

Prospectus - 'Student Explore'

This product (Student Explore) is a travel insurance product.

Eligibility Criteria

Entry Age – Minimum	12 years
Entry Age – Maximum	40 years
Cover Type	Individual basis
Eligible Relationship with the Insured (Student)	Self (Student only), Legally married spouse, up to 2 children
Geographical Scope	<ul style="list-style-type: none">• Worldwide excluding India• Worldwide excluding US, Canada and India (not available under Explore Start) <p>However, coverage is extended to India in case of below benefits :-</p> <ul style="list-style-type: none">• Benefit I – 'Extended Cover in the Country of Residence'• Benefit 22 – 'Coverage At Home Country'
Policy Duration – Minimum	1 month
Policy Duration – Maximum (in multiples of 1 month)	36 months

The coverage under this product will commence only when:-

- a) The Insured Person crosses the international border of the Country of Residence to leave that country on a Common Carrier; And
 - b) The travel commences within the Policy Period.
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- Specified Deductible and/or Co-payment amount (if applicable) shall be borne by the Insured Person on each Claim or the specified timeframe for which the Medical Expenses or other costs and expenses incurred in respect of the Insured Person for that timeframe shall be borne by the Insured Person on each Claim.
 - Our maximum liability for an Insured Person for any and all Claims incurring under this Policy for an insured event or occurrence that occurs during the Period of Insurance in relation to that Insured Person shall not exceed the Sum Insured per Policy Year specifically mentioned against each & every Benefit or Optional Cover. Sum Insured of all the Optional Cover (except for Optional Cover 6, Optional Cover 9 and Optional Cover 10) shall be a part of Sum Insured of Benefit I. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.

Benefits

I. Benefit I - Medical Expenses

We shall indemnify for the Medical Expenses reasonably incurred by the Insured for medical treatment undertaken on account of any Illness or Injury (including inter collegiate sports injuries).

1.1 In-patient Care

If an Insured Person is diagnosed with an Illness or suffers an Injury that requires the Insured Person's Hospitalization, We will indemnify for the Medical Expenses incurred on Hospitalization.

In-patient Care also covers the following conditions:-

a) Pre-existing Disease Cover in Life Threatening Medical Condition

The scope of cover under Benefit I is extended to the Medical Expenses incurred by the Insured Person up to 10% of Sum Insured of Benefit I for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease.

b) Extended Cover in the Country of Residence

If a Claim is admitted under Benefit I :

- (i) We will indemnify for the Medical Expenses incurred on Hospitalization of the Insured Person in the Country of Residence for a maximum period of 60 days from the expiry of the Period of Insurance.
- (ii) We will indemnify for the costs of direct route – economy class airfare for the Insured Person and one accompanying attendant to return to the Country of Residence from the place of occurrence of the Illness or Injury.

1.2 Out-patient Care

If an Insured Person suffers an Illness or an Injury that requires the Insured Person to take Out-patient Care, then We will indemnify for the Medical Expenses incurred on that Out-patient Care.

2. Benefit 2 – Repatriation of Mortal Remains

If the Insured Person dies solely and directly due to an insurable event, We will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence or for a local burial or cremation at the place where death has occurred.

3. Benefit 3 – Medical Evacuation

We will indemnify for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person.

4. Benefit 4 – Dental Expenses

We will indemnify for the Medical Expenses incurred in connection with any Injury to the Insured Person's Sound Natural Teeth.

5. Benefit 5 – Daily Allowance

We will pay for each continuous and completed day of Hospitalization for a period of maximum up to 7 consecutive days if the Illness or Injury suffered by the Insured Person requires Hospitalization. We will not make any payment under this Benefit in respect of the first 3 consecutive days of Hospitalization.

6. Benefit 6 – Accidental Death

We shall pay the Sum Insured in case of death of the Insured Person on account of any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance.

7. Benefit 7 – Permanent Total Disablement (PTD)

We shall pay up to an amount as specified in the Policy Certificate in case of any permanent total disablement of the Insured Person on account of any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance. The payout of the Sum Insured shall be as per table below:

Sr. #	Insured Events	% of Sum Insured payable
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.

8. Benefit 8 – Permanent Partial Disablement (PPD)

We shall pay up to an amount as specified in the Policy Certificate in case of any permanent partial disablement of the Insured Person on account of any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance. The payout of the Sum Insured shall be as per table below:

Sr. #	Insured Events	% of Sum Insured payable
I	Total and irrecoverable loss of hearing in: - Both ears One ear	75% 20%
II	Loss of toes All Both phalanges of great toes bilateral Both phalanges of one great toe Both phalanges of other than great toes for each toe	20% 5% 2% 1%
III	Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%
V	Loss of thumb both phalanges one phalanx	25% 10%
VI	Loss of index finger three phalanges two phalanges One phalanx	10% 8% 4%
VII	Loss of middle finger three phalanges two phalanges One phalanx	6% 4% 2%
VIII	Loss of ring finger three phalanges two phalanges One phalanx	5% 3% 2%
IX	Loss of little finger three phalanges two phalanges One phalanx	4% 3% 2%
X	Loss of metacarpus First or second Third, fourth or fifth	3% 2%
XI	Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive.	Such percentage of the Sum Insured as determined in accordance with the medical assessment carried out by the Medical Practitioner of Our Network Provider provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured.

Note: For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.



9. Benefit 9 – Compassionate Visit

We will indemnify for the cost incurred by the Insured for the actual cost of a return (two-way) 'direct route – economy class' air ticket from the Country of Residence of an Immediate Family Member to the place of Hospitalization where Insured Person is hospitalized for Emergency Care of any Injury or Illness provided that treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 7 consecutive days.

10. Benefit 10 – Loss off Checked-in Baggage

We will indemnify the Insured for the market value for cost of replacement of the entire baggage and its contents if the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds US\$ 100, Our liability shall be limited to US\$ 100 only.

11. Benefit 11 – Delay of Checked-in Baggage

We will pay if the delivery of the Insured Person's Checked-In Baggage is delayed by more than a 12 hours.

12. Benefit 12 – Loss of Passport

If the Insured Person loses his original passport, We will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new passport.

13. Benefit 13 – Loss of International Driving License

If the Insured Person loses his original International Driving License obtained from India, We will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new International Driving License.

14. Benefit 14 - Personal Liability

We shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.

We shall also indemnify the Insured Person towards the cost of defense maximum up to 10% of claim amount incurred.

15. Benefit 15 – Study Interruption

We will indemnify for tuition fees which are to be paid to the Educational Institute on account of the Insured Person having to repeat the semester due to any of the following reasons:

- (i) Hospitalization of the Insured Person for more than 30 consecutive days or in case of Medical Evacuation to Country of Residence, or
- (ii) Death of an Immediate Family Member due to an Injury.

Provided that no claim has already been made under Benefit 16.

16. Benefit 16 – Sponsor Protection

We will indemnify for the balance fees for regular classroom study for the educational course in the event of the death of the Sponsor due to an Injury provided that no claim has already been made under Benefit 15.

17. Benefit 17 – Bail Bond

We will indemnify for the legal costs of procuring a bail bond, which is required to be furnished in the event of the arrest or imminent arrest of the Insured Person by any government or statutory body or authority.

18. Benefit 18 – University Insolvency

We will indemnify cost incurred by the Insured for the actual additional expenses / cost incurred towards accommodation expenses and Common Carrier expenses for returning back to the Country of Residence in case the University in which the Insured Person has applied has become insolvent.

19. Benefit 19 - Trip Delay

We will pay in case the departure of a Common Carrier in which the Insured Person is scheduled to travel is delayed by more than 12 hours solely and directly due to any one of the following:

- (i) Earthquake, flood, rains, storm, cyclone or tempest; or
- (ii) Terrorism

20. Benefit 20 – Loss of Laptop /tablet

We shall indemnify for loss incurred due to theft of Laptop / Tablet during travel in a common carrier.

21. Benefit 21 – Emergency Cash Advance

We or the Assistance Service Provider will co-ordinate with the Insured Person's relatives in his Country of Residence for such relatives to provide emergency financial assistance to the Insured Person if the Insured Person suffers a Financial Emergency.

22. Benefit 22 – Coverage at Home Country

If the Insured Person returns to his Country of Residence during a vacation, the scope of cover during his stay in the Country of Residence shall be restricted to

- (i) Benefit I – Medical Expenses – subject to coverage limited to Medical Expenses incurred due to Hospitalization arising due to medical emergency



- (ii) Benefit 6 – Accidental Death
- (iii) Benefit 7 – Permanent Total Disablement
- (iv) Benefit 16 – Sponsor Protection

23. Benefit 23 – Treatment of Mental and Nervous Disorder

The scope of cover under Benefit I is extended to cover mental and nervous disorders Expenses incurred in respect of the Insured Person.

24. Benefit 24 – Treatment of Alcoholism and Drug Dependency

The scope of cover under Benefit I is extended to cover Medical Expenses incurred for Treatment of Alcoholism and Drug Dependency in case of Hospitalization.

25. Benefit 25 – Cancer Screening and Mammographic Examination

The scope of cover under Benefit I is extended to cover Medical Expenses incurred for cancer screening and mammographic Examination.

This Benefit shall supersede exclusion of Oncological diseases specified as per Clause (a)(iv) of General Exclusions.

Optional Covers

The Policy provides the following Optional Covers which can be opted either :-

- a. At the inception of the policy or;
- b. During the Policy Period (only if it is a university requirement)

I. Optional Cover I : Self Inflicted Injury

The scope of cover under Benefit I is extended to cover Medical Expenses incurred due to any self- inflicted injury in case of Hospitalization after the completion of the waiting period of 30 days starting from the Period of Insurance.

This Optional Cover shall supersede Clause j.(iv) of the General Exclusions.

2. Optional Cover 2 : HIV/ AIDS Cover

The scope of cover under Benefit I is extended to cover Medical Expenses incurred for the treatment of acquired immune deficiency syndrome (AIDS) whereas Claim would not be payable if the Insured Person is suffering from HIV / AIDS prior to the Period of Insurance.

This Optional Cover shall supersede Clause j.(vi) of the General Exclusions.

3. Optional Cover 3 : Adventure Sports Injury

The scope of cover under Benefit I is extended to cover Medical Expenses incurred for the Insured Person due to any sporting Hazardous Activity injury in case of Hospitalization.

This Optional Cover shall supersede Clause j.(xxx) & j.(xxxii) of the General Exclusions.

4. Optional Cover 4 : Vision Care

We will indemnify the Insured Person for the actual expenses / cost incurred for Vision Check-up and Spectacles damage for the Insured Person.

5. Optional Cover 5 : Home Care

We will indemnify for the expenses incurred towards hiring a Qualified Nurse with the purpose of providing care and convenience to the Insured Person to perform his daily activities, which facilitate his activities of daily living and are recommended by a Medical Practitioner in writing, provided that We will indemnify for the expenses incurred for up to 30 consecutive days arising from Any One Illness or an Injury except for the first 7 days of hiring of the Qualified Nurse subject to a maximum of 90 days in a Policy Year.

6. Optional Cover 6 : Family Cover

We provide an option for coverage of spouse and / or up to 2 children on an individual basis for the Benefits mentioned below, subject to Benefit availability in the selected plan:-

- (i) Medical Expenses (Maximum up to Sum Insured of Medical Expenses of Student)
- (ii) Delay of checked in baggage
- (iii) Loss of checked in baggage
- (iv) Loss of Passport
- (v) Personal Liability
- (vi) Trip Delay

7. Optional Cover 7 : Maternity Cover

The scope of cover under Benefit I is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery of the child after the completion of the waiting period.

This Optional Cover shall supersede Clause j.(vii) of the General Exclusions.



8. Optional Cover 8 : Maternity and New Born Cover

The scope of cover under Benefit I is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery and vaccination of the new born after the completion of the waiting period. Coverage for vaccination of the new born is restricted to up to US \$ 500 under this Optional Cover.

This Optional Cover shall supersede Clause j.(vii) of the General Exclusions.

9. Optional Cover 9 : Co-payment Option

The Insured Person will bear a specified Co-payment and Our liability shall be restricted to the balance amount payable. The Co-payment shall be applicable to each and every claim for each Insured Person.

Co-payment under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-

- (i) Medical Expense
- (ii) Dental Treatment
- (iii) Treatment for mental and nervous disorder
- (iv) Treatment for Alcoholism and Drug Dependency
- (v) Cancer screening and mammographic Examination
- (vi) Adventure Sports Injury
- (vii) Family Cover (only for Medical Expenses)
- (viii) HIV / AIDS Cover
- (ix) Self-inflicted injury

10. Optional Cover 10 : Deductible Option

The claim amount assessed by Us for a particular claim shall be reduced by a specified Deductible. We shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.

Deductible under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-

- (i) Medical Expenses
- (ii) Maternity Cover
- (iii) Maternity & New Born Cover
- (iv) Adventure Sports Injury
- (v) Family Cover (only Medical Expenses)
- (vi) HIV / AIDS Cover
- (vii) Self-inflicted injury

11. Optional Cover 11 : Complete Pre-existing Disease Cover in Life Threatening Medical Condition

The scope of cover under Benefit I is extended to cover Medical Expenses for Pre-Existing Disease in life threatening medical condition up to 100% of Benefit I in case of Hospitalization.

Note : You may opt for Optional Cover I, Optional Cover 2, Optional Cover 7, Optional Cover 8 & Optional Cover 11 only if it is a University requirement.

Special Condition

I. Additional Services

We or Assistance Service Provider will arrange for the Insured Person to avail any of the following services which have been opted by You, including but not limited to:

- i. Medical Assistance Services
We / Assistance Service provider shall provide Medical assistance service e.g. Referral, emergency medical assistance etc.
- ii. Medical Service Provider Referral
We / Assistance Service Provider shall provide to the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). We / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although The Company / Assistance Service Provider shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured Person. We / Assistance Service Provider, however, will exercise care and diligence in selecting the Medical Service Providers.
- iii. Arrangement of Hospital Admission
If the medical condition of the Insured Person is of such gravity as to require hospitalization, We / Assistance Service Provider will assist such Insured Person in the hospital admission.



- iv. Arrangements of Appointments with Local Doctors for Treatment
We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local doctors for treatment.
- v. Medical Translation Service
We / Assistance Service Provider will arrange for the provision of medical translation to the Insured Person over the telephone.
- vi. Delivery of Essential Medicine
We / Assistance Service Provider will arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the Insured Person's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. We / Assistance Service Provider will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.
- vii. Arrangement of Compassionate Visit
We / Assistance Service Provider will arrange for one return airfare for an Immediate Family Member of the Insured Person wishing to join the Insured Person who, when travelling alone, is hospitalized outside the Country of Residence / City of Residence.
- viii. Inoculation and Visa Requirement Information
We / Assistance Service Provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. We / Assistance Service Provider shall inform the Insured Person requesting such information that The Company / Assistance Service Provider is simply communicating the requirements set forth in a document and The Company / Assistance Service Provider shall name the document.
- ix. Embassy Referral
We / Assistance Service Provider shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
- x. Emergency Document Delivery
We / Assistance Service Provider shall assist the Insured Person to arrange for emergency document to be delivered to the Insured Person's Immediate Family Member, upon the Insured Person's request to do so.
- xi. Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or Hotel or any travel related services and skin-clinics
- xii. Special discounts on medical equipment's or medicines as provided by service providers
- xiii. Health risk assessment
Health Risk Assessment (HRA) is an online questionnaire based application, which empowers the Insured Person to analyze his / her health status and identify health risks early. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status
- xiv. Tele Support: Basic medical advice and symptom information, pre-travel advice, Details of local and national support groups, emotional stress related to foreign environs

Salient Features

1. Cashless Facility

With Cashless Facility, You no longer need to run around paying off hospital bills and then follow up for a reimbursement. All You now need to do is get admitted to any of Our Network Providers (updated list of Network Providers would be available at Our or Assistance Service Provider's website or our call centre) and concentrate only on Your recovery. Leave the bill payment arrangements to Us, except for any non-medical expenses as specified in Annexure – I that You incur at the Hospital.

2. Reimbursement

It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation as required shall be submitted (at the Insured Person's expense) to Us immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss.

3. Free Look Period

- (i) This Clause shall be applicable only for the policies which are issued for a period of at least 12 months.
- (ii) You may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for Your objection, if You disagrees with any of the Policy terms and conditions.
- (iii) If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- (iv) Provision for Free look period is not applicable and available at the time of extension of the Policy.

4. Cancellation / Termination

- (i) We may at any time, cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Person or any one acting on his or their behalf and We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio to Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recd delivery to Your last known address.
- (ii) Policies where the Policyholder and Insured Person are different, in the event of Your demise, this Policy shall continue till the Policy Period End Date.
- (iii) At the request of the Policyholder, the Policy will be cancelled any time prior to the Policy Period End Date subject to the following conditions:
 - i. Full refund shall be made if the request for Policy cancellation is received by Us not later than 30 days from the Policy Period Start Date and before commencement of Period of Insurance if the sole reason for such cancellation is denial of visa for countries where the Insured Person was scheduled to Study or in the event of non-acceptance of this Policy by the Educational Institute. The visa denial or cancellation or the Educational Institute's non-acceptance letter issued by appropriate authorities shall be submitted to Us along with the request for cancellation.
 - ii. In the event of cancellation of Policy prior to Policy Period Start Date for any reason whatsoever other than the one mentioned above, We shall deduct Rs. 300/- towards cancellation charges before refunding the balance amount.
 - iii. Cancellation of Policy, at a date earlier than the Policy Period End Date can be done only if the Insured Person completes or discontinues the educational course at the Educational Institute prior to the Policy Period End Date. Refund of premium shall only be applicable if the difference between the date of completion or discontinuance and the Policy Period End Date is at least 30 days. Premium refunded will be the difference of the amount of premium paid for the original Policy Period and the premium applicable by taking such date of completion or discontinuance as the new Policy Period End Date.
 - iv. No refund of premium shall be eligible in case of cancellation of this Policy where a Claim has been incurred/ registered under the Policy.

5. Extension

(i) Extension of the Policy Period –

- i. The reason for requesting the extension is the extension of the duration of the education course specified in the Policy Certificate.
- ii. The total Policy Period shall not in any event exceed 36 months from the original Policy Period End Date
- iii. Additional premium is received by the Company in advance of commencement of coverage
- iv. If a Claim has been made under the Policy in respect of the original Policy Period:
 - a. No insurance cover will be available under the Benefit or Optional Cover in respect of which the Claim is made if such Benefit or Optional Cover is available on a fixed benefit amount basis for that Policy Year;
 - b. Insurance cover up to the available Sum Insured will be available under the Benefit or Optional Cover in respect of which the Claim is made if such Benefit or Optional Cover is available on an indemnity basis for that Policy Year.
- v. Extension premium will be premium for extended Policy Period.

Example – Premium for 2 months Policy Period is Rs. X & Premium for 8 months Policy Period is Rs. Y.

If the Proposer buys the Policy for a period of 8 months, then the premium will be Rs. Y. Now if he wants to extend his Policy Period by months, he will have to pay an additional premium of Rs. X.

(ii) Extension of the Geographical Scope –

- i. On the Policyholder's written request, the Company will extend Geographical Scope specified in the Policy Certificate provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope made any medical related Claim under the Policy.
- ii. Extension premium will be calculated as difference in the premiums of the new geographical scope & existing geographical scope for the travel duration of the new extended geographical scope only.

Example – If a person buys 12 month policy for 'Worldwide excluding US, Canada and India' and later on extends his geographical scope to 'Worldwide excluding India' for say one month, he/she will have to pay the difference in the one month premium of 'Worldwide excluding India' and 'Worldwide excluding US, Canada and India'.

(iii) Extension (Increase) of Sum Insured –

- i. On the Policyholder's written request within 30 days from Policy Period Start Date, the Company will extend the Sum Insured specified in the Policy Certificate provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that Insured Person has not already made any medical related Claim under the Policy and the premium of the increased Sum Insured will be charged from the inception of the Policy.
- ii. Extension premium will be premium for new Sum Insured opted less premium for existing Sum Insured.

All requests for extensions must be made at least 1 day before the expiry of the original Policy Period and accompanied by all the following information and documentation:

- (i) Duly completed application for extension
- (ii) Details of complete particulars of all Claims
- (iii) A good health declaration.



Note - Extension will automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

This product may be withdrawn / modified by the Company after due approval from the IRDA. In case this product is withdrawn / modified by the Company, this Policy can be extended under the then prevailing product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder at least three months prior to the date of such withdrawal / modification of this product and the options available to the Policyholder at the time of extension of this policy.

6. Contribution Clause

In case you are covered under more than one indemnity insurance policies, with Us or with other insurers, You shall have the right to settle the claim with Us or any of the other insurers, provided that the claim amount payable is up to sum insured of such policy.

In case the claim amount under a single policy exceeds the Sum Insured after considering the deductible or co-payment, then You shall have the right to choose the companies with whom the claim is to be settled. In such cases, the settlement shall be done as under:

- (i) If at the time when any claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same claim (in whole or in part), then We may not be liable to pay or contribute more than its ratable proportion of any claim.
- (ii) This clause shall not apply to any Benefit offered on a fixed benefit basis.

7. Subrogation Clause

You shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We would become entitled upon by paying for a claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. You shall not prejudice these subrogation rights in any manner and shall at Your own expense provide with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and any costs and expenses incurred by Us of effecting a recovery, where after We shall pay any balance remaining to the You. This clause shall not apply to any Benefit offered on a fixed benefit basis.

Grievance Redressal

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

- (a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance through:

Website: www.religarehealthinsurance.com
Email: customerfirst@religarehealthinsurance.com
Contact No.: 1800-200-4488
Fax: 1800-200-6677
Courier: Any of Our Branch Office or corporate office

You / Insured Person may also approach the grievance cell at any of Our branches with the details of your grievance during Our working hours from Monday to Friday.

- (b) If You / Insured Person is not satisfied with Our redressal of the Your / Insured Person's grievance through one of the above methods, You / Insured Person may contact Our Head of Customer Service at:

Head – Customer Services,
Vipul Tech Square, Tower C,
3rd Floor, Golf Course Road, Sec-43,
Gurgaon - 122009 (Haryana)

Claims Management

a. Notification of Claim

In case of claim, You / Insured Person should immediately notify Us or the Assistance Service Provider about the Claim by calling at the toll free number as specified in the Policy or in writing and provide the following details :

- (i) Policy Number
- (ii) Policyholder's Name
- (iii) Name of the Insured Person in respect of whom the Claim is being made
- (iv) Nature of Illness or Injury or contingency for which Claim is being made and the Benefit under which the Claim is being made
- (v) Date of admission to Hospital or date of loss, as applicable
- (vi) Name and address of the attending Medical Practitioner and Hospital (if applicable)

(vii) Any other information, documentation or details requested by Us or the Assistance Service Provider

b. Documents to be submitted

You or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his expense) provide the documents specified below and any additional information or documents as specified in the benefit under which the claim is being made to Us or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury / Illness or loss or treatment.

- (i) Duly completed and signed Claim form, in original;
- (ii) Passport copy with entry/exit stamp;
- (iii) Any other document as required by Us or Assistance Service Provider
- (iv) Additional documents as specified for each benefit

Note : All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefits or Optional Covers. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels.

However, claims filed even beyond the time lines mentioned above should be considered if there are valid reasons for any delay.

c. Claim Assessment

All claims incurred in India are dealt by the Company directly. All claims made under this Policy shall be assessed by Us / Assistance Service Provider in the following progressive order:

- (i) If the provisions of the Contribution Clause as mentioned above are applicable, Our liability to make payment under that Claims shall first be apportioned accordingly.
- (ii) The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
- (iii) Co-payment shall then be applicable on the amount payable by the Us.

d. Duties of the Claimant

It is agreed and understood that as a Condition Precedent for a claim to be considered under the Policy:

- (i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (ii) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 'Claims Management' and the specific procedures and timeframes specified under the respective Benefit or Optional Cover under which the Claim is being made.
- (iv) The Insured Person will, at our request and at his own cost and expense, submit himself for a medical examination by the Our/Assistance Service Provider's nominated Medical Practitioner as often as We considers reasonable and necessary.
- (v) Our/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) We shall be provided with complete documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.
- (vii) Report any information / document which helps the insurance system to eliminate bad practices in the market.

e. Payment Terms

- (i) We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to You.
- (ii) Only for reimbursement cases, payments under this Policy shall be made in Indian Rupees and within India. For all admissible reimbursement Claims, the exchange rate on the date of payment shall be applied and for all admissible benefit Claims, the exchange rate on the date of loss shall be applied.
- (iii) If We or Assistance Service Provider requests that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by You or the Insured Person.
- (iv) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Benefit or any Optional Cover applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.
- (v) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- (vi) If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (vii) For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (viii) For the Reimbursement Claims, We will pay to the Insured Person unless specified otherwise. In the event of death of the Insured Person, unless specified otherwise, We will pay to the Nominee and in case of no Nominee to the legal heir of the Insured Person whose discharge shall be



treated as full and final discharge of its liability under the Policy.

- (ix) We shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by Us. We shall provide You an offer of settlement of Claim and upon acceptance of such offer by You, We shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (x) No loading based on individual claim experience shall be applicable on renewal premium payable in case of Annual Trip Policy.
- (xi) The Premium for the policy will remain the same for the policy period mentioned in the Policy Certificate.

Contact Details of the Assistance Service Provider

Toll free no.	1800-200-4488 1860-500-4488
Address	Religare Health Insurance Company Limited-Vipul Tech Square, Tower C, 3rd Floor, Golf Course Rd., Sec-43, Gurgaon - 122009 (Haryana)
Website	www.religarehealthinsurance.com
E-mail	customerfirst@religarehealthinsurance.com
Fax	1800-200-6677

Exclusions

a. Exclusions applicable to Benefit I – Medical Expenses

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Medical treatment taken outside Country of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
- (iii) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and/or injuries suffered during the Period of Insurance.
- (iv) Degenerative or oncological (Cancer) diseases.
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vii) Physiotherapy expenses or any services provided by chiropractor.
- (viii) Expenses related to any kind of Non-medical charges, service charge, surcharge, night charges levied by the hospital under whatever head.

b. Exclusions applicable to Benefit 4 – Dental Expenses

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Treatment of orthopedic, degenerative or oncological diseases;
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (iii) Treatment, which could reasonably be delayed until the Insured's return to the Country of Residence.

c. Exclusions applicable to Benefit 10 – Loss of Checked-In Baggage

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Any partial loss or damage of any items contained in the Checked-In Baggage.
- (ii) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
- (iii) Any loss due to damage to the Checked-In Baggage.
- (iv) Any loss of the Checked-In Baggage sent in advance or shipped separately.
- (v) Valuables
- (vi) Any loss for which a Claim has already been made under Benefit 11.

For this Benefit, Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals.

d. Exclusions applicable to Benefit 11 - Delay of Checked-in Baggage

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Any delay which does not exceed the time period specified in this Benefit.
- (ii) Any loss for which a Claim has already been made under Benefit 10;
- (iii) Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies;
- (iv) Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.

e. Exclusions applicable to Benefit 14 - Personal Liability

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Liability of the Insured Person in relation to any professional services rendered by him.
- (ii) Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities.
- (iii) Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract.
- (iv) Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances.
- (v) Fines, penalties, punitive or exemplary damages of any kind.
- (vi) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- (vii) Any liability, which is the subject matter of specific insurance elsewhere.
- (viii) Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial.
- (ix) Liability resulting from transmission of an illness or disease by the Insured Person.
- (x) Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from.
- (xi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- (xii) Liability arising from the possession of animals, birds, reptiles or insects and their byproducts like skin, hair, feathers, horns, fur, ivory, bones or eggs.
- (xiii) Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or use of firearms.
- (xiv) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (xv) Liability arising from any supply of goods or services on the part of the Insured Person.
- (xvi) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- (xvii) Any liability arising from a contingency occurring anywhere in the Country of Residence of the Insured Person.
- (xviii) Liability arising out of any breach of law or rules or any criminal liability.

f. Exclusions applicable to Benefit 17 - Bail Bond

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Legal liability of the Insured Person
- (ii) Any amount paid towards bail, surety or guarantee or of similar nature
- (iii) Fines, penalties, punitive or exemplary damages of any kind.
- (iv) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- (v) Any liability, which is the subject matter of specific insurance elsewhere.
- (vi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- (vii) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (viii) Liability arising out of any breach of law or rules or any criminal liability.

g. Exclusions applicable to Benefit 18 – University Insolvency

- (i) A Claim is not admissible under this Benefit unless expressly stated to the contrary elsewhere in respect of any Insured Person for, arising out of or directly or indirectly due to the Insured failing to adhere to the rules of the University or regulation of state in connection to admission as the case may be.

h. Exclusions applicable to Benefit 19 – Trip Delay

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless

expressly stated to the contrary elsewhere:

- (i) Any contingencies other than those specifically named above;
- (ii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority.

i. Exclusions applicable to Benefit 20 – Loss Of Laptop /Tablet

Any Claim in respect of any Insured Person for; arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Any electrical or mechanical breakdown of the laptop / Tablet
- (ii) Any loss of softwares or data in the laptop / Tablet and any consequential loss
- (iii) Any loss as a result of any action taken by customs department.

j. General Exclusions (applicable to all Benefits & Optional Covers)

Any Claim in respect of any Insured Person 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:

- (i) Any condition or treatment as specified in Annexure – I.
- (ii) The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – II.
- (iii) The Insured Person:
 - I traveling against the advice of a Medical Practitioner; or
 - II receiving, or is supposed to receive, medical treatment; or
 - III having received terminal prognosis for a medical condition; or
 - IV travelling for the purpose of obtaining medical treatment; or
 - V taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
- (iv) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or illness.
- (v) Any illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
- (vi) 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 HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (vii) 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, which is proved by diagnostic means and certification by a gynecologist that it is life threatening.
- (viii) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (ix) Any dental treatment or surgery unless necessitated due to an injury.
- (x) 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.
- (xi) Charges incurred in connection with cost of spectacles and contact lenses, aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
- (xii) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital. Any illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an illness or injury which does not require Hospitalization.
- (xiii) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, 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 implant(s).
- (xiv) Weight management services and treatment, services and supplies including treatment of obesity (including morbid obesity).
- (xv) 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.
- (xvi) Treatment of all external Congenital Anomalies or illnesses or defects or anomalies or treatment relating to external birth defects.
- (xvii) Treatment of mental illness, stress, psychiatric or psychological disorders.

(xviii) 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 accident injury or burns.

(xix) Any treatment or surgery for change of sex or gender reassessments including any complication arising from these treatments.

(xx) Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.

(xxi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.

(xxii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.

(xxiii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.

(xxiv) Non-allopathic treatment.

(xxv) Illness or Injury attributable to the consumption, use, misuse of intoxicating drugs or alcohol.

(xxvi) Charges incurred at a Hospital primarily for diagnostic, 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 is required.

(xxvii) 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.

(xxviii) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.

(xxix) 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 or 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 is also excluded

(xxx) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.

(xxxi) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

(xxxii) Any claim relating to Hazardous Activities.

(xxxiii) Any claim relating to aviation training.



Schedule of Benefits

What am I covered for?						
Benefits	Deductible	Pay-out Basis	Explore Start	Explore Plus	Explore Super	Explore Ultra
Medical Expenses	US \$ 100	Indemnity	x	US \$50,000 / US \$ 100,000	US \$ 50,000 / US \$ 100,000 / US \$ 300,000 / US \$ 500,000	US \$ 50,000 / US \$ 100,000 / US \$ 300,000 / US \$ 500,000 / US \$ 1,000,000
In-patient Care	US \$ 100	Indemnity	x	Up to SI of Medical Expenses	Up to SI of Medical Expenses	Up to SI of Medical Expenses
Pre-Existing Disease Cover in Life Threatening Medical Condition	US \$ 100	Indemnity	x	Up to 10% of SI of Medical Expenses	Up to 10% of SI of Medical Expenses	Up to 10% of SI of Medical Expenses
Extended Cover in the Country of Residence	US \$ 100	Indemnity	x	Up to SI of Medical Expenses	Up to SI of Medical Expenses	Up to SI of Medical Expenses
Out-patient Care	US \$ 100	Indemnity	x	Up to SI of Medical Expenses	Up to SI of Medical Expenses	Up to SI of Medical Expenses
Repatriation of Mortal Remains (Part of Medical Expenses)	N.A.	Indemnity	x	US \$ 7,500	Up to SI of Medical Expenses	Up to SI of Medical Expenses
Medical Evacuation (Part of Medical Expenses)	N.A.	Indemnity	x	US \$ 7,500	Up to SI of Medical Expenses	Up to SI of Medical Expenses
Dental Expenses	US \$ 50	Indemnity	x	US \$ 250	US \$ 500	US \$ 750
Daily Allowance	3 days	Benefit	x	x	x	US \$ 30 per day, max 7 days
Accidental Death	N.A.	Benefit	US \$ 30,000	US \$ 15,000	US \$ 30,000	US \$ 30,000
Permanent Total Disablement (note – 3)	N.A.	Benefit	US \$ 30,000	US \$ 15,000	US \$ 30,000	US \$ 30,000
Permanent Partial Disablement (note – 3)	N.A.	Benefit	US \$ 30,000	US \$ 15,000	US \$ 30,000	US \$ 30,000
Compassionate Visit	N.A.	Indemnity	US \$ 5,000	x	US \$ 5,000	US \$ 7,500
Loss of Checked-in Baggage	N.A.	Indemnity	US \$ 1000	US \$ 500	US \$ 1000	US \$ 2000
Delay of Checked-in Baggage	12 Hours	Benefit	US \$ 150	x	US \$ 150	US \$ 150
Loss of Passport	US \$ 50	Indemnity	US \$ 150	US \$ 150	US \$ 150	US \$ 200
Loss of International driving license	US \$ 50	Indemnity	US \$ 100	x	US \$ 100	US \$ 150
Personal Liability	US \$ 200	Indemnity	US \$ 100,000	US \$ 100,000	US \$ 100,000	US \$ 100,000
Study interruption	N.A.	Indemnity	US \$ 10,000	US \$ 7,500	US \$ 10,000	US \$ 15,000

Schedule of Benefits

What am I covered for?						
Benefits	Deductible	Pay-out Basis	Explore Start	Explore Plus	Explore Super	Explore Ultra
Sponsor Protection	N.A.	Indemnity	US \$ 15,000	US \$ 10,000	US \$ 15,000	US \$ 15,000
Bail Bond	N.A.	Indemnity	US \$ 5,000	US \$ 500	US \$ 5,000	US \$ 5,000
University Insolvency	N.A.	Indemnity	x	x	x	US \$ 7,500
Trip Delay	12 Hours	Benefit	x	x	x	US \$ 200
Loss of Laptop / Tablet	N.A.	Indemnity	x	x	x	US \$ 250
Emergency Cash Advance	N.A.	Indemnity	x	x	x	US \$ 1,000
Coverage at home country	US \$ 100	Indemnity	x	Up to 5% of SI of Medical Expenses	Up to 5% of SI of Medical Expenses	Up to 5% of SI of Medical Expenses
Treatment for Mental and Nervous disorders (Part of Medical Expenses)	N.A.	Indemnity	x	x	US \$ 1,500	US \$ 3,000
Treatment for Alcoholism and Drug Dependency (Part of Medical Expenses)	N.A.	Indemnity	x	x	US \$ 1,500	US \$ 3,000
Cancer screening and Mammographic Examination (Part of Medical Expenses)	N.A.	Indemnity	x	x	US \$ 2,000	US \$ 4,000
Optional Covers						
Self-inflicted injury	US \$ 100	Indemnity	x	US \$ 7,500	US \$ 7,500	US \$ 7,500
HIV / AIDS Cover	US \$ 100	Indemnity	x	US \$ 7,500	US \$ 7,500	US \$ 7,500
Adventure Sports Injury	US \$ 100	Indemnity	x	Up to SI of Medical Expenses	Up to SI of Medical Expenses	Up to SI of Medical Expenses
Vision Care (co-payment of 50%)	US \$ 100	Indemnity	x	US \$ 200	US \$ 200	US \$ 200
Home Care (co-payment of 10%) (Max. 30 days per occurrence & Max. 90 days per policy year)	7 Days	Indemnity	x	US \$ 100 per day	US \$ 100 per day	US \$ 100 per day
Family cover Benefits covered :- i. Medical Expenses (Maximum up to SI of Medical Expenses of Student)	US \$ 100	Indemnity	x	US \$50,000 / US \$ 100,000	US \$50,000 / US \$ 100,000 / US \$ 300,000	US \$50,000 / US \$ 100,000 / US \$ 300,000
ii. Delay of checked in baggage	12 Hours	Benefit	x	As per Plan	As per Plan	As per Plan



Schedule of Benefits

What am I covered for?						
Benefits	Deductible	Pay-out Basis	Explore Start	Explore Plus	Explore Super	Explore Ultra
iii. Loss of checked in baggage iv. Loss of Passport v. Personal Liability vi. Trip Delay	N.A. US \$ 50 US \$ 200 12 Hours	Indemnity Indemnity Indemnity Benefit	As per Plan As per Plan As per Plan As per Plan	As per Plan As per Plan As per Plan As per Plan	As per Plan As per Plan As per Plan As per Plan	As per Plan As per Plan As per Plan As per Plan
Maternity Cover (wait period (in months)–0/10/24 Co-payment (in %)–0/20/40) (maximum up to SI of Medical Expenses)	US \$ 100	Indemnity	x	US \$500 / US \$1000 / US \$2000 / US \$3000 / US \$5000 / US \$50,000 / US \$50,000 / US \$100,000 / US \$300,000 / US \$500,000	US \$500 / US \$1000 / US \$2000 / US \$3000 / US \$5000 / US \$50,000 / US \$100,000 / US \$300,000 / US \$500,000 / US \$1,000,000	US \$500 / US \$1000 / US \$2000 / US \$3000 / US \$5000 / US \$50,000 / US \$100,000 / US \$300,000 / US \$500,000 / US \$1,000,000
Maternity & New Born Cover (wait period (in months)–0/10/24 Co-payment (in %)–0/20/40) (maximum up to SI of Medical Expenses) New Born Cover restricted to US \$ 500	US \$ 100	Indemnity	x	US \$500 / US \$1000 / US \$2000 / US \$3000 / US \$5000 / US \$50,000 / US \$100,000 / US \$300,000 / US \$500,000	US \$500 / US \$1000 / US \$2000 / US \$3000 / US \$5000 / US \$50,000 / US \$100,000 / US \$300,000 / US \$500,000 / US \$1,000,000	US \$500 / US \$1000 / US \$2000 / US \$3000 / US \$5000 / US \$50,000 / US \$100,000 / US \$300,000 / US \$500,000 / US \$1,000,000
Co-payment Option Applicable to the following Benefits (if opted) :- i. Medical Expense ii. Dental Treatment iii. Treatment for mental & nervous disorder iv. Treatment for Alcoholism & Drug Dependency v. Cancer screening & mammographic Examination vi. Adventure Sports Injury vii. Family Cover (only for Medical Expenses) viii. HIV / AIDS Cover ix. Self-inflicted injury	N.A.	N.A.	x	10% / 20% / 40% Co-payment option available	10% / 20% / 40% Co-payment option available	10% / 20% / 40% Co-payment option available
Deductible Option Applicable to the following Benefits (if opted) :- i. Medical Expenses ii. Maternity Cover iii. Maternity & New Born Cover	Default Deductible is US \$100	N.A.	x	US \$200 / US \$500 / US \$1,000 Deductible option available	US \$200 / US \$500 / US \$1,000 Deductible option available	US \$200 / US \$500 / US \$1,000 Deductible option available



Schedule of Benefits

What am I covered for?						
Benefits	Deductible	Pay-out Basis	Explore Start	Explore Plus	Explore Super	Explore Ultra
iv. Adventure Sports Injury v. Family Cover (only Medical Expenses) vi. HIV / AIDS Cover vii. Self-inflicted injury						
Complete Pre-Existing Disease Cover in Life Threatening Medical Condition	US \$ 100	Indemnity	x	Up to SI of Medical Expenses	Up to SI of Medical Expenses	Up to SI of Medical Expenses
Special Conditions						
Additional Services	N.A.	N.A.	This is a service feature	This is a service feature	This is a service feature	This is a service feature

Notes:

1. Sum Insured of All Optional Covers (except Coverage for Family Cover, Co-payment Option & Deductible Option) form part of Sum Insured of Medical Expenses.
2. All the Sum Insured mentioned are on a Policy Year basis.
3. % of Sum Insured payable as per the Insured Events defined in Benefit 7 and Benefit 8 above.
4. The premium rates for the plans offered are annexed hereto with the prospectus.
5. Mid Term endorsements are allowed in the Product.



Annexure I : List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS			
1	Hair removal cream	54	Hansaplast/Adhesive bandages
2	Baby charges (unless specified/indicated)	55	Lactogen/Infant food
3	Baby food	56	Slings
4	Baby utilites charges	Items specifically excluded in the policies	
5	Baby set	57	Weight control programs/supplies/services
6	Baby bottles	58	Cost of spectacles/contact lenses/hearing aids, etc.
7	Brush	59	Dental treatment expenses that do not require hospitalisation
8	Cosy towel	60	Hormone replacement therapy
9	Hand wash	61	Home visit charges
10	Moisturizer paste brush	62	Infertility/subfertility/assisted conception procedure
11	Powder	63	Obesity (including morbid obesity) treatment
12	Shoe cover	64	Psychiatric & psychosomatic disorders
13	Beauty services	65	Corrective surgery for refractive error
14	Belts/braces	66	Treatment of sexually transmitted diseases
15	Buds	67	Donor screening charges
16	Barber charges	68	Admission/registration charges
17	Caps	69	Hospitalisation for evaluation/diagnostic purpose
18	Cold pack/Hot pack	70	Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
19	Carry bags	71	Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly
20	Cradle charges	72	Stem cell implantation/surgery and storage
21	Comb	items which form part of hospital services where separate consumables are not payable but the service is	
22	Eau-de-cologne/Room fresheners	73	Ward and Theatre booking charges
23	Eye pad	74	Arthroscopy & Endoscopy instruments
24	Eye shield	75	Microscope cover
25	Email/Internet charges	76	Surgical blades, Harmonic scalpel, shaver
26	Food charges (other than patient's diet provided by Hospital)	77	Surgical drill
27	Foot cover	78	Eye kit
28	Gown	79	Eye drape
29	Leggings	80	X-ray film
30	Laundry charges	81	Sputum cup
31	Mineral water	82	Boyles apparatus charges
32	Oil charges	83	Blood grouping and cross matching of donors samples
33	Sanitary pad	84	Savlon
34	Slippers	85	Band aids, bandages, sterile injections, needles, syringes
35	Telephone charges	86	Cotton
36	Tissue paper	87	Cotton bandage
37	Tooth paste	88	Micropore/Surgical tape
38	Tooth brush	89	Blade
39	Guest services	90	Apron
40	Bed Pan	91	Torniquet
41	Bed under pad charges	92	Orthobundle, Gynaec bundle
42	Camera cover	93	Urine container
43	Cliniplast	Elements of room charge	
44	Crepe bandage	94	Luxury tax
45	Curapore	95	HVAC
46	Diaper of any type	96	House keeping charges
47	DVD,CD charges	97	Service charges where nursing charge also charged
48	Eyelet collar	98	Television & Air conditioner charges
49	Face mask	99	Surcharges
50	Flexi mask	100	Attendant charges
51	Gause soft		
52	Gauze		
53	Hand holder		



S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
101	Im lv Injection charges	152	Microsheild
102	Clean sheet	153	Abdominal binder
103	Extra diet of patient (other than that which forms part of bed charge)		Items payable if supported by a prescription
104	Blanket/Warmer blanket	154	Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.
	Administrative or Non-medical charges	155	Private nurses charges- Special nursing charges
105	Admission kit	156	Nutrition planning charges - Dietician charges - Diet charges
106	Birth certificate	157	Sugar free tablets
107	Blood reservation charges and Ante-natal booking charges	158	Creams, powders, lotions (toiletries are not payable, only prescribed medical pharmaceuticals payable)
108	Certificate charges		
109	Courier charges	159	Digestion gels
110	Conveyance charges	160	Ecg electrodes
111	Diabetic chart charges	161	Gloves
112	Documentation charges/Administrative expenses	162	HIV kit
113	Discharge Procedure charges	163	Listerine/Antiseptic mouthwash
114	Daily chart charges	164	Lozenges
115	Entrance pass/Visitors pass charges	165	Mouth paint
116	Expenses related to prescription on discharge	166	Nebulisation kit
117	File opening charges	167	Novarapid
118	Incidental expenses/Misc. charges (not explained)	168	Volini gel/Analgesic gel
119	Medical certificate	169	Zytee gel
120	Maintenance charges	170	Vaccination charges
121	Medical records		Part of hospital's own costs and not payable
122	Preparation charges	171	AHD
123	Photocopies charges	172	Alcohol swabes
124	Patient identification band/Name tag	173	Scrub solution/Sterillium others
125	Washing charges	174	Vaccine charges for baby
126	Medicine box	175	Aesthetic treatment/Surgery
127	Mortuary charges	176	TPA charges
128	Medico legal case charges (MLC charges)	177	Visco belt charges
	External durable devices	178	Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.
129	Walking aids charges	179	Examination gloves
130	BIPAP machine	180	Kidney tray
131	Commode	181	Mask
132	CPAP/CAPD equipments	182	Ounce glass
133	Infusion pump - cost	183	Outstation consultant's/Surgeon's fees
134	Oxygen cylinder (for usage outside the hospital)	184	Oxygen mask
135	Pulseoxymeter charges	185	Paper gloves
136	Spacer	186	Pelvic traction belt
137	Spirometre	187	Referral doctor's fees
138	SpO2 Probe	188	Accu check (glucometry/strips)
139	Nebulizer Kit	189	Pan can
140	Steam Inhaler	190	Sofnet
141	Arm sling	191	Trolley cover
142	Thermometer	192	Urometer, Urine jug
143	Cervical collar	193	Ambulance
144	Splint	194	Tegaderm/Vasofix safety
145	Diabetic foot wear	195	Urine bag
146	Knee braces (long/short/hinged)	196	Softovac
147	Knee immobilizer/Shoulder immobilizer	197	Stockings
148	Lumbo sacral belt		
149	Nimbus bed or water or air bed charges		
150	Ambulance collar		
151	Ambulance equipment		



Annexure II : List of Hospitals where Claim will not be admitted

S. No.	HOSPITAL NAME	ADDRESS	ZONE
1	Nulife Hospital and Maternity Centre	I616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi	North
2	Taneja Hospital	Q-Block,South City-2, Sohna Road, Main Sector-47, Preet Vihar, New Delhi, Delhi	North
3	Shri Komal Hospital & Dr. Saxena's Nursing Home	Silver Plaza Complex, Opposite Rupali Cinema, Rander Road, Rewari, Haryana	North
4	Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Badshahpur, Gurgaon, Haryana	North
5	Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70, Mohali, Punjab	North
6	Brij Medical Centre	Sec-6, Jain Narayan Vyas Colony, Kavi Nagar Industrial Area Sector 17, Ghaziabad, U.P.	North
7	Famly Medicare	A-55, Sector 61, Rajat Vihar Sector 62, Noida, U.P.	North
8	Jeevan Jyoti Hospital	I62, Lowther Road, Bai Ka Bagh, Allahabad, U.P.	North
9	City Hospital & Trauma Centre	C-1,Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.	North
10	Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana	North
11	Metas Adventist Hospital	No.24,Ring-Road, Athwalines, Surat, Gujarat	West
12	Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V. Lane Road, Lokhandwala, Andheri, Mumbai, Maharashtra	West
13	Paramount General Hospital & I.C.C.U.	42-I,Chettipalayam Road, Palladam, Andheri, Mumbai, Maharashtra	West
14	Gokul Hospital	Battan Lal Road, District Fatehgarh Sahib, Kandivali East, Mumbai, Maharashtra	West
15	Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra	West
16	Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra	West
17	Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road,Cidco Colony, Nashik, Maharashtra	West
18	Arpan Hospital And Research Centre	No.151/2,Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh	West
19	Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka, Dhamtri Road,National Highway No 43, Raipur, Chhattisgarh	East
20	Gupta Multispeciality Hospital	Mezzanine Floor, Shakuntal B, Near Sanghvi Tower, Gujrat, Gas Circle, Adajan Road, Vivek Vihar, Delhi	North
21	R.K.Hospital	3C/59,BP, Near Metro Cinema, New Industrial Township I, Faridabad, Haryana	North
22	Prakash Hospital	D -12,I2A,I2B, Noida, Sector 33, Noida, Uttar Pradesh	North
23	Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana	North
24	Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, I32,Ring Road, Satellite, Ahmedabad, Gujarat	West
25	Mohit Hospital	Khoya B-Wing,Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra	West
26	Scope Hospital	628,Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh	North
27	Agarwal Medical Centre	E-234, -, Greater Kailash I, New Delhi	North
28	Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana	North
29	Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/I, Sector 41, Noida, Uttar Pradesh	North
30	Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat	West
31	Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana	North
32	B.K.S. Hospital	No.18,1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka	South
33	East West Medical Centre	No.71 I, Sector 14, Sector 14, Gurgaon, Haryana	North
34	Jagtap Hospital	Anand Nagar, Sinhgood Road, Anandnagar, Pune, Maharashtra	West
35	Dr. Malwankar's Romeen Nursing Home	No 14,Cunningham Road, Sheriffs Chamber, Vikhroli East, Mumbai, Maharashtra	West
36	Noble Medical Centre	C.K. Emerald No., N.S. Palya, Kaveriappa Industrial Area, Borivali West, Mumbai, Maharashtra	West
37	Rama Hospital	Sonepat Road, Bahalgarh, Bahalgarh, Sonipat, Haryana	North
38	S.B.Nursing Home & ICU	Lake Bloom 16 to18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Powai, Mumbai, Maharashtra	West
39	Saraswati Hospital	103-106, Vrurel Appt., Opp. Navjivan Post Office, Ajwa Road, Malad West, Mumbai, Maharashtra	West
40	Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh	North
41	Mahaveer Hospital & Trauma Centre	Plot No-25,B/H Old Mount Carmel School, Near Lokmat Square, Panki, Kanpur, Uttar Pradesh	North
42	Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh	South
43	Amrapali Hospital	Plot No. NH-34,P-2, Omega -I, Greater Noida, Noida, Uttar Pradesh	North
44	Hardik Hospital	29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi	North
45	Jabalpur Hospital & Research Centre Pvt. Ltd.	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh	West
46	Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra	West
47	Santosh Hospital	L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh	North
48	Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh	North
49	City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana	North
50	Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana	North
51	Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Uttar Pradesh	North
52	Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh	North
53	Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 , Indirapuram, Ghaziabad, Uttar Pradesh	North
54	Saras Healthcare Pvt. Ltd.	K-112, SEC-12 , Pratap Vihar, Ghaziabad, Uttar Pradesh	North
55	Getwell Soon Multispeciality Institute Pvt. Ltd.	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh	North
56	Shivalik Medical Centre Pvt. Ltd.	A-93 , Sector 34, Noida, Uttar Pradesh	North



S. No.	HOSPITAL NAME	ADDRESS	ZONE
57	Aakanksha Hospital	I26, Aaradhanagar Soc., B/H. Bhulkabhanvan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat	West
58	Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road, Surat, Gujarat	West
59	Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Rd., Surat, Gujarat	West
60	Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat, Gujarat	West
61	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat	West
62	Auc Hospital	B-44 Gujarat Housing Board ,Nandeshara, Surat, Gujarat	West
63	Dharamjivan General Hospital & Trauma Centre	Karmayogi - I, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat	West
64	Dr. Santosh Basotia Hospital	Bhatar Road, Surat, Gujarat	West
65	God Father Hospital	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat	West
66	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat	West
67	Hari Milan Hospital	L H Road, Surat, Gujarat	West
68	Jaldhi Ano-Rectal Hospital	I03, Payal Apt, Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat	West
69	Jeevan Path Gen. Hospital	2nd Floor, Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat	West
70	Kalrav Children Hospital	Yashkamal Complex, Nr: Jivan Jyoti, Udhna, Surat, Gujarat	West
71	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat	West
72	Krishnavati General Hospital	Bamroli Road, Surat, Gujarat	West
73	Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
74	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat	West
75	Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat, Gujarat	West
76	R.D. Janseva Hospital	I20 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
77	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat	West
78	Santosh Hospital	L H Road, Surat, Gujarat	West
79	Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizen Co-Op.Bank, Surat, Gujarat	West

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.



About Us

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.

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