

I. Introduction:

This health insurance Policy provides for payment of compensation for hospitalization expenses incurred for treatment of disease, illness, injury in the form of a daily allowance for the days the Insured has been hospitalized.

II. Variants of Cover:

The following variants of cover are available:

variants of cover		
Plan A	Plan B	Plan C
Rs 1000 per day for 60 days after the first 3 days	Rs 2000 per day for 90 days after the first 3 days	Rs 3000 per day for 120 days after the first 3 days

III. Eligibility

- This Policy covers persons in the Age group 91 days to 65 years.
- The minimum entry age is 91 days and maximum entry Age is restricted upto 65 years.
- Children below the age of 5 years can be covered only in the event of either or both the parents being covered
- There is no maximum cover ceasing age in this policy for renewal This Policy can be issued to an individual and/or family as a Family Floater.
- The family includes self, spouse, upto 2 Dependent children upto the age of 23 years.
- Residents in India shall include all Citizens of India and permanent residents of India as well as expatriates or foreigners who are holding an employment pass, dependant pass or work permit and residing in India.
- Expatriates or foreigners must provide a copy of either a valid employment pass or work permit, and a bona-fide residential address in India.

IV. Scope of coverage

Payment of daily allowance for the days the Insured/Insured Person is hospitalised during the Policy period beyond a specified number of days for treatment of any disease / illness / injury. This benefit is applicable irrespective of the number of occurrences during the Policy period and is subject to the limits.

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to pay and/or reimburse the following benefit in manner, for the period and to the extent of the Sum Insured as specified in the Schedule to this Policy.

In case the Insured / Insured Person is hospitalized for treatment of any disease / illness contracted or injury sustained during the Policy period and if the period of such hospitalisation exceeds more than 3 days, this Policy provides for payment of a daily allowance up to the specified limits as mentioned in the Schedule to this Policy.

This benefit is applicable irrespective of the number of occurrences during the Policy period subject to overall Sum Insured.

Double benefit in case of ICU admission – If the Insured get hospitalized in the ICU, the daily cash benefit will get double. The double cash benefit is paid for 5 days after first three days. This benefit will be applicable for the Plan B and Plan C.

For detailed and updated list of non payable items, kindly visit our website www.bharti-axagi.co.in

V. ADDITIONAL FEATURES

Renewal Discount:

Discount equivalent to 5% of renewal premium every year on a progressive scale will be given back to the Insured as No claim Bonus at the time of renewal, where the Policy which is renewed is claim free in the expiring year. This renewal discount on a progressive scale will be allowed upto 25%. In case of renewal of a Policy where there is a loss, the Insured will lose the entire Renewal Discount accumulated. This additional benefit is available on the policies taken and renewed with our Company continuously without any break and without any claim.

VI. Policy Period

Policy will be issued for annual period of 12 months.

VII. Policy Servicing

The Policy will be serviced by Third Party Administrator who will provide among other things cash less facility for hospitalisation treatment.

VIII. Free-look period:

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy.

If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium.

You can cancel your Policy only if You have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

Free look provision is not applicable and available at the time of renewal of the Policy.

IX. Pre Policy Check:

The Company shall reimburse 50% of the cost of medical examination underwent by the Insured person(s) at designated Hospital/ Diagnostic centre, if the proposal is accepted

For all the variants Insured members have to undergo Pre Policy check if their age is above 45.

List of test to be undergone:-

MER

Blood Test, FP & PP (Blood Sugar)

Urine Test (ROUTINE & SUGAR) and

ECG

Lipid Profile

X Ray Chest

The Company can call for additional medical test(s) on the basis of declaration in proposal form or based on findings of first set of medical reports.

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Bharti AXA General Insurance Company Limited, 1st Floor, Ferns Icon, Survey No.28,
Doddanekundi, Bangalore – 560037. Telephone: + 91 80 49123900

X. Portability

Insured(s) have an option to migrate from their existing health insurance policy at the time of renewal, provided the previous policy has been maintained without any break.

If the Insured is presently covered or has been continuously covered without any lapses then the waiting periods specified in Exclusion wordings of the Policy shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.

i. From another company to Bharti AXA Policy

(i). If the proposed Insured Person was insured continuously and without a break under another Indian retail health insurance Policy with any other Indian General Insurance company or stand-alone Health Insurance Company, it is understood and agreed that:

- (1) If Insured person wish to exercise the Portability Benefit, The Company should have received the application for portability and the completed Portability Form with complete documentation at least 45 days before the expiry of the existing insurance Policy.
- (2) This benefit is available only at the time of renewal of the existing health insurance Policy.
- (3) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring Policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
- (4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/ waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
- (5) The Portability Benefit shall be applied by the Company within 15 days of receiving the completed Application and Portability Form from the proposer subject to the following:
 - (a) Proposer shall provide the Company all additional documentation and/or information requested;
 - (b) The proposer shall pay the Company the applicable premium in full;
 - (c) The Company may, subject to medical underwriting, restrict the terms upon which the Company may offer cover, the decision as to which shall be in the Company sole and absolute discretion; This is subject to Company's Board approved Underwriting policy filed with Authority.
 - (d) There is no obligation on the Company to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if the proposer have given all documentation to the Company; This is subject to Company's Board approved Underwriting policy filed with Authority.
 - (e) The Company shall be received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance Policy through the IRDA's web portal.

ii. No additional loading or charges shall be applied by the Company exclusively for porting the policy.

ii. From the Company's existing health insurance policies to this Policy

(i) If the proposed Insured Person was insured continuously and without a break under another health insurance Policy with the Company, it is understood and agreed that:

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- (1) If the Insured wish to exercise the Portability Benefit, the Company should have received the Insured's application and completed Portability Form before the expiry of the existing insurance Policy;
 - (2) This benefit is available only at the time of renewal of existing health insurance Policy ;
 - (3) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority ;
 - (4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority ;
 - (5) The Portability Benefit shall be applied by the Company within 15 days of receiving insured's completed Application and Portability Form subject to the following :
 - (a) Insured / Insured Person shall give the Company all additional documentation and/or information requests;
 - (b) Insured / Insured Person pay the Company the applicable premium in full;
 - (c) The Company may, subject to medical underwriting, restrict the terms upon which the company may offer cover, the decision as to which shall be in Company's sole and absolute discretion; This is subject to Company's Board approved Underwriting policy filed with Authority.
 - (d) There is no obligation on Company to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if Insured/ Insured person have given all documentation ; This is subject to Company's Board approved Underwriting policy filed with Authority.
- ii. No additional loading or charges shall be applied by the Company exclusively for porting the policy.

The Company reserves the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

XI. Exclusions under the Policy:

The Policy will not cover expenses relating to -

- Treatment of asthma, chronic nephritis and nephritis syndrome, gastro-enteritis, diabetes mellitus and insipidus, epilepsy, hypertension, influenza, cough and cold, all psychiatric or psychosomatic disorders, pyrexia of unknown origin for less than 10 days, tonsillitis and URTI, arthritis, rheumatism, as far as domiciliary hospitalisation is concerned.
- Pre-existing diseases / illness / injury / conditions. However, the same would be covered from the 5th year of the Policy after four continuous renewals with the Company without a break.
- Medical expenses incurred for treatment undertaken for disease or illness and/or for critical illness within 30 days of the inception date of this Policy. This exclusion doesn't apply for subsequent renewals with the Company without a break.
- Treatment of Cataract, Benign Prostatic Hypertrophy, Myomectomy, Hysterectomy or menorrhagia or fibromyoma unless because of malignancy, Dilation and curettage, Hernia, hydrocele, congenital internal disease, fistula in anus, sinusitis, Skin and all internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant /adenoids and hemorrhoids, Dialysis required for chronic renal failure, Gastric and Duodenal ulcers and Joint Replacement surgeries unless necessitated by accident during the first year of the operation of the Policy. However, this exclusion doesn't apply for subsequent renewals with the Company without a break.

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- Circumcision unless necessary for treatment of a disease, illness or injury treatment of which is not excluded hereunder or due to an accident.
- Dental treatment or surgery of any kind unless requiring hospitalisation.
- Birth control procedures, hormone replacement therapy, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
- Routine medical, eye and ear examinations, cost of spectacles, laser surgery, contact lenses or hearing aids, vaccinations and inoculation of any kind, issue of medical certificates and examinations as to suitability for employment or travel.
- Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any disease/ illness / injury
- Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV.
- Vitamins and tonics unless forming part of treatment for disease, illness or injury.
- Treatment of obesity, general debility, convalescence, run down condition or rest cure, congenital external / internal disease/ illness or defects or anomalies, sterility, venereal disease or intentional self-injury and use of intoxicating drugs/alcohol.
- Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
- Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner
- Prostheses, corrective devices and medical appliances, which are not required intra-operatively or for the disease/ illness/ injury for which the Insured / Insured Person was hospitalised
- Sex change or treatment, which results from, or is in any way related to, sex change.
- Treatment of mental disease / illness, stress, psychiatric or psychological disorders.
- Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
- Treatment from persons not registered as Medical Practitioners under respective medical councils
- Any criminal act.
- War, terrorism and nuclear group of perils.
- Disease / illness / injury whilst performing duties as a serving member of a military or a police force.
- Experimental and unproven treatment.
- Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment.
- Costs of donor screening or treatment, unless specifically covered and specified in the Schedule to this Policy.
- Naturopathy treatment.
- Any treatment received outside India.
- Insured/Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
- Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air charter company

Please refer the policy wordings for complete exclusion list.

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X. Conditions to be fulfilled by the Insured / Insured person. (This list is not exhaustive. For detailed conditions see the Policy)

1. Premium payable under this Policy shall be payable in advance.
2. Completely and duly filled and signed proposal form Supporting Medical papers, previous policy copies, IRDAI portability form as applicable
3. Pre- Policy Check-up as per the age
4. The Insured/Insured Person is required to ensure there is no misrepresentation, misdescription or nondisclosure of any material fact.
5. The Insured /Insured Person shall ensure due observance and fulfillment of the terms, conditions and endorsements on the Policy.
6. Every notice and communication to the Company shall be in writing addressed to the Policy issuing office of the Company.
7. Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, the Insured /Insured Person shall -
 - a. give immediate notice to the Third Party Administrator (TPA) named in the Schedule to the Policy, by calling the toll free number as specified therein or by sending written communication to the address of the TPA shown in the Schedule with all available information.
 - b. deliver to the TPA at their own expenses within 30 days of the Insured's/Insured Person's discharge from the hospital (for post-hospitalisation expenses, completion of post-hospitalisation period or completion of treatment, whichever is earlier), any and all information and documents concerning the claim or the Company's liability for it.
 - c. submit, if so required, to examination by a Medical Practitioner authorized by the Company.

XI. Terms of Renewal:

1. Maximum Age:

The Company offers life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or has made misrepresentation in relation to this policy or the Policy poses a moral hazard.

2. Renewal Premium:

The premium for renewal will be applicable as per the premium chart based on age and company will not load the premium for any adverse claims experience of particular insured.

The Company may change the renewal premium and/or benefits payable subject to approval from regulator (IRDA) and inform the same to the Insured at least 3 months prior to the date of revision and/ or modification or renewal

3. Sum Insured Enhancement:

- The Insured member can apply for enhancement of Sum Insured at the time of renewal by submitting a duly filled fresh Proposal Form to the Company.
- The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured members, claim history and subject to acceptance by the Company post underwriting.
- The enhancement can be made upto next available sum insured slab in the same plan, subject to no claim in the previous policies and Good Health Declaration (upto 65 Years).
- In respect of insured beyond 65 years, medical reports as may be called for will be required.

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- All waiting periods as defined in the Policy shall apply afresh for this enhanced Sum Insured from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy in respect of such increased Sum Insured.

4. Grace period:

All applications for renewal of the policy must be received by us before the end of the policy. A Grace Period of 30 days for renewing the Policy is provided under this Policy. However, there is no coverage for injury sustained or disease contacted during this period

5. In the likelihood of this policy being withdrawn in future, the Company will inform the same to the Insured at least 3 months prior to expiry of the policy. Insured will have the option to migrate to other plan under similar health insurance policy at the time of renewal, provided the policy is maintained without a break.

XII: Premium Rates

- As per the Premium Chart enclosed
- The premium under individual coverage will be charged on the completed age of the individual insured member
- The premium under family floater coverage will be charged on the completed age of the eldest insured member
- Premium rates can be revised subject to approval from the IRDA



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XIII. Termination/ Cancellation:

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address. The company shall exercise its right to cancel only in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, mis representation, fraud, non disclosure of material facts in which case the policy shall stand cancelled ab-initio and there will be no refund of premium.

The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of annual rate
Up to 3 months	50% of annual rate
Up to 6 months	75% of annual rate
Exceeding six months	NIL

XIV: Claim Notification Multi Model Intimation:

It is the endeavour of BhartiAxa to give multiple options to the insured/covered person/patient's care taker to intimate the claim to the Third party administrator (TPA)/Company. The intimation can be given in following ways

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- Toll Free call centre of the TPA (24x7)
- Toll Free call centre of the Insurance Company(24x7) - - **1800-103-2292**
- Login to the website of the Insurance Company and intimate the claim - <http://www.bharti-axagi.co.in/contact-us>
- Send an email to the TPA/Company - customer.service@bharti-axagi.co.in
- Post/courier to TPA/Company - Bharti AXA General Insurance Company Limited, 1st Floor, Ferns Icon, Survey No.28, Doddanekundi, Bangalore – 560037
- Directly Contacting our Company office but in writing. - Bharti AXA General Insurance Company Limited, 1st Floor, Ferns Icon, Survey No.28, Doddanekundi, Bangalore – 560037, Dial :+ 91 80 49123900

In all the above the intimations are directed to a central team for prompt, standardized action.

Information Details

When the insured/covered person/patient's care taker intimate the claim as mentioned above the following information should be kept handy & given for prompt services.

- Policy number
- Name of the Insured/Covered person
- Contact details
- Nature of the disease, illness or injury
- Name and address, phone number of the attending medical practitioner/hospital

Claim Form

Upon the notification of the claim the TPA/Company will dispatch the claim form to the Insured/Covered person. Claim forms will also be available with the network hospitals and Company offices and on its website

XV Claim Procedure

- All reimbursement claims should be intimated to TPA/Insurance company within 7 days from date of discharge.
- Insured/covered person admitted can send the claim documents to the TPA/ Company for the reimbursement within 30 days from the date of discharge. However Pre and post hospitalization bills can be sent within 15 days from the end of post hospitalization period as specified in the Policy.

XVI Claim Service Guarantee

Notwithstanding the above, upon the receipt of all required documents and processing of the claim, the claim will be settled 30 days from the date of submission of the said documents. Settlement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of settlement, failing which penal interest (in compliance with applicable regulations) at a rate of 2% higher than bank rate (prevailing as on the date of beginning of financial year in which the claim is reviewed) will be paid.

XVI Tax Benefit:

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

XVII Withdrawal:

In the likelihood of this policy being withdrawn in future, we will intimate you about the same 90 days prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as

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cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

XVIII Loading and / or exclusion

We may apply a risk loading on the premium payable and /or exclude an illness / disease (based upon the declarations made in the proposal form, investigation reports and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).

We will inform you about the applicable risk loading and / or exclusion. You need to revert to us in writing with consent and additional premium (if any) and exclusion, within 15 days of such information. In case, you neither accept such loading and / or exclusion nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days. Please note that we will issue policy only after getting your consent.

XIX CUSTOMER SERVICE – SENIOR CITIZENS

In respect of Senior Citizens, both the Company and TPA have established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company or TPA for faster attention or speedy disposal of grievance, if any.

- Website : www.bharti-axagi.co.in
- Email : customerservice@bharti-axagi.co.in
- Phone : 080-49123900
- Courier : Any of the Company's Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday

XX Exhibits of Benefits



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Essential Benefit Chart

GENERAL NOTE

- The Proposer can contact the agent / intermediary / any of our offices for a full version of the Policy document.
- This Policy is subject to IRDA - Protection of Policyholder's Interests Regulations, 2002.

14. PROHIBITION OF REBATES (UNDER SECTION 41 OF INSURANCE ACT, 1938)

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 prospectus or tables of the Insurers which shall be in conformity with regulations.

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Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees. .

Disclaimer

This document is only a summary of the product features. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please approach your insurance advisor if you require any further information or clarification.

Insurance is the subject matter of the solicitation. For more details you may refer to the Policy wordings which may be collected on request

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