



BUILD YOUR HEALTH PLAN, YOUR WAY.

Customise and create your own health insurance with **D.I.Y HEALTH** Insurance



HOME HEALTH CARE



MATERNITY BENEFIT



ANCE



CRITICAL ILLNESS



ROAD AMBULANCE



FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS



Choose a health insurance that lets you choose.

We understand that one size does not fit all. That's why our customizable approach to health insurance lets you create your own plan by choosing the covers or sum insured that fit your needs at different stages of life.

Presenting Future Generali D.I.Y HEALTH Insurance – Do it Yourself Health Insurance plan, where you choose what you want...or drop what you don't. Because we believe, when it comes to you or your health insurance, the choice should be yours.

Why should you choose D.I.Y HEALTH Insurance?



Modularity

Freedom to choose the covers as required.



Wellness benefits including medical check-ups

Comes with value-added services like teleconsultation, webinars, and wellness reward points that can be used for renewal discount or for purchasing vouchers.



Pay for what you choose



Unlike other health insurances, we only charge you for the covers which you pick and absolutely nothing else.






Unique covers

- **Accident Booster**
1.5 times or 2 times increase in sum insured in case of accident as per the options selected.
- **Cumulative Bonus Booster**
Total sum insured can amount up to 600% for each completed and continuous policy year.
- **Critical Illness Booster**
1.5 times or 2 times increase in sum insured in case of diagnosis of listed critical illness as per the options selected.

SCHEDULE OF BENEFITS

	Plan Name	Mini	Medi	Max
 <p>Eligibility</p>	Sum Insured	₹4L, ₹5L	₹6L, ₹7L, ₹8L, ₹9L, ₹10L	₹11L, ₹12L, ₹13L, ₹14L, ₹15L
	Minimum age at entry adult	18 years		
	Maximum age at entry adult	65 years		
	Minimum age at entry child	1 day		
	Maximum age at entry child	25 years		
	Maximum renewal age	Life Long		
	Minimum policy term	1 year		
	Maximum policy term	3 years		
	Family definition	Individual Sum Insured Policy - S, SP, LP, C (up to 25 years of age), 2P, Sb, DIL, SIL, PIL, GP and GC Floater Sum Insured for Mini plan - S+SP/Lp+C (up to 25 years of age) Floater Sum Insured for Medi and Max plan – S+SP/Lp+ C (up to 25 years of age) +2P +2PIL		
 <p>Hospitalisation Benefits</p>	Hospitalization	Up to sum insured	Up to sum insured	Up to sum insured
	Day care	Up to sum insured	Up to sum insured	Up to sum insured
	Pre-Hospitalization	30/60/90 Days	30/60/90 Days	30/60/90 Days
	Post-Hospitalization	60/90/120 Days	60/90/120 Days	60/90/120 Days
	Cover type	Individual/Floater		
	Tenure	1/2/3 Years		
	Organ donor expenses	Up to sum insured		
	HIV/AIDS	Up to sum insured		
	Mental / Psychiatric Conditions	Up to sum insured		
	Cumulative bonus	Additional sum insured of 25% on every claim-free year; up to a max of 100%		
Restoration of sum insured	Equal to 100% of the base sum insured excluding cumulative bonus & cumulative bonus booster, if any available for the added particular policy year for a second claim irrespective of the sum insured and cumulative bonus (if any) being completely or partially exhausted			

	Plan Name	Mini	Medi	Max
 Hospitalisation Benefits	Mandatory co-pay	20% co-pay will be applicable for insured persons aged 61-65 years entering the policy the first time. This co-pay will be applicable for all subsequent renewals		
	ICU charges	2 times of the room rent / no capping		
	Room rent (normal room) – Proportional deductions will be applicable (discount for 1% capping)	1% of SI		
 Wellness Benefits	Wellness benefits	Covered		
 Sub-Limits	Modern methods of treatment	Restricted to 50% of the S.I, up to a maximum of ₹5L		
	Cataract surgery (per eye)	Up to 20% of sum insured, subject to maximum of ₹1L		
	Bariatric surgery (3 years waiting period; portability and migration not applicable)	Up to 50% of sum insured subject to maximum of ₹5L		
	OPD cover (Diagnostics, Medications, Consultations covered) Restoration for Mental illness	₹2000/₹3000 Mental illness OPD for ₹4L and comprehensive cover from ₹5L	₹3000/₹5000 Comprehensive cover	₹5000/₹7500/₹10,000 Comprehensive cover
	LASIK surgery	₹30,000/₹50,000 for both eyes	₹50,000/₹75,000 for both eyes	₹75,000/₹1L for both eyes
	Gender Reassignment Surgery	Covered up to ₹1L		
	Screening and Vaccinations Overall sub-limit ₹20,000 per policy period (waiting period 3 years)	Screening for breast cancer - Mammography once in 3 years after the initial waiting period Hepatitis-B vaccination complete course as required (once in lifetime) HPV vaccination complete course as required (once in lifetime) Screening for cervical cancer – PAP Smear test once in 3 years after the initial waiting period HIV Test Elisa once in 3 years after the initial waiting period.		



OPTIONAL COVERS

(if chosen, minimum 3 covers to be opted)

Plan Name	Mini	Medi	Max
1. Maternity benefit (pre & post-natal expenses covered within maternity limits) Waiting period of 3 years	A – Normal – ₹20,000/Caesarean – ₹30,000 B – Normal – ₹30,000/Caesarean – ₹50,000 C – Normal – ₹50,000/Caesarean – ₹75,000 D – Normal – ₹75,000/Caesarean – ₹1,00,000		
	A/B	A/B/C	A/B/C/D
Pre-natal expenses	30 days	60 days	90 days
Post-natal expenses	45 days	45 days	45 days
2. Road ambulance	₹1000/ ₹1500/ ₹2000	₹1500/ ₹2000/ ₹3000	₹2000/ ₹3000/ ₹5000
3. Emergency air ambulance only in India	₹1,00,000	₹3,00,000	₹5,00,000
4. Daily hospital cash, ICU the benefit will be doubled	₹250/ ₹500/ ₹1000	₹500/ ₹1000/ ₹1500/ ₹2000	₹1500/ ₹2000/ ₹2500
	Max. up to 5 days per hospitalization; Max. 30 days per policy period		
5. Convalescence benefit	₹5000/ ₹10000	₹5000/ ₹10,000	₹5000/ ₹10,000
	Hospitalization for 10 consecutive days or more; once in a policy year		
6. Accompanying person (for insured patient less than 12 years)	₹250/ ₹500	₹500/ ₹750/ ₹1000	₹1500/ ₹2000
7. Accidental death (primary member & spouse)	₹1,00,000/ ₹2,00,000	₹2,00,000/ ₹3,00,000/ ₹4,00,000	₹3,00,000/ ₹4,00,000/ ₹5,00,000
8. Critical illness booster	1.5 times/2 times the sum insured	1.5 times/2 times the sum insured	1.5 times/2 times the sum insured
9. Accident booster	1.5 times/2 times the S.I	1.5 times/2 times the S.I	1.5 times/2 times the S.I
10. Non-medical & consumables expenses cover	Up to 15% of admissible claims	Up to 15% of admissible claims	Up to 15% of admissible claims
11. Home health care	Up to 20% of the sum insured	Up to 20% of the sum insured	Up to 20% of the sum insured
12. Alternative treatments	Covered up to the sum insured	Covered up to the sum insured	Covered up to the sum insured
13. Cumulative bonus booster	CUMULATIVE BONUS increases 100% every year up to 500% of the SI	CUMULATIVE BONUS increases 100% every year up to 500% of the SI	CUMULATIVE BONUS increases 100% every year up to 500% of the SI
14. *Voluntary co-pay	10%/20%/30%	10%/20%/30%	10%/20%/30%
15. *Deductible (on aggregate basis)	₹10,000/ ₹25,000/ ₹50,000	₹10,000/ ₹25,000/ ₹50,000	₹50,000/ ₹75,000/ ₹1,00,000
*Voluntary co-pay and deductible can be opted on mutually exclusive basis			
For portability and migration policies only two-year waiting period option for pre-existing diseases and specified disease/procedure waiting period is available			
16. Specified disease/procedure waiting period	1/2 years		
17. Pre-Existing waiting period	1/2/3 years		

- All benefits are given within the base sum insured except critical illness & accident booster and restoration of sum insured.
- **SI:** Sum Insured, **S:** Self, **SP:** Spouse, **LP:** Live in Partner **C:** Child, **P:** Parent, **PIL:** Parents-in-law, **Sb:** Sibling, **DIL:** Daughter-in-law, **SIL:** Son-in-law, **GC:** Grandchildren, **GP:** Grandparents
- The sum insured and optional benefits will be at policy level for individual/floater cover types.
- Voluntary co-pay and deductible can be opted on mutually exclusive basis.
- If you opt for the optional covers, you must pick at least 3 optional covers.
- If you have chosen the sum insured for particular plan, then you are eligible to choose the sublimit, waiting period and optional benefits for that plan only.



PRE-INSURANCE MEDICAL EXAMINATION FOR ANY INDIVIDUAL

Plan Name	Mini		Medi		Max	
Sum Insured	₹4L, ₹5L		₹6L, ₹7L, ₹8L, ₹9L, ₹10L		₹11L, ₹12L, ₹13L, ₹14L, ₹15L	
Age band**	Up to 50 years	Above 50 years	From 18 years to 50 years	Above 50 years	From 18 years to 50 years	Above 50 years
Medical tests	Not required	Required	Not required	Required	Required	Required

- Insured is eligible for 100% reimbursement of pre-insurance medical tests charges, subject to policy issuance and 64 VB compliance
- **Age is completed age in years
- All pre-insurance medical tests will have to be done at the empaneled diagnostic centers only
- The test reports would be valid for a period of 30 days from the date of the test conducted
- Underwriting loading on the standard premium rates will be applicable based on health status of the proposed insured person. It will take into consideration the adverse health conditions declared on the proposal form and findings of medical tests conducted



FREE LOOK PERIOD

The Free Look Period shall be applicable on new individual health insurance policies; it shall not be applicable to renewals or when a policy is ported or migrated.

Following receipt of the policy document, the insured person has thirty days to review the terms and conditions and return the document if they are not satisfactory.

If the insured hasn't filed any claims during the free look period, they are entitled to:



Refund of the premium paid, less any costs incurred by the company for the insured person's medical examination and any applicable stamp duty fees



If the risk has already commenced and the insured person chooses to return the policy, a deduction will be made from the proportionate risk premium for the period of coverage



If only a portion of the insurance coverage has commenced, the proportionate premium should be in line with the insurance coverage for that time period

CUMULATIVE BONUS

If you renew your policy with us without any breaks and if there is no claim in your current policy, then you will get 25% of cumulative bonus for every claim-free policy year, maximum upto 100%. However, this bonus doesn't apply to claims made under OPD treatment, wellness benefits, screening, or vaccination. If you make a claim in any specific year, the bonus you have earned will be reduced at the same rate at which it has been accrued. But the sum insured will remain the same throughout the policy year.

Notes:

- a. If the policy is individual, the cumulative bonus will be added and made available to the insured person on an individual basis if no claims have been made. Only when the same insured person makes a claim will the cumulative bonus be reduced.
- b. If the policy is a floater, the cumulative bonus will be added and made available to the family on a floater basis, provided that no family member has filed a claim. If any insured person makes a claim, the cumulative bonus will be reduced.
- c. The cumulative bonus will only be given if the policy is renewed and the premium is paid within the grace period.
- d. The cumulative bonus to be carried forward for credit in such renewed policy shall be the one that is applicable to the lowest among all the insured persons on the expiring policy. If the insured persons on the expiring policy are covered on an individual basis as specified in the policy schedule and there is an accumulated cumulative bonus for such insured person under the expiring policy.
- e. For floater policies, the cumulative bonus of the expiring policy must be divided among the renewed policies in proportion to the sum insured of each renewed policy when the insured person renews their expiring policy by dividing the sum insured into two or more floater policies or individual policies, or when the policy is split because the child has reached the age of 25.
- f. If the sum insured has been reduced at the time of renewal, the applicable cumulative bonus shall be reduced in the same proportion to the sum insured in current policy.
- g. If the sum insured under the policy has been increased at the time of renewal the cumulative bonus shall be calculated on the sum insured of the last completed policy year.
- h. If a claim is made in the expiring policy year and is notified to us after the acceptance of renewal premium, any awarded cumulative bonus shall be withdrawn.

CUMULATIVE BONUS BOOSTER

- The insured person would receive a flat 100% increase in the sum insured on a cumulative basis as a cumulative bonus booster (which is over & above the sum insured accrued as cumulative bonus), for each completed and continuous policy year.
- In any policy year, the accrued cumulative bonus booster shall not exceed 500% of the sum insured available in the expiring policy or renewed policy, wherever sum insured is lower.
- The accrued cumulative bonus booster is unaffected by claims, but there won't be any more 'Cumulative Bonus Booster' the following year.
- Claims under Screening and Vaccination, Wellness Benefit and OPD treatment shall not be considered.
- The cumulative bonus booster under the expiring policy will be lost if the policyholder decides not to renew this optional benefit at the time of policy renewal.
- Restoration of the sum insured shall not be considered while calculating 'Cumulative Bonus Booster'.
- Cumulative Bonus Booster will be available to each insured person, if the policy is issued on an individual basis.
- If the policy is issued on floater basis, then the cumulative bonus booster will be available on floater basis for all insured persons in the family.



Illustration

Year of policy	SI** (in ₹)	CB* (in ₹)	CB Booster (in ₹)	Total SI (in ₹)	Claims status
1 year	5,00,000	-	-	5,00,000	No
2 years	5,00,000	1,25,000	5,00,000	11,25,000	No
3 years	5,00,000	2,50,000	1,00,000	17,50,000	No
4 years	5,00,000	3,75,000	1,50,000	23,75,000	Yes
5 years	5,00,000	2,50,000	1,50,000	22,50,000	No
6 years	5,00,000	3,75,000	2,00,000	28,75,000	No
7 years	5,00,000	5,00,000	2,50,000	35,00,000	No
8 years	5,00,000	5,00,000	2,50,000	35,00,000	No
9 years	5,00,000	5,00,000	2,50,000	35,00,000	Yes
10 years	5,00,000	3,75,000	2,50,000	33,75,000	No

CB* = Cumulative bonus, SI** = Sum Insured



Renewal

- a. The premiums, as per the age slabs/sum insured, and the same would be charged as per the completed age at every renewal.
- b. Any change in premium will be done with the approval of the IRDAI.
 - Revised premium will be applicable for all new proposals
 - Revised premium will be intimated to renewals starting with new plan tenure at least 3 months in advance
 - The existing rates will continue to be applicable for policyholders till the end of ongoing plan tenure
- c. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.
- d. Insured has an option to change the plan, sum insured and optional cover at the time of renewal of the policy, subject to underwriting decisions.

Exclusions

- a. Expenses related to pre-existing disease shall be excluded as per the details mentioned in the policy.
- b. Any disease contracted during the first 30 days from the commencement of the policy, except due to accidental injury.
- c. Joint replacement surgery due to degenerative condition shall be covered after a waiting period of 36 months.
- d. Diseases like Cataract, Benign Prostatic Hypertrophy, Hernia and Tumors shall be covered after a waiting period of 24 months/12 months.
- e. Hazardous or Adventure sports.
- f. All expenses related to Sexually Transmitted Diseases other than HIV/AIDS.

The above list is indicative in nature, please refer to policy wordings for complete details.



WELLNESS BENEFITS

The insured person will be qualified for "Wellness Benefits" under the terms of the policy's current plan. Value-added services and wellness reward points are included in wellness benefits. These services can be obtained from our FG Insure App and will be provided by our wellness partner.

The Wellness benefits are available to all insured individuals over the age of 18. To use the benefits, the insured must register on the FG Insure App using a unique mobile number and the policy number.

While availing the wellness benefits, each insured person expressly agrees that:

1. All decisions regarding availing the wellness benefit, are to be solely made by the insured person.
2. We do not provide or assume responsibility for the wellness benefits, nor do we guarantee their sufficiency, accuracy, or quality. We are also not liable for any actual or alleged errors, omissions, or representations made by any of our wellness partners, nor are we responsible for the results of any actions taken or not taken by the insured person or any other person in reliance thereon.

DOWNLOAD FG INSURE APP TO AVAIL WELLNESS BENEFITS.

- Access to day-to-day wellness features
- Earn wellness reward points
- Get exciting discounts on health and fitness brands



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A. VALUE ADDED SERVICES



Teleconsultation



Webinars



Wellness content






Vouchers

(Fitness / Sports memberships,
Wellness centers,
Diagnostic centers etc)



Health check-up




Sum insured	Tests
 Mini	Complete Blood Count (CBC), Glycosylated Hemoglobin(HbA1C), Electrocardiogram (ECG reported by an MD Physician),Serum Creatinine, Low Density Lipoproteins(LDL), Serum Triglycerides, High Density Lipoproteins(HDL), Serum Cholesterol, Medical examination report including Blood Pressure and BMI(Body Mass Index), Uric Acid, Total Protein, Pulmonary Function Test.
 Medi	Complete Blood Count (CBC) , Glycosylated Hemoglobin(HbA1C), Electrocardiogram (ECG reported by an MD Physician),Serum Creatinine, Low Density Lipoproteins(LDL), Serum Triglycerides, High Density Lipoproteins(HDL), Serum Cholesterol, Medical examination report including Blood Pressure and BMI(Body Mass Index), Serum Glutamic Oxaloacetic Transaminase(SGOT), Serum Glutamic Pyruvic Transaminase(SGPT), Serum Calcium, Uric Acid, Total Protein, Pulmonary Function Test, USG (abdomen)
 Max	Complete Blood Count (CBC) , Glycosylated Hemoglobin(HbA1C), Electrocardiogram (ECG reported by an MD Physician),Serum Creatinine, Low Density Lipoproteins(LDL), Serum Triglycerides, High Density Lipoproteins(HDL), Serum Cholesterol, Medical examination report including Blood Pressure and BMI(Basal Metabolic Index), Serum Glutamic Oxaloacetic Transaminase(SGOT), Serum Glutamic Pyruvic Transaminase(SGPT),Vitamin D, Thyroid function (T3,T4,TSH), Serum Calcium, Uric Acid, Total Protein, Pulmonary Function Test, USG (abdomen)

B. WELLNESS REWARDS POINTS

Insured will be eligible for Reward Points under the Policy. This benefit will help Insured to assess their health status and improve their overall well-being. Insured would have to earn these points by performing an array of wellness activities listed below. These activities done by Insured will determine the points that can be earned. Conditions for earning the reward points:

- Age Eligibility - Everyone from 18 years onwards is eligible.
- There will be no limitation to the number of programmes one can enroll; however, maximum rewards that one can earn in a single Policy Year will be limited to 200 per insured.
- Conditions for earning Reward Points, wherever offered, will be the same for all the customers irrespective of plan opted.

Details of reward points that can be accrued are listed below:

 Criteria	 Frequency allowed	 Max. Points
Enrolment to Wellness	Once/year	15
Stress & Happiness Index score	2 times /year	20
Expert Wellness Assessment	Once/year	40
Participation in FGII organized events (as and when organized) and viewing of FGII Content around wellness	As planned by FGII	20
Lifestyle disease monitor <ul style="list-style-type: none"> • Hypertension – Blood pressure • Obesity – BMI • Diabetes – Hb A1C • Cardiac Health- Sr. Cholesterol, Triglycerides 	Once/year	45
Fitness/ Healthy Lifestyle tracking- (Any one activity) <ul style="list-style-type: none"> • Daily Step tracking (monthly average of 10,000 steps/day) • Burning average of 300 calories per day in a month • Submission of monthly Gym /yoga membership detail • Participation in Marathon, Cyclathon etc. 	Monthly	60
Total points		200





The points earned in a year will be equal to certain percentage of the applicable insured premium as per table below:

Points earned per member per year	% value of points earned
185 - 200	5%
150 -184	4%
100 -149	3%
15 – 99	2%

Conditions applicable for burning of points:

- a. The points earned will float among all members of the family irrespective of the persons who have contributed for earning the points.
- b. Points earned in first year can be carried forward to 2nd or 3rd year in case of long-term policies.
- c. The points can be burned for utilization of following benefits:
 1. Any unutilized reward points shall be applied as discount in premium at the time of renewal of the policy
 2. Availing out-patient consultations through the wellness partner network clinics
 3. Diagnostic tests, preventive tests through the wellness partner network clinics
 4. Purchase of prescribed medicines through online pharmacy having tie up with our wellness partner
 5. Reimbursement of non-medical expenses in case of claim under Benefit
1 (Hospitalization medical expenses)
- d. Any wellness reward points earned by the insured will get expired immediately in case of cancellation of the policy or if the policy is not renewed with us

Other features:

-  There will be **no loading on premium** for adverse claims experience.
-  **Portability and Migration** can be offered as per the guidelines.
-  Instalment facility – option for payment of premium on an **instalment basis is available**.
-  Premium paid by any mode other than cash and demand draft is eligible for tax relief as provided under **Section 80-D of the Income Tax Act**.

DOWNLOAD FG INSURE APP TO AVAIL WELLNESS BENEFITS.

- Access to day-to-day wellness features
- Earn wellness reward points
- Get exciting discounts on health and fitness brands



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BASIS OF CLAIMS PAYMENT

- a. We shall make payments in Indian Rupees only.
- b. Upon the occurrence of covered event that may give rise to a claim under section accidental death cover, the policyholder/insured person or nominee, must intimate us either at the call center or in writing, immediately or within 15 days of occurrence of such insured event.
- c. In the event of your/insured person's death, you/insured person's nominee/legal heir claiming on his/her behalf must inform us immediately and send us a copy of the postmortem report (if any).
- d. Claim documents for pre-hospitalization expenses should be sent to us within 30 days of date of discharge from the hospital.
- e. Claim documents for post-hospitalization expenses should be sent to us within 15 days of completion of treatment.
- f. The mandatory co-payment will be applicable for all the insured persons who are aged 61 years and above at the time of issuance of the first policy with us.
- g. The mandatory co-payment as applicable to the insured person at the inception of the first policy will also be applicable on all subsequent renewals.
- h. The company shall settle or reject a claim within 30 days from the date of receipt of last necessary document.
- i. In case of 'pending' claims, we will ask for submission of incomplete documents.
- j. 'Rejected' claims will be informed to the insured person in writing with reasons for rejection.

DISCOUNTS AND OTHER OFFERS

- a. Individual SI Option – 10% Family discount in case of more than one insured covered under the same policy
- b. Renewal Discount - Any unutilized reward points earned under wellness benefit shall be applied as a renewal discount in premium at the time of renewal of the policy
- c. Long-term discount (applicable in case of single payment for policy term of more than one year)

Number of years	Discount
1 year	Nil
2 years	7.5%
3 years	10%

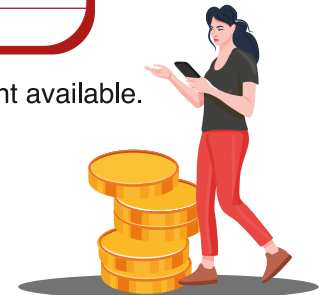
- d. Voluntary deductible applicable under the policy:

1. In the event that a voluntary deductible has been chosen and is in effect under the policy, our liability would exceed the voluntary deductible amount on an aggregate basis for all claims made under the policy, with the exception of claims for OPD treatment and wellness benefits, which include claims relating to any illness.
2. Whenever co-payments are necessary, they are added to the admissible claim amount after any applicable voluntary deductibles have been applied.

Up to ₹10L		₹11L - ₹15L	
Deductible	Discount	Deductible	Discount
₹10,000	8%	₹50,000	15%
₹25,000	15%	₹75,000	20%
₹50,000	20%	₹1,00,000	25%

- e. Instalment Loading: In case of policies which are on long-term basis, facility of instalment available. Given below are the loadings applicable on standard premiums in case of instalments.

Instalment frequency	Loading on standard premiums
Monthly	5%
Quarterly	4%
Half Yearly	3%
Yearly	0%



PREMIUM TABLE

(exclusive of Goods and Services Tax)

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (in ₹)	Sum insured (in ₹)	Premium (in ₹)	Discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)	Premium or consolidated premium for all members of family (in ₹)	Floater discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)
50 years	13,822	5,00,000	13,822	1382	12,440	5,00,000	13,822	5,529	8,293	5,00,000
42 years	10,288	5,00,000	10,288	1029	9,259	5,00,000	10,288	4,115	6,173	
17 years	5,864	5,00,000	5,864	586	5,278	5,00,000	5,864	3,518	2,346	
20 years	7,951	5,00,000	7,951	795	7,156	5,00,000	7,951	4,373	3,578	
27 years	8,640	5,00,000	8,640	864	7,776	5,00,000	8,640	4,320	4,320	
27 years	8,640	5,00,000	8,640	864	7,776	5,00,000	8,640	4,320	4,320	
32 years	9,014	5,00,000	9,014	901	8,113	5,00,000	9,014	4,056	4,958	
35 years	9,014	5,00,000	9,014	901	8,113	5,00,000	9,014	4,056	4,958	
36 years	9,514	5,00,000	9,514	951	8,563	5,00,000	9,514	4,281	5,233	
40 years	9,514	5,00,000	9,514	951	8,563	5,00,000	9,514	4,281	5,233	
52 years	21,020	5,00,000	21,020	2102	18,918	5,00,000	21,020	8,408	12,612	
57 years	27,541	5,00,000	27,541	2754	24,787	5,00,000	27,541	9,639	17,901	
65 years	46,454	5,00,000	46,454	4645	41,809	5,00,000	46,454	16,259	30,195	
65 years	46,454	5,00,000	46,454	4645	41,809	5,00,000	46,454	16,259	30,195	
70 years	65,372	5,00,000	65,372	6537	58,835	5,00,000	65,372	0	65,372	
Total Premium for all members of the family is ₹2,99,101/-, when each member is covered separately.			Total Premium for all members of the family is ₹2,69,191/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹2,05,686/-			
Sum insured available for each individual is ₹5,00,000			Sum insured available for each family member is ₹5,00,000				Sum insured of ₹5,00,000 is available for the entire family.			

Note - Premium illustration is based on SI of ₹5,00,000, OPD limit of ₹3000 and Lasik limit of ₹30,000 with waiting period of 2 years for PED and listed illnesses, no capping for room rent and pre & post hospitalization of 30 and 90 days respectively.

- Premiums may vary with respect to plan and sum insured opted by the insured.
- Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – online (website) sales discount, etc.
- In case premium is paid on instalment basis, the loading will be applicable accordingly.
- Premium rates are exclusive of goods and services tax applicable.

For premium with optional covers please refer the below link on website.

<https://general.futuregenerali.in/downloads/health-insurance/fg-d-i-y-health-insurance/prospectus-forms/diy-health-prospectus.pdf>

For any claim related enquiries, please contact us at the following address:

Claims Department
Future Generali India Insurance Co. Ltd.
Office No. 3, 3rd Floor, "A" Building, G - O - Square
S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.
Toll Free Number: 1800 103 8889
Toll Free Fax: 1800 103 9998
Email: fgf@futuregenerali.in
Website: <https://general.futuregenerali.in/>

Future Generali India Insurance Company Limited (IRDAI Regn. No.: 132) (CIN: U66030MH2006PLC165287)

Regd. and Corp. Office: Unit No. 801 and 802 8th floor, Tower C, Embassy 247 Park,
L.B.S. Marg, Vikhroli (W), Mumbai – 400083

Fax: 022-4097 6900 | Email: fgcare@futuregenerali.in.
Call us at: 1800-220-233 | 1860-500-3333 | 022-67837800

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