

Getting started, smartly!

Here's what you need to do, to get your SmartHealth Insurance Policy:

- Read the prospectus carefully
- Fill in the proposal form in all respects and kindly do not leave any blanks
- You are requested to co-operate with us in case you have to undergo a medical examination
- Please pay the premium preferably by way of A/C payee cheque

For any clarification, feel free to call the nearest branch office or our customer care number.

Key differentiators

- Single policy for the entire family (Insured, spouse and two children)
- In-built 'critical illness' cover
- No medical check-ups required upto 55 years or below (on select plans)
- Lifelong renewal

Claim procedure

Fast, fair and friendly!

In the event of an occurrence likely to give rise to a claim (cashless or reimbursement) under the policy, you or your representative need to:

- Contact the Third-Party Administrator (TPA) named in the schedule to the policy immediately. Cashless hospitalisation facility is available in around 3800 hospitals around the country
- Deliver to the TPA all information and documents concerning the claim or reimbursement
- Submit all documents (original bills & prescriptions etc.) concerning all pre/post hospitalisation expenses
- Submit yourself, if so required, to examination by a medical practitioner authorised by the company
- Please contact the number given on your medi-card for clarifications

The claim will be settled within 21 days of receipt of all documents

To enable us to help you, we request you to register a claim by contacting our helpline: 080 - 49123900 or e-mail us at claims@bharti-axagi.co.in

Get in touch with Bharti AXA through our number 080 - 49123900 or email us at sales@bharti-axagi.co.in, clearly mentioning your postal address, for a hassle - free SmartHealth Insurance Policy

It's time to take a smart step!

IMPORTANT

This leaflet is only a brief summary of the SmartHealth Insurance Policy. Please contact our intermediary/sales officer/any of our offices for the policy wordings.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale.

Insurance is the subject matter of solicitation.

Bharti AXA General Insurance

Bharti AXA General Insurance is a joint venture between the Bharti Group and AXA.

Bharti AXA combines the strengths of Bharti Enterprises, one of India's leading business groups, and AXA, the global leader in financial protection and wealth management.

Twin assurance for you

AXA is one of the largest insurers in the world. Across the globe, AXA has over 95 million clients, over 2,14,000 employees and presence in 57 countries. AXA believes in achieving operational excellence through product innovation, business expertise, distribution, quality of service and productivity.

Bharti Enterprises is one of the biggest organizations in the country with interests in telecom, agro business and retail. It is a pioneering force in the telecom sector with many firsts and innovations to its credit, offering a powerful mix of a strong national presence and unmatched local knowledge.

For more information, please contact

- ☎ **080 - 49123900**
- 📱 **SMS <SERVICE> to 5667700**
- ✉ **customer.service@bharti-axagi.co.in**

www.bharti-axagi.co.in

Registered office address:
Bharti AXA General Insurance Co. Ltd.,
First Floor, Ferns Icon, Survey No. 28,
Doddanekundi, Bangalore- 560 037.



Health Insurance

"I want a policy that provides complete health cover."/>
Get comprehensive financial support with us.



**SmartHealth
Insurance Policy**



A smart first step

Simple, yet comprehensive; this defines Bharti AXA's SmartHealth Insurance Policy, which provides cover for expenses incurred as a result of hospitalisation.

What does this policy cover?

The policy provides for eventualities arising out of hospitalisation, such as:

- Hospitalisation expenses
- Domiciliary hospitalisation
- Day care treatment (As per terms and conditions of policy)
- Pre and post-hospitalisation expenses
- Pre-existing diseases - all diseases/illnesses/injuries including symptoms or conditions existing when the policy cover comes into force for the first time, after four continuous renewals with us
- Critical illness - cancer, first heart attack, coronary artery disease, coronary artery bypass surgery, heart valve surgery, surgery to aorta, stroke, kidney failure, aplastic anaemia, end stage lung disease, end stage liver failure, coma, major burns, major organ/bone marrow transplantation, multiple sclerosis, fulminant hepatitis, motor neuron disease, primary pulmonary hypertension, terminal illness, bacterial meningitis. (Please refer to policy for complete terms and conditions)
- Dread disease recuperation
- Transplantation of organs
- Hospital cash allowance
- Home nursing
- Ambulance charges



- In-patient physiotherapy charges
- Recovery grant
- Accompanying person's expenses
- Parent accommodation as companion for child
- Out-patient dental emergency treatment (arising out of accident only)
- Out-patient emergency treatment for accidents
- Childrens education fund
- Transportation of mortal remains

Distinctive features

The policy empowers you with a series of additional benefits, which are:

- Renewal discount – you get a 5% discount on the renewal premium for every claim-free year upto a maximum of 25%
- Benefits from income tax - premium paid for this policy is eligible for deduction under Section 80D of the Income Tax Act
- Cost of health check-up – for every block of four claim-free years of your policy with us, 1% of the sum insured will be provided towards the cost of the health check-up
- Pre-policy health check-up: In the event that you are required to undergo medical examination before proposal

acceptance, the costs towards such medical examination shall be borne by the company in case the proposal is accepted. The company's representative will get in touch with you to organize the medical examination at one of our designated diagnostic centres. However, in case the proposal is declined, the cost of the medical examination i.e. Rs. 630 + service tax as applicable shall be deducted, while refunding the premium

What are the options available under this policy?

The various covers available to you under the policy are:

- Family floater: You choose one sum for your family (you, spouse and 2 dependent children up to the age of 23 years). This sum insured covers all expenses for your family for one or more claims during the policy period
- Wide sum insured option ranging from Rs. 2,00,000 to Rs. 5,00,000

Who is eligible to apply for this policy ?

To be able to apply for this policy, you must be:

- A resident of India
- This policy can cover a maximum of four family members comprising you, your spouse and two dependent children (over 90 days old and up to 23 years of age)
- Children between age of 30 days and 5 years can be covered in this policy if at least one parent is covered in this policy

Details of Medical examination requirement

Sum insured (in Rs.)	Age band	Without any pre-existing condition	With pre-existing condition
		Medical examination required?	Medical examination required
Rs. 2,00,000	02 years to 55 years	No	Yes
	56 years to 65 years	Yes	Yes
Rs. 3,00,000	02 years to 45 years	No	Yes
	46 years to 55 years	Yes	Yes
Rs. 4,00,000	02 years to 45 years	No	Yes
Rs. 5,00,000	02 years to 45 years	No	Yes

For Rs. 2 lakhs Sum Insured, any person aged 56 years and above or anyone with a history of pre-existing condition/disease must undergo medical tests. For Sum Insured of Rs. 3 lakhs and above, any person aged 46 years and above or anyone with a history of pre-existing condition/disease must undergo medical tests.

What does this policy not cover?

Some of the major exclusions under the policy are expenses relating to:

- Pre-existing diseases - All diseases/illnesses/injuries including symptoms or conditions existing when the policy cover comes into force for the first time. This policy shall cover pre-existing diseases, illnesses or injuries after four continuous renewals with us
- Pregnancy and childbirth related complications
- Suicide, self-inflicted injury or illness, mental disorder, anxiety, stress or depression, use of alcohol or drugs
- Diseases such as HIV or AIDS
- Cost of spectacles, contact lenses and hearing aids
- Dental treatment or surgery of any kind unless requiring hospitalisation
- Experimental or unproven treatment
- Treatment by a family member, self-medication or any treatment that is not scientifically approved
- Disease that commences during the first 30 days of inception of the first policy (60 days in case of critical illness benefit)
- Certain named chronic diseases (cataract, piles, congenital internal disease, dialysis for chronic renal failure, hysterectomy, joint replacement surgery, unless caused by accident). (Please refer to policy for complete list) during the first two years of continuous cover with us. In case these diseases are pre-existing in nature, they shall be covered as per the waiting period applicable for pre-existing conditions
- Treatment taken from a person not registered as medical practitioner
- Any hospitalisation expenses incurred outside India
- Any other personal exclusion mentioned in the policy schedule

This is not an exhaustive list. For a detailed list of the exclusions, please read our policy terms and conditions.

Sometimes,
during illnesses you
don't get the help that
you expect from your policy.
With us you can rest
assured because we offer you
complete support at all times.
Be prepared for all circumstances –
think smart!