

| Cover Name                             | Sum insured | Co-pay | Special Conditions  |
|--|-------------|--------|---|
| Hospitalization                        |             |        | Covered. Minimum 24 hours hospitalization required.   |
| Pre Hospitalization                    |             |        | 30 days prior from date of admission to hospital.   |
| Post Hospitalization                   |             |        | 60 days from date of discharge from hospital.   |
| Maternity Cover                        |             |        | Maternity Benefit applicable for First two children. Maternity Benefits Normal delivery: Rs. 25,000 & C section Delivery:Rs 35,000.Maternity applicable for employee & spouse only.   |
| Waiver of Maternity waiting period     |             |        | Waiting period of 9 months in maternity waived off.   |
| Corporate buffer                       |             |        | The Company shall reimburse the Insured Person such usual and necessary medical expense incurred in-hospital for a period of minimum 24 hours for the treatment of the Critical illness ( as listed under), after the exhausting the Sum Insured as covered under the policy. The Company shall provide additional Sum Insured over and above Sum Insured for an amount of maximum or equal to family floater sum insured as applicable. The Aggregate Liability of the Company in respect of all such claims for treatment relating to Ailments shall not exceed Rs. 15 lacs for all the Insured Families, as applicable during the period of insurance. |
| Family sub limit for corporate buffer  |             |        | Corporate buffer is restricted to family floater sum insured for following critical illness : 1. Cancer, 2.End stage renal failure, 3. Multiple sclerosis Major organ transplant, 4. Heart valve replacement , 5.Coronary artery bypass Graft/angioplasty (PTCA), 6. Stroke excluding transient ischemic attack (TIA), 7. Paralysis, 8.Myocardial Infarction, 9. brain surgery, 10.road accident with head injury or fractures in two or more limbs (upper/Lower) or RTA injury requiring ventilation support 11. Knee/Hip/Joint replacement  |
| Ambulance charges                      |             |        | Emergency road ambulance service payable for inward (Emergency ambulance charges payable - Only Carrying the patient to Hospital for admission) cases to hospital -- Rs.10,000, whichever is lower per Person.  |
| Domiciliary hospitalization            |             |        | Not covered.  |
| Day care procedure                     |             |        | Covered as per RGICL Day Care Procedure list  |
| Pre-existing illness cover             |             |        | Pre-existing Diseases covered.  |
| Cover for first year excluded diseases |             |        | First year excluded diseases covered  |
| Cover for first 30 days Exclusion      |             |        | 30 days waiting period waived off   |



| Cover Name                           | Sum insured | Co-pay | Special Conditions   |
|--------------------------------------|-------------|--------|--|
| Family Definition                    |             |        | It is agreed that only the following members & Relationships are covered under the policy. 1. Employee of the Organisation 2. Legally Wedded Spouse 3. Two number of Dependent Children up to age of 25 years. (Unmarried financially dependent daughter, Widowed financially dependent daughter, Physically handicapped child will be covered. (Dependent children age above 25 years and 3 dependent children covered as an exception)   |
| Member Addition and Deletion Process |             |        | Addition-deletion will be done on pro-rata premium basis for employees (for addition of lives DOJ of employee will be considered as effective date and for deletion of lives DOL will be considered as effective date) along with dependants once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month & availability of sufficient CD balance. No refund will be processed in case of claims against employee or dependent. Dependents to be declared at inception of policy only. Midtermchange/addition not allowed except spouse by marriage and child by birth but after 91day from date of birth subject to not more than two children.                    |
| Room Rent                            |             |        | Room rent eligibility including RMO and Nursing charges and other associated charges capped at 2 % of Sum Insured per day for Normal (Room Rent) and 3% of Sum Insured Per day for ICU/ICCU. In the event of insured person getting admitted in a room/ICU/ICCU where Room rent is higher than the capped amount or higher category, as mentioned above, the insured person shall bear proportion amount (Difference amount ) of theentire hospital Bill/ Medical Expenses in proportion of the [(Room Rent / ICU/ICCU actually incurred Room Rent / ICU/ICCU as per capping /type)] / Room Rent / ICU/ICCU actually incurred]. This shall be applicable to all the Medical Expenses incurred during the stay in Hospital. |





General Conditions: 1. Family floater sum insured Restricted to Rs 2 lacs, Rs 3 lacs & Rs 4 lacs.

Basis of Sum Insured is as under:

Designation: Sum Insured

(i) For Designation: CASHIER/CLERK, Cashier/Clerk (N/F), DAFTRI, DRIVER, EX-CARE TAKER, Gunman/Nightwatchman, GUNMAN/NWM & PEON/CHOWKIDAR - Sum Insured Rs 2 lacs

(ii) For Designation: Manager I, Ex-MANAGER-I - Sum Insured Rs 3 lacs

(iii) For Designation: CHIEF MANAGER, EX-CHIEF MANAGER, EX-Manager-III, MANAGER-III, MANAGING DIRECTOR & OFFICER(U/S) - Sum Insured Rs 4 lacs

2. Employee & spouse entry age will be upto the age of 65 years

3. Mid-term increase in sum insured is not allowed

4. Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable.

5. Claim intimation:

a. Planned Hospitalization, the policyholder/Insured person with intimate such admission at least 48 hr prior to the planned date of admission

b. Emergency hospitalization, the policy holder / insured person will intimate such admission within 24 hrs of such admission.

6. Claim submission: 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 TPA 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 TPA within seven (7) days after completion of such treatment.

7. Mid-term increase in Sum Insured is not permitted

8. Policy will cease to be in effect from the date of termination of relationship with Reliance General Insurance Co. Ltd.

9. Ailment/ Conditions not covered:

(i) Robotic surgery/treatment done using this technology/Robotically assisted Surgery

(ii) RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron

(iii) C3R,

(iv) Balloon Sinuplasty,

(v) Bariatric surgery

(vi) Inj Avastin /Lucentis/Macugen

(vii) Ozone Therapy.

(viii) Enhanced External Counter Pulsation Therapy. (EECP)

(ix) Rejuvenation therapy

(x) Lasik Surgery

Rest all other terms & conditions strictly as per Reliance group mediclaim insurance policy. Attached with this Policy schedule, are the Policy wording along with terms and condition, Endorsement, and Annexure. If you (Policyholder) have not received any of these, please E-mail/write to the company at rgicl.services@relianceada.com or contact us on 1800 3009 (toll free) within 15 days of receipt of this policy. This policy Schedule in original must be surrendered to the company. In case of cancellation of the policy. In the event of any incorrect representation, the liability shall be upon the policy holder.

Warranted that the exclusions mentioned below stand deleted:

|                          |
|--------------------------|
| Maternity                |
| Maternity waiting period |
| Pre-existing illness     |
| First Year exclusion     |
| 30 day Exclusion         |

| Direct            | Direct            |                          |
|-------------------|-------------------|--------------------------|
| Intermediary Code | Intermediary Name | Intermediary Contact No. |

