


Notice of communication to be given in respect of claim to :	
Name:	Reliance HCMT
Address:	Reliance General Insurance Company .Ltd. HCMT HUB 1-89/3/B/40 to 42/ks/301 3rd floor, Krishe block, Krishe Sapphire Madhapur, Hyderabad Pincode: 500081
City:	Hyderabad
Website Address:	
Customer care No	1800-3009
Email id:	rcarehealth@rcap.co.in
In the event of dishonor of Cheque, this policy automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.	
<p>In witness whereof this policy has been signed at Mumbai on 08/04/2019</p> <p>In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.</p> <p>Grievance Clause: 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. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located. Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in</p>	
<p>I For and on behalf of</p>	
<p>Reliance General Insurance Company Limited.</p>	
Agent Code	11BRG020
Agent Contact No	
 Authorised Signatory	
User ID: 70299607 Policy Generation Date :08/04/2019	

Schedule attached to and forming part of Policy No.11013192812000033			
Cover Name	Sum insured	Co-pay	Special Conditions
Hospitalization			-
Pre Hospitalization			30 Days
Post Hospitalization			60 Days
Maternity Cover			1) Maternity Benefits :- Rs.90,000 for Normal Delivery and Rs.90,000 for C-section. 2) Maternity Benefits applicable for first 2 deliveries
Waiver of Maternity waiting period			Waiver of 9 month waiting period for maternity for existing members
Baby expenses during maternity			Pre and Postnatal expenses will be covered in case of IPD only within maternity limit. Policy Sum Insured in case of post natal emergencies.
Ambulance charges			Emergency Ambulance charges or Air fare restricted to maximum of INR 10,000 in case of emergency. Air Ambulance charges restricted to max INR 2 lacs. This covers Stretcher cases where Air Ambulance is not available but commercial air services are available to transport the patient for a life threatening condition.
Baby cover from Day1			New Born Baby cover from day one within family floater SI
Domiciliary hospitalization			Domiciliary hospitalisation not covered
Cover for congenital diseases			Internal Congenital disease covered
Member Addition and Deletion Process			1) Mid-term increase in sum insured is not permitted 2) Addition will be done on pro-rata premium basis for members along with dependants once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month. 3) Deletion or replacement of a family member is allowed only in case of demise/divorce and necessary proof will have to be furnished for the same. 4) Cross Selection of parents and in-laws is not allowed, either set of parents have to be covered unless in case of demise. Necessary proof will need to be furnished for the same. 5) For cover wef from Date of Joining, sufficient CD balance to be maintained with us 6) Addition of existing employees will not be allowed after policy inception.
Day care procedure			Day care treatment covered as per RGICL policy terms and conditions

Schedule attached to and forming part of Policy No.11013192812000033			
Cover Name	Sum insured	Co-pay	Special Conditions
Additional Details on family definition			Dependents to be declared at inception of policy only. Mid-term change/addition not allowed except spouse by marriage and child by birth. Data of newly married Spouse and New born child with 30 days from date of occurrence
Room Rent			Room Rent including nursing & RMO charges capped at Rs.5Lacs SI is Rs.5,000 for normal room and Rs.10,000 for ICU per day. Rs.10Lacs SI is Rs.6,000 for normal room and Rs.10,000 for ICU per day. Rs.25 Lacs SI is Rs.7,500 for normal room and Rs.10,000 for ICU per day. And all other related charges in accordance with room rent restriction or actual whichever is lower. In the event of a person getting admitted in higher category all hospital related charges will be pro-rated to the eligibility limit as per the room rent restriction.
Family Definition			Family Floater (1+5) – Self +Spouse + 4 dependent children upto 30 yrs & 2 Dependent Parents / Parents in Laws (Set of Parents) upto 90 yrs
Pre-existing illness cover			Pre-existing diseases to be covered
Cover for first year excluded diseases			Waiver of 1st and 2nd yr exclusions
Cover for first 30 days Exclusion			Waiver of 30 day waiting period

- General Conditions: 1) It shall be a condition precedent to the Company's liability under this policy that all supporting documents relating to the claim must be submitted to the RGICL within thirty (30) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the RGICL within seven (7) days after completion of such treatment.
- 2) It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.
- 3) Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable.
- 4) For new additions under the policy, following conditions are applicable from the date of joining the policy :
Waiting period of 3 months for all planned surgeries/treatments.
9 months waiting period for maternity
- 5) Surgical treatments for External congenital conditions is covered which is necessary for survival
- 6) If an existing member already covered under the policy decides to opt out of the policy, he would not be allowed to enroll for next 2 years
- 7) Ailment/ Conditions not covered :- Robotic surgery/treatment done using this technology/Robotically assisted Surgery, Stem Cell Transplantation/bone marrow transplant, Septoplasty, Cochlear Implant or related aids, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron, C3R, Balloon Sinuplasty, Bariatric surgery, Inj Avastin /Lucentis/Macugen, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy.
- 8) 40% Co-pay for cyber knife treatment and Stem cell transplantation.
- 9) Cochlear Implant treatment shall be restricted to 40% of Sum Insured.
- 10) Co-pay for Parents :- 20% Co-pay is applicable on each and every admissible claim amount. Co-pay shall not be applicable on capped ailments like Cataract, Joint replacement and CABG.
- 11) Co-pay for SSC :- 10% Co-pay is applicable on Self+ Spouse + children each and every admissible claim amount. Co-pay shall not be applicable on capped ailments like Cataract, Joint replacement and CABG.
- 12) Aliment Capping :- Cataract- INR 50,000 Per Eye, Joint replacement - INR 250000 and CABG - INR 250000
- 13) Lasik Surgery is covered in case of Accidents and refractive error +/- 7.5
- 14) Laparoscopy, Neuro Surgery and Prostate Cancer treatment covered without any capping and to be payable under the policy without any capping.
- 15) Oral Chemotherapy is covered.
- 16) Reduction in Sum Insured is not allowed from last year policy. Policy shall be null and Void if found by the insurer.
- 17) Premium once committed shall not be refundable under any circumstances
- 18) Rest all other terms & conditions strictly as per Reliance group mediclaim insurance policy.

Warranted that the exclusions mentioned below stand deleted : PolicyNo. 110131928120000033

30 day Exclusion
First Year exclusion
Congenital Internal diseases
Pre- existing illness
Maternity
Maternity waiting period



Coinsurance Schedule attached to and forming part of Policy No.11013192812000033		
Name of the Company	Status	% Share
RELIANCE GENERAL INSURANCE CO LTD.	Own	100.00