

Does your health plan
pay only **part** of
the claim amount?



AEGON Religare Health Plan

Comprehensive Coverage Guaranteed

Does your Health Insurance...

- + Pay you a guaranteed lump sum amount irrespective of your hospital bill?
- + Does not increase premiums, even if you claim?
- + Let you increase your coverage amount?
- + Allow you to renew your plan up to the age of 85?
- + Cover your family members under one policy?

Your answer to almost all these questions is likely to be "NO".

So how do you pick a health insurance?

By what they promise? Or by what they deliver?

What if you come across a plan that guarantees everything that it promises?

Honestly, without any hidden clauses.

Quickly, with minimum paperwork.

AEGON Religare Health Plan does just that.





You get exactly what you signed on the dotted line for.

The plan is simple and cost-effective.

You get a fixed amount depending on your plan every time you make a claim.

Plus, many more unique benefits to help you lead a healthy life.

Key benefits

-  AEGON Religare Health Plan provides **comprehensive coverage guaranteed**, covering all kinds of surgeries including **240 day care treatments** and 10 critical illnesses.
-  You get a guaranteed fixed amount of money, irrespective of the actual hospital bill.
-  You get a **guaranteed amount in addition** to the payment you would have received from other medical plans.
-  You are guaranteed a **health cover up to 85 years** of age, one of the highest in the country.



You can avail of the **Cashless facility** (no need to pay any money for the treatment) in more than 3,000 key hospitals across the country.



You benefit from a **guaranteed fixed premium rate** for 3 years. This means even if you have a claim in year 1 or 2, **the premium will not increase.**



Your **benefit amount increases** by 10% for every no claim year (the maximum increase will be capped at 50%).



You can **upgrade to higher level of coverage** and **include additional family members** (wife & children) at any point of time during the policy duration.



24 hours hospitalisation is not required for most of the surgeries.



If you are under the age of 50 and in good health, **no medicals** are required for sum assured upto Rs.3,00,000.

How does the plan work?

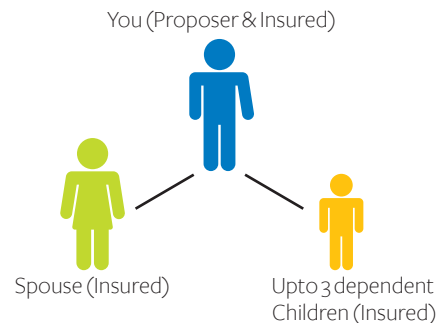
The major cost components during an admission to a hospital are:

- + Cost of the room, medicines and nursing
- + Cost of the surgery

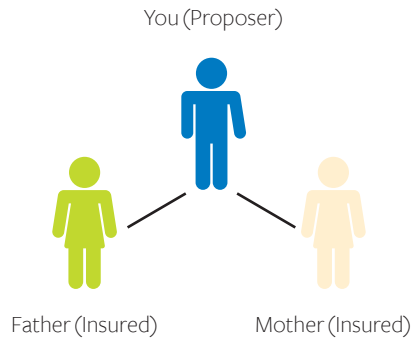
AEGON Religare Health Plan ensures you get a fixed amount to cover each of the above expenses irrespective of the actual hospital bill.

Who can be covered under this plan?

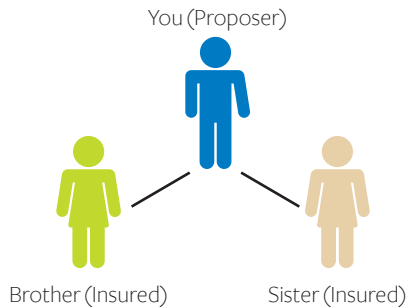
Plan 1



Plan 2



Plan 3



Benefit Structure

The plan is split into four benefit structures: Silver, Gold, Diamond and Platinum. Each designed to suit your various needs. Here's how you benefit:

Daily Hospitalisation Cash Benefit (DHCB)

+ You will get a fixed amount of money for each days spent in the hospital

Intensive Care Unit Benefit (ICUB)

+ In case you are admitted to the ICU for more than 8 hours and that day is eligible for DHCB, you will get a fixed amount over and above the Daily Hospitalisation Cash Benefit

Surgical Cash Benefit (SCB)

- + We cover all kinds of surgeries. These surgeries have been classified under 6 categories, depending on the type and severity
- + A guaranteed amount is paid for each type of surgery

Category	Surgery
1	Heart Transplanatation; Coronary Artery Bypass Graft
2	Total ankle joint replacement; Transluminal Coronary Angioplasty
3	Repair of small artery injury; Craniotomy to treat epilepsy
4	Arthrodesis of ankle joint; Repair of injury to Kidney
5	Adenoidectomy; Endoscopic Biopsy of Prostate
6	All surgeries not covered under Category 1 to 5 and carried out along with 24 hours hospitalisation

For a complete list of surgeries, please visit our website.

Critical Illness Benefit

+ The plan covers 10 critical illnesses. These are as below:

- Alzheimer's Disease
- Blindness
- Muscular Dystrophy
- Cardiomyopathy
- Cancer
- Stroke
- Paralysis
- Coma
- Aplastic Anaemia
- Kidney Failure

+ In event of diagnosis of any of critical illness a one time fixed amount will be paid and the benefit will cease to continue for lifetime



Benefit structures of all 4 plans at glance:

Benefit	Silver		Gold		Diamond		Platinum	
	Daily Benefit	Annual Limit	Daily Benefit	Annual Limit	Daily Benefit	Annual Limit	Daily Benefit	Annual Limit
Daily Hospitalisation Cash Benefit (Rs.)	2,000	1,20,000	3,000	1,80,000	4,000	2,40,000	5,000	3,00,000
Intensive Care Unit Benefit (Rs.)	2,000	1,20,000	3,000	1,80,000	4,000	2,40,000	5,000	3,00,000
Surgical Cash Benefit (Rs.)								
Category 1	2,00,000	2,00,000	3,00,000	3,00,000	4,00,000	4,00,000	5,00,000	5,00,000
Category 2	1,50,000		2,25,000		3,00,000		3,75,000	
Category 3	80,000		1,20,000		1,60,000		2,00,000	
Category 4	40,000		60,000		80,000		1,00,000	
Category 5	20,000		30,000		40,000		50,000	
Category 6	10,000		15,000		20,000		25,000	
Life Time Limit (SCB) (Rs.)	10,00,000		15,00,000		20,00,000		25,00,000	
Critical Illness Benefit (Rs.)	50,000		75,000		1,00,000		1,25,000	
Total Benefit* (Rs.)	4,90,000		7,35,000		9,80,000		12,25,000	

*The lifetime limit for SCB under all the plans is 5 times its annual limit.

Example: Let's say you opt for the Gold Plan. The guaranteed benefits under the plan are as follows:

Benefits	Benefit (Rs.)	No. of days in a Year	Annual Benefit (Rs.)
Daily Hospital Cash Benefit (per day)	3,000	60	1,80,000
Intensive Care Unit Benefit (per day)	3,000	60	1,80,000
Surgery Benefit			
Category 1	3,00,000		3,00,000
Category 2	2,25,000		
Category 3	1,20,000		
Category 4	60,000		
Category 5	30,000		
Category 6	15,000		
Critical Illness	75,000		75,000
Total Benefits			7,35,000

All the above mentioned benefits can be claimed together.

Supplementary benefits

Congenital benefit - This will cover the listed Medically Necessary Surgical Procedures required to correct congenital defects in a child born/adopted by a mother who is continuously covered for a period of 9 months under the plan. Please refer to our website for details.

Tax benefits - You will get tax benefits on premiums paid under section 80 D of IT Act, 1961.

Other features

Increase in coverage: You can change the plan any time for any of the life insured subject to underwriting.

Free look Cancellation: You can cancel the policy within 15 days of receiving the policy documents. Upon such cancellation, you will be paid back the premiums after deducting stamp duty and medical examination charges, if any.

Eligibility

Parameter	Eligibility Criteria	
Entry Age	Min.	Max.
Primary & Secondary Life Insured	18 years	70 years
Child	90 days	17 years
Critical illness	18 years	65 years
Maximum age at maturity	85 years, Critical illness: 75 years	
Premium Payment Frequency	Single, Yearly & Half Yearly*	
Sum Assured	Rs.2,00,000; Rs.3,00,000; Rs.4,00,000; Rs.5,00,000	
Policy Term	Regular Premium: 15 years Single Premium: 3 years	

*Modal factor for Semi annual mode will be Annual Premium * 0.512

Easy Claims Process

+ You can opt for cashless hospitalisation from any of our 3,000 plus network hospitals available across the country. Alternatively, you can claim for reimbursement of your benefit amount for any treatment carried out in any non-network hospital through our hassle-free claims process

- + You will need to present your AEGON Religare Health Plan ID Card, Age proof (if not submitted earlier) and any photo ID while making a claim along with a duly filled claim form
- + Photocopies of hospital bills, discharge card, doctor's certificate, prescriptions, diagnostic reports and any other relevant documents will be needed to process your claim
- + Please read the Policy Document for further details

In case of Network Hospitals (Key hospitals partnered with us):



Present your AEGON Religare Health ID Card, age proof (if not submitted earlier) and any photo ID to the hospital and the hospital will submit the pre-authorization form with your signature.



Your Claim Request will be checked.



Your Claim Request will be authorised.



We will settle the hospital bill.

Note: In case the hospital bill amount is lower than the benefit payable to you, you will receive a cheque for the amount over and above the hospital bill. Similarly, if the hospital bill exceeds the benefit payable to you, you will need to settle the balance hospital bill.

In case of Non-Network Hospitals (Hospitals which are not partnered with us)



You will need to settle the hospital bill.



Once discharged, submit the claim documents to us.



Your Claim Request will be checked.



A cheque will be sent to you once you claim request is authorised.

In case of Critical Illness



The insured should have survived for at least 30 days after the diagnosis of the critical illness.



The diagnosis, that the Life Insured is suffering a Critical Illness Condition.



Any other information which the Company may consider as material to the processing of the claim.



Present your claim with all relevant documents within 60 days of diagnosis of the critical illness.

Terms and conditions

1. The SCB will be paid irrespective of the actual surgical expense incurred and will be payable on providing proof of surgery having been performed.
 - a In case you undergo more than one Covered Surgery during the same hospital admission, the amount payable will be the fixed benefit amount associated with each Covered Surgery subject to the annual and lifetime limits
 - b However, if two or more Covered Surgeries are performed using the same point of entry, then only 50% of the benefit amount will be paid for all such surgeries except for the most expensive surgery which will be paid at 100% subject to annual and lifetime limits

2. Lapse (applicable for Regular Premium Policies Only)

- + Your policy would lapse if the renewal premium is not paid within the grace period. The effective date of the lapse is the first unpaid premium due date
- + No benefit is payable for any ailment diagnosed and/or treated and any hospitalisation undertaken or surgery carried out during the period when the policy has lapsed even though the policy may be subsequently reinstated

3. Reinstatement

Reinstatement is possible only up to 1 year from the first unpaid premium due date. You need to send a written request to the Company to reinstate your policy along with relevant documents

depending on the date of your first unpaid premium due date, as mentioned below:

- To reinstate your policy anytime, you need to submit a Declaration of Good Health. The initial Waiting Period of 90 days will apply and for certain specified surgeries, complete specific waiting period of 2 years will be applicable.

4. Termination of policy

The policy terminates under the following circumstances:

- + The Primary policy holder and spouse reach the maturity age of 85 years. When the Primary policy holder attains 85 years, the spouse can continue as the Primary policy holder
- + Death of primary policy holder. However, the spouse will have an option to continue as the primary policy holder till the age of 85 years
- + Date we receive your application for Surrender of the Policy
- + The Date of Maturity of the Policy
- + If the policy is not reinstated
- + Not receiving the application for guaranteed renewability within 30 days after the end of policy term

5. Grace Period

You are allowed a grace period of 30 days for payment of your renewal premium from the last premium due date for all premium modes under regular premium policies. The insurance coverage continues during the grace period. In case of a claim during the grace period, premium due will be debited from the benefits payable. No new Waiting Periods or Fresh Underwriting will apply if premium is received during the Grace Period.

6. Waiting period

- A waiting period of 90 days from the date of commencement of the policy is applicable for all benefits payable under this cover
- Specific waiting periods of 2 years will apply in case of some specific surgeries. Please visit our website for the complete list of surgeries. ■ In case of hospitalisation due to accident, the waiting period will be waived.

7. Claims trigger

- + For DHCB: 24 hours of continuous stay in the hospital
- + For ICUB: Claims trigger is medically necessary confinement in an Intensive Care Unit (ICU) for a continuous period of 8 hours. This benefit is payable only if the DHCB benefit trigger is fulfilled
- + For SCB: Claims trigger is actual undergoing of medically necessary listed surgery
- + For OSB: Claims trigger is actual undergoing of medically necessary surgery (which is not part of the SCB list) and a continuous stay of minimum 24 hours in the hospital
- + For Critical Illness: Claims trigger would be diagnosis and survival period of 30 days, of any of the covered illness

8. Prohibition of Rebates

- + Section 41 of the Insurance Act, 1938 states: 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer
- + Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to Five Hundred Rupees
- + Section 45 of Insurance Act, 1938 states: In accordance with Section 45 of Insurance Act, 1938, no policy of life insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or a friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on material factor or suppressed facts which it was material to disclose and that it was

fraudulently made by the Policy Holder and that the Policy Holder knew at the time of making that the statement was false or that it suppressed facts which it was material to disclose

What is not covered under the AEGON Religare Health Plan?

- + Any claim occurring as a result of Pre-existing conditions or their resultant complications unless stated in the proposal form and specifically accepted by the Company and endorsed thereon
- + AIDS, HIV related complications or any Sexually Transmitted Diseases
- + Attempted suicide or self inflicted injury, irrespective of the mental condition
- + Hazardous sports or activities included but not limited to bungee jumping, mountaineering etc.
- + Any flying activity other than as a bonafide passenger
- + Under the influence of alcohol, drugs or any substance not prescribed by a Registered Medical Practitioner
- + War, riots, civil commotion, strikes, civil war or service in the military or paramilitary forces of a country at war
- + Criminal, unlawful or illegal activity participation
- + Exposure to radioactive or nuclear fuel
- + Diagnosis or treatment taken outside India
- + Psychiatric or mental illness
- + Circumcision, any cosmetic procedures or Plastic Surgery
- + Pregnancy, childbirth or their complications, Abortion, Medical Termination of Pregnancy, Infertility or sex change operation
- + Organ donation (donor costs)
- + Rehabilitation or convalescent care or length beyond customary length of stay
- + Non-Allopathic treatment
- + Purely investigative procedure not resulting in any treatment or unreasonable failure to seek medical advice
- + Congenital conditions, genetic disorders or birth defects unless specifically covered

AEGON Religare Life Insurance Company

AEGON, an international life insurance, pension and investment company, Religare, a global financial services group and Bennett, Coleman & Company, India's largest media house, have come together to launch AEGON Religare Life Insurance Company Limited (ARLI).

ARLI launched its pan-India operations in July 2008 following a multi-channel distribution strategy with a vision to help people plan their life better. ARLI products such as AEGON Religare iTerm Plan and AEGON Religare Invest Maximiser Plan have been ranked among the best in terms of value and have attracted many external accolades.

About AEGON

As an international life insurance, pension and investment company, AEGON has businesses in over twenty markets in the Americas, Europe and Asia. With headquarters in The Hague, the Netherlands, AEGON companies employ approximately 28,000 people and serve some 40 million customers across the globe. AEGON has more than 160 years of experience with its roots going back to 1844. <http://www.aegon.com>

About Religare Enterprises Limited Religare Enterprises Limited (REL) is a global financial services group with a presence across Asia, Africa, the Middle East, Europe and the Americas. The group offers a wide array of products and services ranging from insurance, asset management, broking and lending solutions to investment banking and wealth management. With over 10,000 employees across multiple geographies, Religare serves over a million clients, including corporates and institutions, high net worth families and individuals and retail investors. <http://www.religare.in>

About Bennett, Coleman & Company Limited

Bennett, Coleman & Company Limited (BCCL), part of the mammoth Times Group, is India's largest media house. It reaches out to 2,468 cities and towns all over India. The group owns and manages powerful media brands like The Times of India, The Economic Times, Maharashtra Times,

Navbharat Times, Femina, Filmfare, Grazia, Top Gear, Radio Mirchi, Zoom, Times Now, Times Music, Times OOH, Private Treaties and indiatimes.com.

Start Living Healthy Instantly

Now, you can get yourself a Diet and Calorie Consultation absolutely free of cost and instantly. All you need to do is to visit

<http://health.aegonreligare.com>

and you will be able to do the following:

- Calculate your daily calorie intake depending on your food habits
- Know your Health Score Card (Gives you an idea of what you're doing right and what you're doing wrong)
- Know the calorie intake that is ideal for you
- Get tailor made recommendations on your diet



AEGON Religare Health Plan - UIN 138No21Vo1

For more details:

Call 1800 209 9090

SMS GUARANTEE to 56677

www.aegonreligare.com



Insurance is the subject matter of the solicitation.

This is a non-participating traditional plan.

IRDA Registration No.: 138

Registered Office: AEGON Religare Life Insurance Company Ltd., 2nd Floor, Paranjpe 'B' Scheme, Subhash Road, Near Garware House, Vile Parle (East), Mumbai - 400057

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