your request for claims is declined, you will be communicated the same along with valid reason(s) for rejection. However, if the Insured Member/ Insured Member's

representative has further documents to enhance/substantiate his case for claim, the same can also be sent to us/ Our TPA; and if found rational, the case will be reopened for review of the documents and response, if any.

We /Our TPA will ensure that you are updated at all important stages of your claim process. To help us serve you better, please ensure the following-

- ✓ The Pre-authorization/claim form is filled completely, sincerely and truly and all the required documents are submitted along with the form and in original, wherever specified
- ✓ Retain a copy of the duly filled forms
- ✓ Please quote the member ID/reference number for all communication related to the above.

**Cancellation / Termination**

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 that no refund shall be made for those Insured Member who has incurred Claim under the Policy.

Cancellation period up to (x months) from Policy Period Start Date	Refund %
1 month	75
3 months	50
Beyond 6 months	0

Refund % to be applied on total premium received as on the date of receipt of the cancellation request

**Grievance Process:**

1. The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.
2. If you or the Insured Member or Dependent have a grievance that You or the Insured Member or Dependent wish Us to redress, You or the Insured Member may contact Us with the details of their grievance through:

Website: [www.religarehealthinsurance.com](http://www.religarehealthinsurance.com)



Email: [customerfirst@religarehealthinsurance.com](mailto:customerfirst@religarehealthinsurance.com)

Contact No.: 1800-102-4488 / 1860-500-4488

Fax: 1800-200-6677

Post/Courier: Any of Our branch offices or our correspondence address, during normal business hours

3. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may contact Our Head of Customer Service at:

The Grievance Cell,

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

4. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance.

**Disclaimer:**

This is only a summary of product features. The actual benefits available are as described in the policy, and will be subject to the policy Terms and Conditions. Please seek the advice of your insurance advisor if you require any further information or clarification or contact us.

**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 insurers.

Any person making default in complying with the provision of this section shall be punished with fine, which may extent to five hundred rupees.

**Insurance is a subject matter of solicitation.**

IRDA Registration number: 148