Prospectus

Explore - Advantage

We believe you deserve distinct benefits for choosing Explore, and they come your way in the form of certain thoughtfully designed product and service features:

- Comprehensive travel insurance plans
- Innovative features and coverage options
- Region specific plans to suit your needs
- Complete support in any kind of medical or non-medical emergency

Explore - Highlights

- The product shall operate on an individual basis
- For frequent fliers, option of Multi Trip
- Per day rate
- Pre-existing Diseases cover for Life Threatening Medical Conditions
- No age bar
- Double Sum Insured in case of Hospitalization due to Accident.
- Unique Covers like "Up-gradation To Business Class" and "Return of Minor Child"

1. Key Benefits

The policy provides compensation of Medical Expenses incurred by you during hospitalization, for emergency care of any Illness or Injury suffered during the Period of Insurance along with other benefits specific to the selected Plan.

The brief coverage of these benefits is explained below:

1. Hospitalization Expenses

1. This benefit shall indemnify the Medical Expenses incurred by the Insured Person for in-patient and/or out-patient treatment arising out of Injury or Illness during the Period of Insurance.

Hospitalization Expenses contains:

a. **In-patient Care -** indemnifies Medical Expenses incurred for the treatment of the Insured Person in a Hospital on account of any Injury or Illness during the Period of Insurance.

b. **Out-patient Treatment -** indemnifies the expenses incurred for the treatment of the Insured Person at the out-patient department of a Hospital arising out of Illness or Injury contracted during the Period of Insurance and such treatment is Medically Necessary in the opinion of a Medical Practitioner and does not require an overnight stay in Hospital. However, the Sum Insured for Out-patient Treatment shall be restricted to 20% of Sum Insured.

c. **Pre-Existing Diseases -** indemnifies the expenses incurred for the treatment of the Insured Person arising out of any covered pre-existing illness in case of Life Threatening Situations and such treatment is medically necessary treatment in the opinion of the Medical Practitioner. However, the claim amount shall be 10% of the Sum Insured or the actual hospitalization expenses whichever is less, the deductibles being applied on the claim amount.

d. **Double Sum Insured in case of Accidental Hospitalization -** In case the Insured Person is hospitalized during the Period of Insurance due to an Accident, the Sum Insured for such Insured Person shall be doubled for In-Patient Care, once during the Policy Period.

e. **Treatment in home country -** indemnifies the Medical Expenses approved by the Company for treatment of Illness or Injury contracted during the Period of Insurance after the Insured Person returns to his Place of Residence for a maximum period of 30 days.

f. **Sub-limits applicable for In-patient Care**

Sub-limits on Medical Expenses

Medical Expense	Sub-limit
Room Rent including boarding and lodging	1.5% of the Sum Insured subject to a maximum of US $ 2,000 per day/€ 1,500 per day
ICU Charges	2% of the Sum Insured subject to a maximum of US $ 3,000 per day/€ 2,250 per day
Operation Theatre charges (incl. Surgeon Charges)	10% of the Sum Insured subject to a maximum of US $ 20,000 per Claim/€ 15,000 per Claim
Anesthesia	25% of the surgery cost payable
Ambulance Services	US $ 500 per Claim/€ 375 per Claim
Diagnostics and Radiology Services	US $ 1,000 per Claim/€ 750 per Claim
Medical Practitioners visit fees	US $ 100 per visit/€ 75 per visit subject to maximum of 10 visits per Claim
Miscellaneous Expenses	US $ 1,000 per Claim/€ 750 per Claim

2. Daily Allowance

Pays a specified amount per day for each day of hospitalization, for a period of maximum up to 5 consecutive days per claim, should the insured be admitted to a Hospital for treatment of any Injury or Illness during the Period of Insurance. However, a deductible of 2 days per claim shall be applicable.

3. Compassionate Visit

Indemnifies the reasonable expenses incurred by an Immediate Family Member towards the actual cost of a return economy class air ticket or equivalent by the most direct route, from the Country of Residence of such Immediate Family Member to the city where the Insured Person is hospitalized for Emergency Care of any Injury or Illness sustained during the Period of Insurance for more than 5 consecutive days.

4. Return of Minor Child

Indemnifies the reasonable expenses incurred towards the actual cost of an economy class air ticket or equivalent by the most direct route from the city where the Insured Person is hospitalized for Emergency Care of any Injury or Illness sustained during the Period of Insurance, to the Country of Residence of the minor child of the Insured Person and such Hospitalization is likely to be for more than 5 consecutive days.

5. Up-gradation To Business Class

In case the Insured Person is hospitalized for treatment of any Injury or Illness sustained during the Period of Insurance for a period of 5 consecutive days and more and the return to the country of residence of such insured person is within 20 days of discharge from the hospital, the Company shall indemnify the cost for up-gradation to business class air travel.

6. Dental Expenses

Indemnifies the Medical Expenses incurred during the Period of Insurance in connection with any Injury to the Insured Person's Sound Natural Teeth during the Period of Insurance.

7. Personal Accident

Compensates the Policyholder/Nominee with the lump sum payment (Sum Insured) in the event of the death or Permanent Total Disablement of the Insured Person during the Period of Insurance or within twelve months from the date of occurrence of an injury occurred during the Period of Insurance. The coverage under this Benefit shall be available on a worldwide basis.

8. Common Carrier Accidental Death

Compensates the Policyholder/Nominee with the lump sum payment (Sum Insured) in the event of the death of the Insured Person during the Period of Insurance or within twelve months from the date of occurrence of an Injury sustained solely and directly due to an Accident occurred during the Period of Insurance while the Insured Person was mounting into or dismounting from or travelling in a Common Carrier on a valid ticket. The coverage under this Benefit shall be available on a worldwide basis.

9. Medical Evacuation

Indemnifies the cost incurred for an ambulance or any other emergency transportation and evacuation services, including necessary medical care en-route, reasonably incurred forming part of the treatment for any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance.

10. Repatriation of Mortal Remains

Provides the cost of transportation, to the Place of Residence, of the mortal remains of the Insured Person in the event of his death occurring solely due to an Accident during the Period of Insurance or for a local burial or cremation at the place of death.

11. Trip Cancellation & Interruption

Indemnifies the financial loss sustained by the Policyholder arising out of cancellation or interruption of the trip (whether wholly or in part) solely attributable to and/or arising solely and directly due to of one of the reasons below :

a. Insured person's Immediate Family Member dies or has been hospitalized for at least 2 consecutive days.
b. Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place.
c. Terrorism
d. Insured person is hospitalized in an emergency due to an unforeseen Illness or Injury. (This condition is applicable only for trip interruption.)

12. Trip Delay

Pays the insured for a specified sum or expenses incurred if the departure of a Common Carrier on which the Insured is supposed to travel, is delayed beyond 12 consecutive hours. Provided that the delay is solely attributable to and / or arising out of the specified perils.

13. Loss of Checked-In Baggage

Pays a lump sum to the Policyholder in case the Checked-In Baggage is lost whilst in custody of the Common Carrier.

14. Delay of Checked-In Baggage
Pays a lump sum to the Policyholder in case of a delay in receipt of the Checked-In Baggage beyond 12 consecutive hours.

15. Loss of Passport
Pays the cost incurred towards obtaining a new or duplicate Passport in case the Insured Person loses his original passport during the Period of Insurance on a valid trip in a foreign country.

16. Personal Liability
Indemnifies the insured against legal liability for bodily injury or property damage to third parties arising out of an Accident occurring anytime during the Period of Insurance in a foreign country.

2. Salient Features

1. Annual Multi Trip Policy
Policy under which there can be more than one period of insurance during the policy period, subject to the maximum trip duration (per trip – 45 days or 60 days) specified on the Policy Certificate.

2. Policy Period
The policyholder can opt for a policy with policy period up to a maximum of 365 days or maximum trip duration as specified under each plan.

3. Premium
The premium charged under the policy depends upon the sum insured, trip duration (in days), scope of geographies covered, type of trip, cover type, health status of individual and plan opted by customer.

4. Free Look Period
You may, within 15 days from the receipt of the Policy, return the Policy stating reasons, if the terms and conditions are not acceptable. 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 and stamp duty charges. The option under free look shall be available to you only if the Policy Period is for at least 365 days.

5. Age

S. No.	Trip Type	Description
1.	Single Trip	Minimum Entry Age : 1 day
2.	Single Trip	Maximum Entry Age : No age bar
3.	Multi Trip	Minimum Entry Age : 1 day
4.	Multi Trip	Maximum Entry Age : 70 years

6. Family Option
The policyholder can avail a family option and get the family (Self, Spouse, Dependent Children (who has not attained Age 25 years) and parents) covered for the same sum insured under a single policy on individual basis. The family option is available only for Single Trip Policy.

7. Extension
The policy can be extended up to a maximum duration of 365 days or maximum trip duration as specified under the plan. Online extension available at www.religarehealthinsurance.com.

a. Extension after policy end date shall be permissible only after the underwriting review.

b. No extension is permitted unless requisite documents are submitted to the company. (No claim status, Payment detail, etc.)

c. Extension period shall in no case exceed the maximum trip duration permissible under any plan.

d. Extension can only be done if no claim is made for Benefit 1 – Hospitalization Cover. If other claims are filed on the policy, extension can only be done after underwriting review.

e. In case of extension, the Insured shall be entitled to all benefits payable on fixed basis for which any claim has not been made with the company earlier under the same policy. For other benefits where the payment is on indemnity basis, balance sum insured shall be available during the extended policy period.

f. No claims declaration is mandatory prior to affecting the extension request. In case of any claim or break-in insurance, review by the underwriting manager shall be mandatory and extension shall be granted at the sole discretion of the company.

g. In case of any claim under Benefit 1, the policy shall be automatically extended for up to 7 days. However, no extension shall be permissible beyond 7 days of the expiry of the policy.

h. All terms and conditions relating to claims applicable to the original policy period shall also apply over the extended term as well.

i. The Policy shall not be renewable upon expiry of the Policy Period.

Extension can be effected for :

a. Policy Period for a Single Trip Policy

b. Geographical Scope of the Policy

The premium for such extension shall be calculated as under :

a. Extension premium = Premium for revised policy period less premium for original policy period.

b. Extension premium = Premium for new scope of geographical cover less premium for original scope of geographical cover.

8. Cancellation

a. The policyholder may request for cancellation of the policy. The company shall cancel the policy and premium will be refunded if difference between the date of request of cancellation and end date of policy is at least 15 days or more.
Refund amount = Amount of premium paid for the original policy period less the premium applicable by taking the request date as the new policy period end date.

b. Full refund shall be made if the request for Policy cancellation is received by the Company within 7 days from the Policy Period Start Date or before commencement of the first Period of Insurance, whichever is earlier, if the sole reason for such cancellation is denial of visa for the countries where the Insured Person was scheduled to visit.

c. In the event of cancellation of policy prior to policy period start date for any reason or cancellation on a pro-rated basis, the company shall deduct ₹300/- (Rupees three hundred only) towards cancellation charges before refunding any amount.
   i. Formula chart for refund calculation –
   (Original premium less revised end date Premium less Cancellation charges)

   ii. Example - Mr. X has purchased a single trip policy with trip duration as 90 days for a premium of ₹ 9,000. He curtails the trip after 30 days. The premium for 30 day single trip is ₹ 4,200, hence refund 9,000 less (4,200 + cancellation fees ₹ 300) = ₹ 4,500.

d. In annual multi-trip policy, premium will be refunded on short scale basis as under :

Period from Policy Period Start Date	Number of Trip days utilized	Premium Retained
Up to 1 month	Less than or equal to 7 days	25% annual rate
	Greater than 7 days & up to 21 days	50% annual rate
	Greater than 21 days	75% annual rate
From 2nd month Up to 3 months	Less than or upto 21 days	50% annual rate
	Greater than 21 days and up to 35 days	75% annual rate
	Greater than 35 days	Full annual rate
From 4th month Up to 6 months	Less than or up to 35 days	75% annual rate
	Greater than 35 days	Full annual rate
Exceeding 6 months	Any Trip duration	Full annual rate

e. The company may also initiate cancellation of the policy in case any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or 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 or the Insured Person or any one acting on his/their behalf.

f. No refund of premium shall be eligible in case of cancellation of this Policy where a Claim has been incurred under the Policy.

9. Underwriting

a. Where you are planning to visit any country which is engulfed in war or civil riots, etc. the Company reserves the right to decline the proposal or load the premium up to 100%.

b. Additionally the Company may issue a policy excluding coverage for some countries/geographical locations which are engulfed in disturbance or riots, etc.

c. The Company shall adopt individual underwriting approach for Insured Persons who are involved in any training or participation in competitions of professional or semi-professional sports.

3. Grievance Redressal

In case of any grievance You can contact Us with the details through:

Website : www.religarehealthinsurance.com
E-mail : customerfirst@religarehealthinsurance.com
Call us : 1800-200-4488
Fax : 1800-200-6677
Post/Courier : Any branch office or the correspondence address, during normal business hours

In case You are not satisfied with the response, You can contact the Our Head of Customer Service at
The Grievance Cell, Religare Health Insurance Company Limited, A3, A4, A5 GYS Global, Sector -125, Noida - 201301

Still further, if You are not satisfied with Our redressal You may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are available on Our website.

Any and all disputes or differences under or in relation to validity, construction, interpretation, effect or any other matter related to this Policy shall be determined

exclusively by the Indian Courts and subject to Indian law.

4. Claims Management

a. Notification of Claim

In case of claim, Policyholder/Insured Person should immediately notify the Company 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 the Company or the Assistance Service Provider;

Cashless

The cashless facility is available only at the network providers. For availing cashless facility, kindly call our/ASP's call centre.

You need to request for the cashless facility in a prescribed format. We may authorize your request and thereafter you shall not be required to pay for the hospital bills, except for the non-medical expenses.

Re-imbursement

The necessary documents as specified below should be sent to us. We shall examine these documents and process your claim.

b. Documents to be submitted

The Policyholder 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 the Company or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury.

(i) Duly completed and signed Claim form, in original

(ii) Passport copy with entry/exit stamp

(iii) Any other document as required by the Company or Assistance Service Provider

(iv) Additional documents as specified for each benefit

Note: All invoices and bills should be in Insured Person's name except Compassionate Visit where invoices and bills should be in the name of the Immediate Family Member of the Insured Person in respect of whom the Claim is being made.

c. Policyholder's or Insured Person's or Claimant's duty at the time of Claim

a. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

b. The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be obliged to make the payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.

c. Intimation of the Claim, notification of the Claim and submission or provision of all information and documents shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy and the specific procedures and time frames specified under the respective Benefits under which the Claim is being made.

d. The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's/Assistance Service Provider's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.

e. The Company's/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.

f. The Company shall be provided with complete documents and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

d. Claim servicing and payment terms

a. The Company may in its sole and absolute discretion change the Assistance Service Provider or utilize the service of any other Assistance Service Provider by giving written notification to the Policyholder.

b. All 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 to the Hospital shall be applied and for all admissible Claims where the Sum Insured is on a fixed payment basis, the exchange rate on the date of loss shall be applied.

c. If the Assistance Service Provider or the Company 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 the Policyholder.

d. The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.

e. The Company 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.

f. If the Policyholder or 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.

g. The Company's maximum, total and cumulative liability under Benefit 1 towards the treatment of Any One Illness in respect of any Insured Person shall not exceed the sub-limits as specified in the Policy Certificate.

h. For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.

i. For Reimbursement Claims, the Company will pay to the Policyholder. In the event of death of the Policyholder, the Company will pay to the nominee (as named in the Policy Certificate) and in case of no nominee to the legal heirs or representatives of the Policyholder.

j. For Claims where Re-pricing is carried out, the benefit of reduction in the Claim amount shall be passed on to the Policyholder by reducing the Sum insured for such Insured Person for whom the Claim is made only by the final negotiated amount payable by the Company plus the Re-pricing Fees. If the sum of the negotiated amount and Re-pricing Fees is greater than the actual billed amount the actual billed amount shall be reduced from the Sum Insured.

k. The Company 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 the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company 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, the Company 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.

e. Contact Details

Toll Free No.	1800-200-4488
Address	Religare Health Insurance Company Limited-GYS Global, Plot No. A3, A4, A5, Sector - 125, Noida, U.P. - 201301
Website	www.religarehealthinsurance.com
E-mail	customerfirst@religarehealthinsurance.com
Fax	1800-200-6677

5. Exclusions

Applicable to Benefit 1

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 in the Policy terms and conditions:

(i) Medical treatment taken outside the 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) Any treatment for any dental Illness or Injury.

(vi) Circumcision

(vii) Treatment of any Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.

(viii) Hormone replacement therapy

(ix) Weight management services and treatment, vitamins and tonics related to weight control programs, services and supplies including treatment of obesity (including morbid obesity).

(x) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

(xi) Treatment of mental disease or Illness, stress, psychiatric or psychological disorders.

(xii) Pregnancy and resulting childbirth, miscarriage or disease of the female organs of reproduction. This exclusion will not apply to ectopic pregnancy.

(xiii) 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.

(xiv) Rehabilitation and/or physiotherapy expenses or the cost of prostheses/prosthetics (artificial limbs) or any services provided by chiropractitioner.

(xv) All non-allopathic treatment including but not limited to Naturopathy or Yoga, Ayurvedic Medicine, Homeopathic Medicine, Unani Medicine or any unrecognized systems of medicine.

(xvi) Treatment or surgery or any medical procedure (whether invasive or non-invasive) using a robotic surgical system.

Applicable to Benefit 6
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 in the Policy terms and conditions:

(i) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.

Applicable to Benefit 11
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 in the Policy terms and conditions:

(i) Strikes or labor disputes or slowdown

(ii) Interruption or cancellation of the journey either wholly or in partly at the instance of the Common Carrier (apart from the reasons listed above) or by the travel agent.

(iii) Interruption or cancellation of the journey either wholly or in partly at the instance of the authority governing the Common Carrier or the government.

(iv) Any Claim under the Policy which arises out of an event which occurs prior to Policy Period Start Date.

Applicable to Benefit 12
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 in the Policy terms and conditions:

(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.

Applicable to Benefit 13
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 in the Policy terms and conditions:

(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 for which a Claim has already been made under Benefit 14.

(v) Any loss of Checked-In Baggage sent in advance or shipped separately.

Applicable to Benefit 14
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 in the Policy terms and conditions:

(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 13.

(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.

(v) Self-carried or cabin baggage

Applicable to Benefit 15

(i) Where the loss is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.

(ii) Where the Insured himself has failed to take reasonable steps to guard against the loss of passport.

Applicable to Benefit 16
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 in the Policy terms and conditions:

(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, relatives or traveling companions, whether personal or official or commercial.

(ix) Liability resulting from transmission of an illness or disease by the Insured Person.

(x) Liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting therefrom.

(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 such as 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 the 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.

General Exclusions (Applicable to all Benefits)

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 in the Policy terms and conditions:

i. Any events occurring outside the Period of Insurance except for a Claim for "Trip Cancellation".

ii. The Insured Person is :

   a. traveling against the advice of a Medical Practitioner; or

   b. receiving, or is supposed to receive, medical treatment; or

   c. having received terminal prognosis for a medical condition; or

   d. travelling for the purpose of obtaining medical treatment; or

   e. taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.

iii. An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to the consumption, use, misuse or abuse of tobacco, intoxicating drugs or alcohol.

iv. Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent.

v. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

vi. 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.

vii. 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.

viii. Any dental treatment or surgery unless necessitated due to an Injury.

ix. 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.

x. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

xi. Charges incurred in connection with cost of spectacles and contact lenses, hearing 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 / 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 or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

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 Congenital Anomalies or Illness or defects or anomalies or treatment relating to 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 reassignments 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 & 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. 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 or a day care procedure is required.

xxvi. 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.

xxvii. Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.

xxviii. 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:

a. 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.

b. 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.

c. 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.

xxix. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.

xxx. Any sport activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.

xxxi. Any claim relating to Hazardous Activities unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.

xxxii. The Insured Person engaged in any air travel unless he is flying as a passenger on an airline.

xxxiii. Travel by any Insured Person against whom general or special travel restrictions have been imposed.

xxxiv. Any consequential losses

xxxv. Any Hospitalization primarily for investigation and / or diagnosis purpose.

xxxvi. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

xxxvii. Any specific time-bound or lifetime exclusions specified in the Policy Certificate.

Note : For further details on the exclusions applicable, please refer to the Policy Terms & Conditions or seek the advice of your financial advisor.

6. Policy Terms

Minimum entry age	1 day
Maximum entry age	As specified for each plan
Age of proposer	18 years or above
Relationship for Family Option	Self, Spouse, Dependent Children (who have not attained Age 25 years) and parents
Eligibility	Prospects whose place of residence is in India
Policy Period Start Date	The Policy start date shall be from the 00:00 hours of the next day of the proposal receipt at branch, proposed policy period start date as opted by you or cash received date/instrument date, whichever is later.

7. Endorsements

Any endorsement would be effective from the date of the request as received from the policyholder, or the date of receipt of premium, whichever is later.

(i) Premium bearing endorsements shall require specific approval of the underwriting manager and the company may charge appropriate premium based on the new details provided. However, the company may have the right to decline such endorsement or cancel the policy where it suspects that facts had been hidden or the customer is now uninsurable. Moreover, such changes have to be effected before risk commencement date.

(ii) Change in geographical location shall only be permitted where the geographical scope is extended from Rest of World (Excluding US/Canada) to Worldwide.

(iii) Premium bearing endorsement only for change of geographical scope and policy extension shall be permitted after policy start date.

(iv) After end date of policy, no endorsement would be allowed.

(v) Policy Period Start Date can be changed after the policy period has commenced only if the customer renders sufficient proof that the trip could not commence.

(vi) Any Pre-existing Disease shall be included only after underwriter's review.

(vii) No endorsement is allowed unless documents as specified are submitted

Type of endorsement	Documents required
Customer Name /Passport/Date of Birth - in case of more than one change	Passport Copy
Trip start date changed after Policy Period Start Date	Passport copy with entry /exit stamp or ticket cancellation and new ticket

(viii) The Company may ask for additional documents including but not limited to passport copy, medical reports, good health declaration, etc. before it effecting an endorsement.

(ix) Non-premium bearing Endorsement :
As a policy, all endorsements which do not have a direct bearing on the premium shall be executable during the Policy Period.

Examples of this type of endorsements are :

a. Rectification in Name of the Proposer

b. Rectification in Name of the Prospect

c. Rectification in Gender of the Prospect

d. Rectification in Relationship of the Prospect with the Proposer

e. Rectification of Date of Birth of the Prospect (if this does not impact the premium)

f. Change in the correspondence address of the Proposer

g. Change/Updation in the contact details viz., Phone No., E-mail ID, etc.

8. Schedule of Discount

S. No.	Description	Premium Discount	
1	Family Option Discount - This discount shall be applicable if more than one person of the same family is covered in the same policy for same Sum Insured on individual basis	1 Member	0.0%
		2 Members	5.0%
		3 Members	10.0%
		4 Members	15.0%
		5 Members	17.5%
		6 Members	20.0%

Note: Nothing contained above shall be construed as rebate even in the remotest usage of the interpretation and application.

9. Schedule of Benefits

Plan Detail		Explore Asia	Explore Africa	Explore Europe	Explore Canada+	Explore Gold	Explore Platinum
Geographical Scope		Asia	Africa	Europe	Worldwide Exclusing US	Worldwide/Worldwide excluding US and Canada	
Sum Insured		US $ 25K, 50K & 100K	US $ 25K, 50K & 100K	€ 30K & 100K	US $ 50K & 100K	$ 50K, 100K, 300K & 500K	
Sub-limits applicable (For age 61 years and above) As per Appendix		✓	✓	✓	✓	✓	×
Benefit	Deductible						
Hospitalization Expenses		✓	✓	✓	✓	✓	✓
Life Threatening Condition for PED	US $ 100/€ 75	10% of SI	10% of SI	10% of SI	10% of SI	10% of SI	10% of SI
Additional SI for Accidental Hospitalization	US $ 100/€ 75	100% of SI	100% of SI	100% of SI	100% of SI	100% of SI	100% of SI
Out-patient Care	US $ 100/€ 75	20% of SI	20% of SI	20% of SI	20% of SI	20% of SI	20% of SI
Daily Allowance	2 days	US $ 25 per day, max 5 days	US $ 25 per day, max 5 days	US € 25 per day, max 5 days	US $ 25 per day, max 5 days	US $ 25 per day, max 5 days	US $ 25 per day, max 5 days
Compassionate Visit	N.A.	×	×	×	×	×	US $ 5,000
Return of Minor Child	N.A.	×	×	×	×	×	US $ 2,000
Up-gradation to Business Class	N.A.	US $ 1,000	US $ 1,000	€ 750	US $ 1,000	US $ 1,000	US $ 1,000
Dental Expenses	US $ 100/€ 75	US $ 300	US $ 300	€ 300	US $ 300	US $ 300	US $ 300
Personal Accident	N.A.	US $ 15,000	US $ 15,000	€ 10,000	US $ 15,000	US $ 15,000	US $ 15,000
Common Carrier Accidental Death	N.A.	×	×	×	×	×	US $ 5,000
Medical Evacuation	N.A.	US $ 10,000	US $ 10,000	€ 7,500	US $ 10,000	US $ 10,000	US $ 10,000
Repatriation of Mortal Remains	N.A.	US $ 10,000	US $ 10,000	€ 7,500	US $ 10,000	US $ 10,000	US $ 10,000
Trip Cancellation & Interruption	N.A.	US $ 1,000	US $ 1,000	€ 750	US $ 1,000	US $ 1,000	US $ 1,000
Trip Delay	12 hours	US $ 500	US $ 500	€ 300	US $ 500	US $ 500	US $ 500
Loss of Checked-in Baggage	N.A.	US $ 100	US $ 100	€ 100	US $ 100	US $ 100	US $ 100
Delay of Checked-in Baggage	12 hours	US $ 100	US $ 100	€ 100	US $ 100	US $ 100	US $ 100
Loss of Passport	N.A.	US $ 300	US $ 300	€ 250	US $ 300	US $ 300	US $ 300
Personal Liability	US $ 100/€ 75	US $ 100,000	US $ 100,000	€ 75,000	US $ 100,000	US $ 100,000	US $ 100,000

10. Plan Details - Single Trip

Following plans are available under single trip (available only for 1 trip which may extend to 365 days)

Description	Explore Asia	Explore Africa	Explore Europe	Explore Canada+	Explore Gold	Explore Platinum
Sum Insured	US $ 25K, 50K & 100K	US $ 25K, 50K & 100K	€ 30K & 100K	US $ 50K & 100K	US $ 50K, 100K, 300K & 500K	
Geographical Scope	Asia	Africa	Europe	Worldwide excluding US	Worldwide/Worldwide excluding US & Canada	
Trip Duration (in days)						
Minimum	2	2	2	2	2	2
Maximum	365	365	365	365	365	365
Entry Age						
Minimum	1 day	1 day	1 day	1 day	1 day	1 day
Maximum	No Age Bar	No Age Bar	No Age Bar	No Age Bar	No Age Bar	No Age Bar
Family Option* (Available only for Single Trip Policies)	Yes	Yes	Yes	Yes	Yes	Yes

* Family Option means covering more than one member of a family under the same Policy for same sum insured on individual basis.

11. Plan Details - Annual Multi Trip

Following plans are available for multi-trip on annual basis only. (multiple trips can be undertaken within the same policy).

Description	Explore Gold	Explore Platinum
Sum Insured	US $ 50K, 100K, 300K & 500K	US $ 50K, 100K, 300K & 500K
Geographical Scope	Worldwide/Worldwide excluding US & Canada	
Trip Duration (in days)		
Maximum Trip Duration	45 days or 60 days	45 days or 60 days
Entry Age	Yes	Yes
Minimum	1 day	1 day
Maximum	70 years	70 years

About Us

Religare Health Insurance Company Limited

Religare Health Insurance is focused on the delivery of health insurance services. Our promoter's expertise in the spectrum of financial services, healthcare delivery and preventive health solutions, coupled with a robust distribution model, offers us a unique edge to deliver and excel in a business environment that hinges on serviceability and scale. Powered by the best-in-class product design and a customer-centric approach, Religare Health Insurance is committed to delivering on its innate values of being a responsible, trustworthy and innovative health insurer.

The shareholders of Religare Health Insurance comprise of three strong entities - Religare Enterprises Limited, Union Bank of India and Corporation Bank.

Religare Enterprises Limited

Religare Enterprises Limited (REL), a leading emerging markets financial services group anchored in India, offers a wide array of services including broking, insurance, asset management, lending solutions, investment banking and wealth management. With a network that spans across over 1650 locations, and more than a million clients, REL enjoys a dominant presence in the Indian financial services space.

We have also built an Asia and emerging markets-focused Institutional Equities & Investment Banking business and a multi-boutique global asset management platform to tap the broader opportunities offered by the most promising emerging markets around the world.

Union Bank of India

Union Bank of India, a key player in India's public sector banking domain, operates out of over 3500 branches across the country and has a clientele base of more than 24 million. Over the past 90 years, the bank has played a proactive role in infusing cross-sector economic growth in India and has sustained a robust income mechanism from a well-diversified portfolio of assets.

Corporation Bank

Corporation Bank, a leading public sector bank, delivers its core objectives of sustainably maintaining the highest standards of service to its customers with innovative product & process solutions, through its formidable network of 1707 branches. The Bank has committedly worked towards empowering the rural and urban population alike, and has resultantly been a significant contributor to the economic growth impetus of the nation.

Religare Health Insurance Company Limited
Registered Office: D-3, District Centre, Saket, New Delhi - 110017
Correspondence Office: GYS Global, Plot No. A3, A4, A5, Sector - 125, Noida, U.P. - 201301

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Note:
1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy Terms & Conditions, available on request.
2. Proposal form and the prospectus shall form the basis of the insurance contract. It is mandatory for you to provide us a duly filled in and signed proposal form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under this policy shall commence only once we receive the premium (including all taxes and levies thereto).
4. In case you have not understood any of the details, coverage, etc. in this document, you can seek for a clarification or a copy of this document in a language understood by you.
5. Our product states all those matters which have been specified in Section 7 of the Consumer Protection Regulations, 2005 and in addition we shall respond positively to the provisions of Section 9, 10 and 11 of the said Regulations.
6. All our sales literature, prospectus, solicitization by agents/insurance intermediaries, and networking arrangement are in compliance with Insurance Advertisement and Disclosure Regulations and shall continue to comply the guidelines/circulars issued by the IRDA from time to time on this subject.