

PROSPECTUS

FUTURE HEALTH SURAKSHA

I. SALIENT FEATURES OF THE POLICY

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II. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1) Standard definition

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any one Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing Home where treatment was taken.
3. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
4. **¹AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a) Central or State Government AYUSH Hospital; or
 - b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **²AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
6. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
7. **Condition Precedent** shall mean a **Policy** term or condition upon which the **Insurer's** liability under the **Policy** is conditional upon.
8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly - Congenital Anomaly** which is not in the visible and accessible parts of the body.
 - b. **External Congenital Anomaly - Congenital Anomaly** which is in the visible and accessible parts of the body.

¹ Inserted definition of AYUSH Hospital

² Inserted definition of AYUSH Day Care

9. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
10. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
11. **Day care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under -
 - a. has qualified nursing staff under its employment;
 - b. has qualified medical practitioner/s in charge;
 - c. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
12. **Day care treatment** means medical treatment, and/or surgical procedure which is:
 - a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - b. which would have otherwise required hospitalization of more than 24 hours.
 Treatment normally taken on an out-patient basis is not included in the scope of this definition.
13. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
14. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
15. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact.
16. **Domiciliary hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
 - i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - ii. the patient takes treatment at home on account of non-availability of room in a hospital.
17. **Emergency care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
18. **Grace period** means the specified period of time, immediately following the premium due date during which premium a payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available for during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurer shall offer coverage during the grace period, if the premium is paid in installments during policy period.

19. **Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
20. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive '**In- patient Care**' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
21. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - (i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - (ii) it needs ongoing or long-term control or relief of symptoms
 - (iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - (iv) it continues indefinitely
 - (v) it recurs or is likely to recur
22. **Injury** means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
23. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.
24. **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
25. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU

bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

26. **Maternity expenses means:**
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - expenses towards lawful medical termination of pregnancy during the policy period.
27. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
28. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
29. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.
30. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
31. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of **group** Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer
32. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
33. **New Born baby** means baby born during the Policy Period and is aged upto 90 days.
34. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
35. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
36. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
37. **Portability** means the right accorded to an individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
38. **Pre-Existing Disease** means any condition, ailment or injury or disease:
- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement, or
 - For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the policy or its reinstatement.
39. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
40. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
41. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
42. **Reasonable and Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
43. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
44. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
45. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
46. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.

2) Specific definition

47. **Associated Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner. In case of copayment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include :
- Cost of pharmacy and consumables;

- b. Cost of implants and medical devices
- c. Cost of diagnostics

48. **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
49. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
50. **Diagnostic Centre** means the diagnostic centers which have been empanelled by Us as per the latest version of the Schedule of diagnostic centers maintained by Us, which is available to You on request.
51. **Family** means and includes You, Your Spouse / Live-in partner, Your up to 4 dependent children up to the age of 25 years and two dependent parents in the Individual Policy.
Or You, Your Spouse/ Live-in partner & Your up to 3 dependent children up to the age of 25 years in the Family Floater Policy
52. **Hazardous Activities** mean recreational or occupational activities which pose high risk of injury
53. **Live-in Relationship** shall, for the purpose herein, mean an arrangement between two unmarried adult persons, who consent to living together in a long term relationship that is in the nature of a marriage.
54. **Live-in Partner** shall, for the purpose herein, means either half of the two unmarried adult persons of any gender and irrespective of the sexual orientation, who have consensually chosen to reside jointly with the other adult person, in a long term relationship and in the same residence. For the purpose of clarity, it is, hereby, mentioned that this definition shall be construed to include persons belonging to the LGBT community, wherein the scope of LGBT shall be in accordance with the standings laws of India, as may be in force from time to time.
55. **LGBT** will mean and include a sexual orientation / gender expression as defined below
 - a) Lesbian: means a woman who has the capacity to form enduring physical, romantic, and/ or emotional attractions or sexual attraction towards other woman.
 - b) Gay: means a man who has the capacity to form enduring physical, romantic, and/ or emotional attractions or sexual attraction towards other man.
 - c) Bisexual: A person who has the capacity to form enduring physical, romantic, and/ or emotional attractions to those of the same gender or to those of opposite gender.
 - d) Transgender: means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as kinner, hijra, aravani and jogta
56. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
57. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
58. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
59. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted
60. **Prospect** means any person who is a potential customer of an insurer and likely to enter into an insurance contract either directly with the insurer or through a distribution channel.
61. **Prospectus** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products.
62. **Schedule** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured. Any Annexure or Endorsement to the **Schedule** shall also be a part of the **Schedule**.
63. **Sum Insured** means the amount specified in the Schedule which is Our maximum, total and cumulative liability under this Policy for any and all claims arising under this Policy in a Policy Year in respect of the Insured Person(s).
64. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
65. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

Please note

- a) Insect and mosquito bites is not included in the scope of definition of Accident.
- b) Medical Expenses would include both medical treatment and/ or surgical treatment

III. Scope of Cover

We shall pay the following **Medical expenses** for medically necessary treatment, **Reasonable and Customary Charges** incurred for **Hospitalisation**:

1. **Room rent, Board & Nursing Expenses as provided by the Hospital/ Nursing Home**
 - a. Gold (for Sums Insured ₹ 50000/-, ₹ 1 lakh and ₹ 1.5 lakhs) - up to 1% of the **Sum Insured** (excluding Cumulative Bonus) per day for non-ICU room. If admitted into Intensive Care Unit (ICU) up to 2% of the **Sum Insured** per day. All admissible claims under section III. (1) during the **Policy year**, shall be payable maximum up to 35% of the **Sum Insured** per claim.
 - b. Gold (for Sums Insured ₹ 2 lakhs and above) – As per actuals.
 - c. Platinum Plan – As per actuals.
 - d. Topaz and Ruby Plans – up to 1% of the **Sum Insured** (excluding Cumulative Bonus) per day for non-ICU room.
 - i. For Topaz and Ruby Plans, in case **You** or insured person opts for a room with rent higher than the entitled room limit, the following co-payment will be applicable on the Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics)

Applicable for Topaz and Ruby Plans								
Co-payment in case of admission in room with higher room rent is as below								
Sum insured	100000	200000	300000	400000	500000	600000	750000	1000000
Applicable limit on the sum insured (Excluding Cumulative Bonus)	1%	1%	1%	1%	1%	1%	1%	1%
Applicable room rent	1000	2000	3000	4000	5000	6000	7500	10000
Admission in higher room rent								
above 500 to 1000	0%	0%	0%	0%	0%	0%	0%	0%
above 1000 to 2000	10%	0%	0%	0%	0%	0%	0%	0%
above 2000 to 3000	15%	10%	0%	0%	0%	0%	0%	0%
above 3000 to 4000	20%	15%	10%	0%	0%	0%	0%	0%
above 4000 to 5000	20%	20%	15%	10%	0%	0%	0%	0%
above 5000 to 6000	25%	25%	20%	15%	10%	0%	0%	0%
above 6000 to 7000	25%	25%	25%	20%	15%	10%	0%	0%
above 7000 to 8000	25%	25%	25%	20%	20%	15%	0%	0%
above 8000 to 9000	25%	25%	25%	20%	20%	20%	10%	0%
above 9000 to 10000	25%	25%	25%	25%	20%	20%	15%	0%
above 10000	25%	25%	25%	25%	25%	25%	20%	10%

- Room, Boarding and Nursing Expenses as provided by the Hospital/ Nursing Home up to 1% of Sum Insured per day (Excluding Cumulative Bonus) or actual, whichever is lower
- During your hospital stay if at any time you are admitted in a Non-ICU room having room rent of more than the defined limit then the co-payment shall be applicable on the total Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics)
- If a person is admitted in ICU any time during the hospitalisation and later shifted to Non-ICU room within the defined room rent limit, no co-payment shall apply and in case shifted to Non-ICU room with higher room rent limit, co-payment shall be applicable on the Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics) applicable to Non-ICU room.
- Co-payment is not applicable in case of admission in an ICU room having room rent more than the defined limit.
- If a person is admitted only in ICU during entire hospitalisation, no co-payment shall apply.
- Copayment on Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics) for opting a Non-ICU room with higher room rent limit is not applicable for those hospitals where differential billing based on the room category is not adopted.

- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees**
 - Gold (for Sums Insured ₹ 50000/-, ₹ 1 lakh and ₹ 1.5 lakhs) - up to 35% of the **Sum Insured** (excluding Cumulative Bonus) per claim.
 - Gold (for Sums Insured ₹ 2 lakhs and above) - As per actuals.
 - Platinum Plan – As per actuals.
- Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any Medical expenses incurred which is integral part of the operation**
 - Gold (for Sums Insured ₹ 50000/-, ₹ 1 lakh and ₹ 1.5 lakhs) - up to 40% of the **Sum Insured** (excluding Cumulative Bonus) per claim.
 - Gold (for Sums Insured ₹ 2 lakhs and above) - As per actuals.
 - Platinum Plan – As per actuals.
- Pre-Hospitalisation Medical expenses – We shall pay for Medical expenses** incurred with respect to the **Insured Person** for up to 60 days immediately prior to date of admission of **Insured Person** into the **Hospital**, provided that We have accepted a claim for Inpatient-Hospitalisation Expenses
 - Gold and Platinum Plans – As per actuals
 - Topaz and Ruby Plans – up to 1% of the **Sum Insured** (excluding Cumulative Bonus)
- Post-Hospitalisation Medical expenses– We shall pay for Medical expenses** incurred with respect to the **Insured Person** for up to 90 days after the date of discharge of **Insured Person** from the **Hospital**, provided that We have accepted a claim for Inpatient- Hospitalisation Expenses
 - Gold and Platinum Plans – As per actuals
 - Topaz and Ruby Plans – up to 1% of the **Sum Insured** (excluding Cumulative Bonus)
- Day Care expenses – We shall pay for expenses** incurred under **Day Care Treatment** requiring less than 24 hours of **Hospitalisation** as per the list attached in the Policy Wordings.
- Ambulance charges** - up to a maximum of amount specified in the Schedule of Benefits, per **Hospitalisation** will be reimbursed to **You** on producing the bills in original.
- Free medical check-up** - At the end of every continuous period of 4 years during which **You** have held **Our Future Health Suraksha Policy** without making a claim, **You** may apply to **Us** for a free medical check-up (Physician's Consultation, ECG, Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, Lipid Profile, Sr. Creatinine, SGOT, SGPT, GGTP) at **Our** Diagnostic Center, the location of which **We** will specify at the time of **Your** application. For the avoidance of doubt, **We** shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).
 - In case of Individual policy, the benefit will be available for all insured persons who were already covered under the Policy.
 - In case of family floater policy, the benefit will be available for two of the insured persons covered under the Policy.
- Patient Care – Available for persons above 60 years, We shall provide payment for the nursing charges** by a qualified nurse if necessary and recommended by the treating physician immediately after discharge from the **Hospital**, up to the amount specified in the Schedule of Benefits, up to a maximum of 10 days per **Hospitalisation** subject to maximum of 30 days during the **Policy Year**. This cover is over and above the **Hospitalisation** sum insured.
- Accidental Hospitalisation – In case of Hospitalisation following an Accident, the limits under the Policy shall increase by 25% of the balance Sum Insured** available subject to maximum of ₹ 1 Lakh irrespective of number of claims in a **Policy Year**.
- Hospital Cash – We shall make payments of ₹ 500/- for each completed day of Hospitalisation** subject to maximum of 60 days during the

Policy Year. This benefit is applicable for **Platinum plan and Ruby plan** with **Sum Insured ₹ 6 lakhs** and above. This benefit is over and above the **Hospitalisation** sum insured.

12. **Accompanying Person** - We shall make payment of ₹ 500/- for each completed day of Hospitalisation for the Accompanying Person of an **Insured Person** provided that the Insured Person is a **Dependent Child** of age up to 10 years and is undergoing Medically Necessary **Hospitalisation** due to an **Injury** or **Illness** that occurred during the **Policy Period**. We will not make payment under this Benefit in respect of an Insured Person for more than 30 days in any **Policy Year**.

Accompanying person means and includes mother, father, grandfather, grandmother and any immediate **Family** member. This benefit is over and above the **Hospitalisation** sum insured.

13. **Organ Donor Expenses** – We will pay the Reasonable and Customary Charges incurred for an organ donor's treatment for the harvesting of the organ donated provided that:
- The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
 - We will not pay the donor's screening expenses or pre and post hospitalisation expenses or for any other medical treatment for the donor consequent on the harvesting
 - We have accepted claim under hospitalisation for the Insured Person and the Insured Person has been Medically Advised to undergo an organ transplant;
 - Costs directly or indirectly associated with the acquisition of the donor's organ will not be covered.
 - These expenses shall be covered under the recipient's policy.

14. **Recharge of Sum Insured**

Recharge benefit is applicable for all plans, where the basic Sum Insured opted is 3 Lakhs and above. If the Basic Sum Insured and Cumulative Bonus (if any) is exhausted due to claims made and paid during the Policy Year, then We are in agreement to automatically re-instate the Sum Insured up to 100%, once in a policy year which is valid for that Policy Year only, subject to conditions specified below:

- A claim will be admissible under this Benefit only if the claim is admissible under In-patient Hospitalization or Day Care Treatment.
- The recharge shall be utilised only after the Sum Insured, Cumulative Bonus has been completely exhausted in that Policy Year.
- The recharge shall be available only for all future claims for that Insured Person during that Policy Year. (Irrespective of whether the claim is for the same ailment for which he/she has claimed).
- Cumulative Bonus shall not be considered while calculating the Recharge.
- Any unutilized recharge cannot be carried forward to any subsequent Policy Year.
- If the Policy is issued on Individual basis, then the recharge will be available to each insured person and can be utilised by Insured Persons who stand covered under the Policy before the Sum Insured was exhausted.
- If the Policy is issued on Floater basis, then the recharged sum insured will be available on Floater basis for all Insured Persons in the family.
- The waiting periods, the standard exclusions and the standard limits shall be applicable for the recharged sum insured.

IV. **Exclusions**

1. **Waiting Periods**

All **Illnesses** and treatments shall be covered subject to the waiting periods specified below:

a) **Pre-Existing Disease- Excl 01**

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

b) **Specified disease/procedure waiting period- Code- Excl02**

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/ 24/ 36 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures:

i. **Waiting period of 36 months:**

- Organ transplant
- Joint replacement **Surgery** due to Degenerative condition
- Age related Osteoarthritis and Osteoporosis unless such joint replacement **Surgery** is necessitated by accidental Bodily **Injury**

ii. **Waiting period of 24 months:**

- Cataracts
- Benign Prostatic Hypertrophy
- Hernia of all types, Hydrocele
- Para nasal sinuses
- Deviated Nasal Septum, Fistulae
- Hemorrhoids
- Fissure in ano, Dysfunctional Uterine Bleeding
- Fibromyoma
- Endometriosis
- Hysterectomy

- k. All internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumor or growth
 - l. **Surgery** for prolapsed inter vertebral disc unless arising from **Accident**.
 - m. **Surgery** of Varicose Veins, Varicose Ulcers
 - n. **Congenital Internal Illness/ disease/ defect anomaly**.
- iii. **Waiting period of 12 months:**
- a. Any types of gastric or duodenal Ulcers
 - b. Stones in the Urinary and Biliary systems
 - c. **Surgery** on ears/ tonsils/ adenoids.
- iv. **30 days waiting period Excl -03**
- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
2. **Standard Exclusions**
- We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:**
- a) **Investigation & Evaluation- Code- Excl04**
 - i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 - b) **Rest Cure, rehabilitation and respite care- Code- Excl05**
Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - (i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - (ii) Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.
 - c) **Obesity/ Weight Control: Code- Excl06**
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
 - d) **Change-of-Gender treatments: Code- Excl07**
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 - e) **Cosmetic or Plastic Surgery: Code- Excl08**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 - f) **Hazardous or Adventure sports: Code- Excl09**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
 - g) **Breach of law: Code- Excl10**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
 - h) **Excluded Providers: Code- Excl11**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/ notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
 - i) **Code- Excl12**
Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
 - j) **Code- Excl13**
Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
 - k) **Code- Excl14**
Dietary supplements and substances which are available naturally and that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedures.
 - l) **Refractive Error: Code- Excl15**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
 - m) **Unproven Treatments: Code- Excl16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

n) **Birth control, Sterility and Infertility: Code- Excl17**

Expenses related to Birth Control, sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

o) **Maternity : Code Excl 18**

- i. Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean section incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during policy period.

3. **Specific exclusion :-**

We will not pay for any expenses incurred by **You** in respect of claims arising out of or howsoever related to any of the following:

- p) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an **Accident**.
- q) Vaccination/ inoculation (except as post bite treatment).
- r) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the **Hospital**.
- s) Dental treatment or **Surgery** of any kind unless requiring **Hospitalisation** as a result of accidental Bodily **Injury**.
- t) Venereal /Sexually Transmitted disease other than HIV/AIDS, intentional self-**Injury**.
- u) Congenital External **Illness/** disease/ defect anomaly.
- v) ³Costs incurred on all methods of treatment except AYUSH and Allopathic treatments.
- w) Stem cell storage.
- x) Expenses related to donor screening, treatment, excluding Surgery to remove organs from the donor in case of a transplant Surgery. We will also not pay donor's pre and post Hospitalisation expenses or any other medical treatment for the donor consequent to Surgery.
- y) Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy.
- z) Doctor's home visit charges during pre and post Hospitalisation period, Attendant Nursing charges unless more than 60 years as specified in the Patient Care benefit Section III. (9).
- aa) Domiciliary hospitalization/treatment
- bb) Treatment outside India.
- cc) **Injury** or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
- dd) **Injury** or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
- ee) Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
- ff) Standard list of excluded items as mentioned in Annexure 1 and on our website <https://general.futuregenerali.in>
- gg) Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured.

V. Eligibility

Age limit

- Age at entry is restricted to 70 years.
- Children above age of 90 days are eligible if the parent(s) are concurrently insured with Future Generali India Insurance Company Limited.
- Children will be covered as dependents up to the age of 25 years.

Minimum Policy Term	1 year
Maximum Policy Term	3 Year
Minimum Age at entry	90 Days
Maximum Age at entry	70 Years
Renewal	Lifelong

Pre-insurance medical examination is not required for any proposer, up to the age of 50 years, irrespective of the sums insured subject to the proposal form is clean (without health declaration).

If any of the member is of the age up to 55 years with sum insured up to ₹ 3 lacs then no pre-acceptance medical test is required.

In case the policy is issued for that particular client, the client is eligible for 100% of reimbursement of pre-insurance medical tests charges.

All pre-acceptance medical tests will have to be done in Future Generali empanelled diagnostic centers only. The reports would be valid for a period of 30 days from the date of test conducted.

We shall maintain a list of, and the fees chargeable by, institutions where such pre-insurance medical examination may be conducted, the reports from which will be accepted by **Us**. Such list shall be furnished to the prospective policyholder at the time of pre-insurance medical examination.

VI. Sum Insured

1. The minimum sum insured that can be offered is ₹ 50,000/-
2. The maximum sum insured that is available is up to ₹ 10 lacs

Sums Insured Available in the product are as below:

³ Modified the wording to cover AYUSH treatment into the scope of the Product

	Plans Options						
	Gold Plan			Platinum Plan	Topaz Plan	Ruby Plan	
Sum Insured options (in ₹)	50,000*, 1 L*, 1.5 L*	2 L, 2.5 L	3 L, 3.5 L, 4 L, 4.5 L, 5 L	6 L, 7.5 L, 8 L, 9 L, 10 L	1 L*	2L, 3 L, 4 L, 5 L	6 L, 7.5 L, 10 L
Sum Insured basis – Individual or Family Floater	Individual	Both – Individual and Family Floater			Individual	Both – Individual and Family Floater	
* Note – Sum insured of ₹ 50000, 100000, 150000 will be applicable only for Children up to age of 25 years.							

VII. General Terms and Clauses

I. Standard General Terms and Clauses

1. Disclosure to information norm:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy

3. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf

4. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf

5. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

6. Multiple Policies

- In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.
- This section is not applicable to the Hospital Cash benefit payable in case of Platinum Plan and Ruby Plan.

7. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

8. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

9. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

10. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

11. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website: <https://general.futuregenerali.in/>

Toll Free: 1800-220-2333 / 1860-500-3333 / 022-67837800

Email: Fgcare@futuregenerali.in

Courier: Grievance Redressal Cell, Future Generali India Insurance Company Ltd.

Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at fggro@futuregenerali.in or call at: 7900197777

For updated details of grievance officer, kindly refer the link <https://general.futuregenerali.in/customer-service/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - <https://bimabharosa.irdai.gov.in/>

12. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

13. Possibility of Revision of Terms of the Policy Including the Premium Rates

- The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
- The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the IRDAI. However such revised premiums would be applicable only from subsequent Renewals and with due notice whenever implemented.

II. Specific General Terms and Clauses

1. Condition Precedent to the contract

(i) Zone wise Premium payment

- a) Premium will be calculated based on the Sum Insured opted, Age and Zone.
- b) Default Zone of Cover will be based on location of **Your** residence.
- c) All Premiums are age based and will vary as per the change in age group.
- d) Zone Classification:

Zone Classification	Areas covered
Zone 1	Mumbai, Navi Mumbai, Thane, Panvel, Pune, Delhi & NCR, Surat, Vadodara, Ahmedabad, Anand, Gandhinagar, Indore and Bangalore.,
Zone 2	Kolkata, Chennai, Hyderabad, Trivandrum, Cochin, Rest of Gujarat.
Zone 2	Rest of India

*Please note the Cities/Towns that fall under respective Zones shall be identified as per the updated/ latest Jurisdiction defined by Government.

- e) Zonal Co-payment-

If the treatment is in higher zone than the policyholder's selected zone (for which policy holder has paid the premium), co-payment will be applicable as per below:

If you select Zone 1, then no co-payment will apply for treatment in Zone 1, Zone 2, or Zone 3.

If You select Zone 2, then 10% Co-payment will apply for treatment in Zone 1.

If You select Zone 3, then 20% Co-payment will apply for treatment in Zone 1 and Zone 2.

2. Conditions applicable during the contract

I. Due Care

Where this **Policy** requires **You** to do or not to do something, then the complete satisfaction of that requirement by **You** or someone claiming on **Your** behalf is a precondition to any obligation under this **Policy**. If **You** or someone claiming on **Your** behalf fails to completely satisfy that requirement, then **We** may refuse to consider **Your** claim. **You** will cooperate with **Us** at all times.

II. Insured

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**. The details of the Insured are as provided by **You**. A person may be added as an insured during the **Policy Period** after his application has been accepted by **Us**, an additional premium has been paid and **Our** agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured.

III. Cost of pre-insurance medical examination

We will reimburse 100% of the cost of any pre-insurance medical examination conducted at our empanelled diagnostic center, once the Proposal is accepted and the Policy is issued for that Insured Person.

IV. Communications

- Any communications, notifications or declarations meant for **Us** must be in writing and delivered to **Our** address specified in the Schedule.
- Any communication meant for **You** will be sent by **Us** to **Your** address shown in the Schedule. You must notify **Us** immediately of any change in **Your** address.
- Our** agents are not authorized to receive communications, notices or declarations on **Our** behalf.

V. Cancellation

- The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

A. Premium paid in Single Instalment

- In case the Policy Period is one year, the Company shall refund premium for the unexpired policy period as detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- In case the **Policy Period** exceeds one year, **We** shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%.

B. Premium paid in Multiple Instalments

- In case the Policy Period is one year, with instalment premium, the cancellation shall be as follows:

Instalment Frequency	Cancellation request received	Rate of Premium refunded
Monthly	Anytime	No Refund
Quarterly	1 st Quarter	12.5% of the respective quarter premium
	2 nd Quarter	12.5% of the respective quarter premium
	3 rd Quarter and above	No Refund
Half-Yearly	Up to 3 months	25% of the half-yearly instalment premium
	Above 3 months to 6 months	12.5% of the half-yearly instalment premium
	Above 6 months	No refund

- In case of Policy Period more than one year, with instalment premium, the cancellation shall be as follows:

Instalment Frequency	Cancellation request received	Rate of Premium refunded
Monthly	Anytime within the Policy Period	No Refund
Quarterly	1 st Quarter of 1 st Policy Year	12.5% of the respective quarter premium
	2 nd Quarter of 1 st Policy Year	12.5% of the respective quarter premium
	3 rd Quarter of 1 st Policy Year and above	No Refund
Half-Yearly	Up to first 3 months of the 1 st Policy Year	25% of the half-yearly instalment premium
	Above first 3 months to 6 months of the 1 st Policy Year	12.5% of the half-yearly instalment premium
	Above first 6 months of the 1 st Policy Year and thereafter	No refund

II. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

III. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

IV. In case of one-year or long-term policies with single premium payment, in the event of death of an insured member in a particular policy year, the corresponding premium for the insured person for the subsequent (unutilized) Policy period(s) shall be refunded under both individual and floater policies, if there has been no claim in the underlying policy year by the deceased member. If there has been a claim in the underlying policy year by the deceased member, the subsequent (unutilized) policy year(s) premium of the deceased member shall not be refunded.

V. Similarly, in the case of one-year and long-term policy with instalment premium option, in the event of death of any insured person in a particular Policy Year, the coverage for deceased person shall not continue for subsequent Policy period(s) and subsequent policy period(s) instalment premium for the deceased person shall not be applicable. If deceased person has not given a claim in the underlying policy year, the deceased member's premium for the underlying instalment period shall be refunded on pro-rata basis

VI. **Policy Period**

The **Policy** can be issued for tenure of 1 year, 2 years and 3 years.

VII. **Territorial Limits and Law**

- a) **We** cover Accidental Bodily **Injury** or sickness sustained by the Insured Person during the **Policy Period** anywhere in India.
- b) All medical/ surgical treatments including investigations under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency (Indian Rupees).
- c) The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.
- d) The **Policy** constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by **Us**, which approval shall be evidenced by an endorsement on the **Schedule**.

VIII. **Special Conditions applicable for Policies issued with Premium Payment on Instalment Basis.**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay in case of monthly instalment premium and grace period of 30 days shall be given to pay in case of quarterly / Half Yearly installment premiums, due for the policy..
- ii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iii. No interest will be charged If the instalment premium is not paid on due date
- iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
- vii. The payment will be accepted through E-NACH / ACH/ ECS / any other mode approved by Government of India.
- viii. On successful registration for the mandate/ E-NACH/ any other mode approved by Government of India, the premium shall be auto debited as per the frequency opted.
- ix. In case of withdrawal of E-NACH/ ACH/ ECS / any other mode approved by Government of India, a written communication will be required from policyholder.
- x. In case there is failure in transaction in E-NACH/ ACH/ ECS mode/ any other mode approved by Government of India or the instalment premiums are not received within the grace period, the Policy will get cancelled. A fresh policy with all waiting periods would be issued.
- xi. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered.
- xii. Given below are the loadings applicable on Standard premiums in case of installments

Instalment frequency	Loading on standard premiums
Monthly	5%
Quarterly	4%
Half-yearly	3%

IX. **4AYUSH Coverage:**

Expenses incurred on hospitalization due to accident and illnesses, under AYUSH systems of medicine shall be covered. However, all preventive and rejuvenation treatments which are non-curative in nature shall not be covered.

3. **Conditions when a claim arises**

A. **Claims Procedure**

If You meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

- a) Cashless treatment is only available at a Network Provider. In order to avail cashless treatment, the following procedure must be followed by **You**:
 - (i) For availing cashless at a Network Provider, We must be called at Our call centre and a request for pre-authorization must be made by way of the written form prescribed by Us.
 - (ii) After considering the request and obtaining any further information or documentation that We have sought, We may, if satisfied, send the Network Provider an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Provider identified in the pre-authorization letter at the time of the Insured Person's admission to the Hospital.
 - (iii) If the above procedure is followed, You will not be required to directly pay for those Medical Expenses to the Network Provider that We are liable to indemnify under this Policy. The original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorization does not guarantee that all costs and expenses that are incurred will be covered. We reserve the right to review each claim for Medical Expenses incurred and accordingly coverage will be determined according to the terms, conditions and exclusions of this Policy. All other costs and expenses that are not covered under this Policy must be settled directly with the Network Provider and We shall have no liability in this regard.
- b) If pre-authorization as above is denied by **Us** or if treatment is taken in a **Hospital** which is Non-Network or if **You** do not wish to avail cashless facility, then:
 - (i) We must be given Notification of Claim in writing immediately and in any event within 48 hours of the commencement of the Illness or Injury. You must immediately consult a Medical Practitioner and follow the advice and treatment that he/she recommends. **You** must take reasonable steps or measures in good faith to minimise the quantum of any claim that may be made under this **Policy**.
 - (ii) **You** must have **Yourself** examined by **Our** medical advisors if **We** ask, the cost for which will be borne by **Us**.
 - (iii) **You** or someone claiming on **Your** behalf must promptly and in any event within 15 days of discharge from a **Hospital** give **Us** the necessary documents, including written details of the quantum of any claim along with all original supporting documentation, including but not limited to the following, and other information **We** ask for, to investigate the claim for **Our** obligation to make payment for it:
 - a. The claim form specified by Us duly completed and signed by the claimant or a family member;
 - b. first consultation letter;
 - c. first prescription from the Medical Practitioner;
 - d. original vouchers;
 - e. original Hospital bills giving a detailed break up of all expense heads mentioned in the bill;

⁴ Clause number IX newly inserted to cover AYUSH treatments at par with Allopathic Treatments, wherever applicable, in the product to provide an option for the Insured Persons to choose treatment of their choice

- f. Money receipt duly signed with a revenue stamp;
 - g. birth/death certificate (as applicable);
 - h. the original Hospital discharge card;
 - i. all original laboratory and diagnostic test Reports such as X-Ray, E.C.G, USG, MRI Scan, Haemogram etc;
 - j. If medicines have been purchased in cash and if this has not been reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner and the supporting medicine bill from the chemist;
 - k. If diagnostic or radiology tests have been paid for in cash and it has not been reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner advising the tests, the actual test reports and the bill from the diagnostic centre for the tests.
- (iv) In the event of Your/Insured Person's death, You/Insured Person's nominee/legal heir claiming on his/her behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.
- (v) The periods for intimation as stipulated under Section VII. II. 3. A. b (i), or submission of any documents as stipulated under Section VII. II. 3 A. b (iii) and Section VII. II. 3. A. b (iv) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

c) Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
- v. Our Claims team will scrutinize the claims on the receipt of the last necessary documents specified in Section VII. II. 3 A. b (iii) above
- vi. In case of 'pending' claims, We will ask for submission of incomplete documents.
- vii. 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.

B. Basis of claims payment

a) Claims related to Any One Illness

All claims relating to Any One Illness shall be deemed to be part of the same original claim.

b) Claims for Day Care Treatment

The Day Care Treatments listed are subject to the exclusions, terms and conditions of the **Policy** and will not be treated as independent coverage under the **Policy**.

c) Claims related to Surgery for cataract

For Gold and Platinum plans, **Our** obligation to make payment in respect of **Surgery** for cataracts (after the expiry of the 2 year period referred to in Exclusion IV. 1 b) iii. above, shall be restricted to 10% of the **Sum Insured** for each eye, subject to a minimum of Rs 15000 (or the actual incurred amount whichever is lower) and maximum of Rs 50,000/- per eye. This will be **Our** maximum liability irrespective of the number of Future Health Suraksha policies **You** hold.

For Topaz and Ruby plans, Our obligation to make payment in respect of **Surgery** for cataracts (after the expiry of the 2 year period referred to in Exclusion IV.1 b) iii. above, shall be restricted to the sub-limits table, mentioned in Annexure 4 (Sub-limits table).

d) Disease wise sub-limits applicable under the policy

For Topaz and Ruby Plans, Sub limits will be applicable for listed diseases as mentioned in Annexure 4 (Sub-limits table).

e) Mandatory Sub limits for Modern Treatment Methods and Advancement in Technologies

The Medical Expenses incurred for the below listed treatments or procedures, as inpatient or as day care treatment (inclusive of pre and post hospitalization), is restricted to 50% of the sum insured opted and Cumulative Bonus (if any), per policy period. These Sub limits are applicable for all Plans under the product.

- i. Uterine Artery Embolization and HIFU
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal Antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM - (Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

C. Policy Currency

We shall make payment in Indian Rupees only.

D. Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

4. Conditions for renewal of the contract

(i) Renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience
- vi. Future Health Suraksha Policy shall be renewable lifelong
- vii. In case of a Renewal within Grace Period of 30 days Policy will be considered as continuous for the purpose of all waiting periods and Health Check-up benefit.
- viii. For Renewal Proposal received after completion of Grace Period of 30 days, all waiting periods would apply afresh.
- ix. The brochure/ prospectus mentions the premiums as per the age slabs/ Sum Insured and the same would be charged as per the completed age at every Renewal.
- x. If any **Dependent Child** has completed 25 years at the time of **Renewal**, then such person can be covered under a separate policy. The **Cumulative Bonus** will be passed on to the separate policy taken by such person
- xi. No increase/ decrease in Sum Insured during the currency of the **Policy**. However increase/decrease in Sum Insured or change in cover, will be allowed at the time of Renewal of the Policy. **You** can submit a request for the changes by filling the **Proposal** before the expiry of the Policy
- xii. In case of enhancement of sum insured the waiting period shall apply afresh to the extent of sum insured increase.

(ii) **Cumulative Bonus**

- a) **We** will provide cumulative bonus for every claim free year. **We** shall increase in the **Sum Insured** by 10% towards Cumulative Bonus for every claim free year on the basic **Sum Insured** up to the maximum of 50% of the sum insured.
- b) In case of a claim in the **Policy**, the Cumulative Bonus will get reduced by 10% for each claim year. Increase/ Reduction in cumulative bonus will depend on the claims in the previous year, but the base **Sum Insured** (excluding cumulative bonus amount if any) of the **Policy** issued by **Us** shall be preserved.
- c) In case You have opted for the 'Family Floater' option as specified in the Schedule, the Cumulative Bonus so applied will only be available to those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.
- d) The Cumulative Bonus is provisional and is subject to revision if a claim is made in respect of the expiring Policy Year, which is notified after the acceptance of Renewal premium, such awarded Cumulative Bonus shall be withdrawn.

VIII. Mandatory Disclosures

- a) **Your** Future Health Suraksha **Policy** shall be renewable lifelong if renewed continuously without any break in insurance.
- b) The brochure/ prospectus mentions the premium rates as per the age slabs/ Sum Insured.
 - i. For individual plan Insured would be charged as per the completed age at every renewal.
 - ii. For Family floater plan premium would applicable as per the completed age of the eldest member in the family at every renewal.
- c) The premiums as shown in the prospectus/ brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent **Renewals** and with due notice whenever implemented.
- d) **Renewals** will not be refused or cancellation will not be invoked by **US** except on ground of fraud, moral hazard, misrepresentation or non-cooperation by the insured. If **You** prefer to cancel the **Policy** the cancellation will be on short period basis.
- e) There will be no loading on premium for adverse claims experience.
- f) Medical loading on premium will be applicable on basis of findings in pre-insurance medical examination.
- g) Family discount of 10% is applicable in case more than one family member is covered on individual sum insured basis in the same policy, except for the policy with coverage for one adult with one or more children, the family discount shall be on basis of age of the Adult as per below table. The family discount will not be applicable in case of only single person being covered at **Renewal**.

Family Discount (Individual policies)	
Age Bands	Discount
<=65	10.0%
66-70	7.5%
71-75	5.0%
76 & above	4.0%

- h) Long term discount will be applicable as mentioned below, in case of single premium payment for policy term of more than one year.

Number of years	Discount
1 year	Nil
2 years	5%
3 years	10%

- i) Loyalty discount
 - i. Loyalty discount of 2.5% is applicable if the client already has a separate Retail Health insurance policy (other than Future Health Suraksha/ Personal Accident/ Travel) from Future Generali India Insurance Co. Ltd.
 - ii. The loyalty discount shall continue only if the insured maintains the separate health insurance policy with Us.
- j) Web sales/Tele Sales Discount: A discount of 15% in lieu of intermediary commissions if policy is sourced directly from the Company's website or through leads generated via Tele sales channel.
- k) Employee discount: We shall accord a discount of 15%, on the premium amount, against proposals received from the following categories of individuals, provided that the respective individual, at least till the date of issuance of the policy cover, continues to be in/of such capacity:
 - a. Employed with Future Generali India Insurance Co. Ltd., recorded through its official rolls/register
 - b. Employed with Future Generali India Life Insurance Co. Ltd., recorded through its official rolls/register
 - c. Contracted for provision of services directly by Future Generali India Insurance Co. Ltd., recorded through appointment/engagement letter or like document
 - d. Contracted for provision of services directly by Future Generali India Life Insurance Co. Ltd., recorded through appointment/engagement letter or like document

Towards entitlement of the discount, each eligible proposer shall have to submit with Future Generali India Insurance Co. Ltd., alongside the proposal, a self-certified copy of the identification card or appointment/engagement letter or such document that may have been issued in favour of the proposer to evidence the relationship, which bears an identification mark/logo of the issuing entity.

Note: Either Web sales/Tele Sales Discount or Employee discount would apply in a single policy.

- l) No increase/ decrease in Sum Insured during the currency of the **Policy**. However increase/decrease in Sum Insured or change in cover, addition/deletion of Insured Persons, etc will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy.

m) Detailed exclusions are given under Section IV of the Prospectus.

IX. Payment of Premium

a) As per table annexed

X. This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus

"I agree to undergo medical tests as advised by the Insurance Company. I agree to a medical underwriting loading as per underwriting guidelines of the Company."

Signature

Place

Name

Date

In case of any claims please contact:

Claims Department Future Generali Health (FGH) 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: fgh@futuregenerali.in

List I – Items for which coverage is not available in the Policy

SI No.	Item
1.	BABY FOOD
2.	BABY UTILITES CHARGES
3.	BEAUTY SERVICES
4.	BELTS/ BRACES
5.	BUDS
6.	COLD PACK/HOT PACK
7.	CARRY BAGS
8.	EMAIL / INTERNET CHARGES
9.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10.	LEGGINGS
11.	LAUNDRY CHARGES
12.	MINERAL WATER
13.	SANITARY PAD
14.	TELEPHONE CHARGES
15.	GUEST SERVICES
16.	CREPE BANDAGE
17.	DIAPER OF ANY TYPE
18.	EYELET COLLAR
19.	SLINGS
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22.	TELEVISION CHARGES
23.	SURCHARGES
24.	ATTENDANT CHARGES
25.	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26.	BIRTH CERTIFICATE
27.	CERTIFICATE CHARGES
28.	COURIER CHARGES
29.	CONVENYANCE CHARGES
30.	MEDICAL CERTIFICATE
31.	MEDICAL RECORDS
32.	PHOTOCOPIES CHARGES
33.	MORTUARY CHARGES
34.	WALKING AIDS CHARGES
35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36.	SPACER
37.	SPIROMETRE
38.	NEBULIZER KIT
39.	STEAM INHALER
40.	ARMSLING
41.	THERMOMETER
42.	CERVICAL COLLAR
43.	SPLINT
44.	DIABETIC FOOT WEAR
45.	KNEE BRACES (LONG/ SHORT/ HINGED)
46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47.	LUMBO SACRAL BELT
48.	NIMBUS BED OR WATER OR AIR BED CHARGES
49.	AMBULANCE COLLAR
50.	AMBULANCE EQUIPMENT
51.	ABDOMINAL BINDER
52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53.	SUGAR FREE TABLETS
54.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55.	ECG ELECTRODES
56.	GLOVES
57.	NEBULISATION KIT
58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59.	KIDNEY TRAY
60.	MASK
61.	OUNCE GLASS
62.	OXYGEN MASK
63.	PELVIC TRACTION BELT
64.	PAN CAN
65.	TROLLY COVER
66.	UROMETER, URINE JUG
67.	VASOFIX SAFETY

List II – Items that are to be subsumed into room charges

SI No.	Item
1.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2.	HAND WASH
3.	SHOE COVER
4.	CAPS
5.	CRADLE CHARGES
6.	COMB
7.	EAU-DE-COLOGNE / ROOM FRESHNERS
8.	FOOT COVER
9.	GOWN
10.	SLIPPERS
11.	TISSUE PAPER
12.	TOOTH PASTE
13.	TOOTH BRUSH
14.	BED PAN
15.	FACE MASK
16.	FLEXI MASK
17.	HAND HOLDER
18.	SPUTUM CUP
19.	DISINFECTANT LOTIONS
20.	LUXURY TAX
21.	HVAC
22.	HOUSE KEEPING CHARGES
23.	AIR CONDITIONER CHARGES
24.	IM IV INJECTION CHARGES
25.	CLEAN SHEET
26.	BLANKET/WARMER BLANKET
27.	ADMISSION KIT
28.	DIABETIC CHART CHARGES
29.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30.	DISCHARGE PROCEDURE CHARGES
31.	DAILY CHART CHARGES
32.	ENTRANCE PASS / VISITORS PASS CHARGES
33.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34.	FILE OPENING CHARGES
35.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36.	PATIENT IDENTIFICATION BAND / NAME TAG
37.	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SI No.	Item
1.	HAIR REMOVAL CREAM
2.	DISPOSABLES RAZORS CHARGES (for site preparations)
3.	EYE PAD
4.	EYE SHEILD
5.	CAMERA COVER
6.	DVD, CD CHARGES
7.	GAUSE SOFT
8.	GAUZE
9.	WARD AND THEATRE BOOKING CHARGES
10.	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
11.	MICROSCOPE COVER
12.	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
13.	SURGICAL DRILL
14.	EYE KIT
15.	EYE DRAPE
16.	X-RAY FILM
17.	BOYLES APPARATUS CHARGES
18.	COTTON
19.	COTTON BANDAGE
20.	SURGICAL TAPE
21.	APRON
22.	TORNIQUET
23.	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into cost of treatment

SI No.	Item
1.	ADMISSION/REGISTRATION CHARGES
2.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3.	URINE CONTAINER
4.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5.	BIPAP MACHINE
6.	CPAP/ CAPD EQUIPMENTS
7.	INFUSION PUMP - COST
8.	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10.	HIV KIT
11.	ANTISEPTIC MOUTHWASH
12.	LOZENGES
13.	MOUTH PAINT
14.	VACCINATION CHARGES
15.	ALCOHOL SWABES
16.	SCRUB SOLUTION/STERILLIUM
17.	GLUCOMETER & STRIPS
18.	URINE BAG

B. For Topaz and Ruby Plans:

Zone 1								
One Adult/Individual								
Age (in years)	1 L	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
90 days-17	4,042	5,607	6,838	7,892	8,840	10,441	10,967	12,533
18-25	4,145	5,850	7,196	8,347	9,387	11,085	11,663	13,384
26-30	NA	6,299	7,750	8,995	10,114	11,923	12,546	14,403
31-35	NA	7,264	8,946	10,384	11,683	13,750	14,472	16,621
36-40	NA	8,281	10,205	11,850	13,334	15,648	16,474	18,932
41-45	NA	10,467	12,906	14,985	16,860	19,805	20,848	23,954
46-50	NA	13,094	16,153	18,757	21,102	24,837	26,140	30,029
51-55	NA	16,313	20,139	23,382	26,307	30,927	32,551	37,396
56-60	NA	21,997	27,186	31,567	35,513	41,726	43,918	50,460
61-65	NA	31,560	38,868	44,991	50,504	59,121	62,169	71,291
66-70	NA	40,455	49,908	57,764	64,836	75,859	79,762	91,468
71-75	NA	51,862	64,141	74,245	83,338	97,301	102,308	117,368
> 75	NA	60,892	75,346	87,160	97,791	114,434	120,277	137,886

Zone 1								
Two Adults								
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L	
18-25	8,482	10,433	12,103	13,610	16,073	16,911	19,407	
26-30	9,134	11,238	13,043	14,666	17,289	18,191	20,885	
31-35	10,533	12,972	15,057	16,940	19,937	20,984	24,101	
36-40	12,007	14,797	17,183	19,334	22,689	23,887	27,452	
41-45	15,176	18,714	21,728	24,447	28,717	30,230	34,734	
46-50	18,986	23,421	27,198	30,598	36,014	37,903	43,543	
51-55	23,654	29,202	33,904	38,146	44,844	47,199	54,225	
56-60	31,896	39,420	45,772	51,494	60,502	63,681	73,167	
61-65	45,762	56,358	65,238	73,230	85,725	90,145	103,372	
66-70	58,660	72,367	83,758	94,013	109,996	115,655	132,628	
71-75	75,199	93,005	107,655	120,840	141,087	148,347	170,183	
> 75	88,293	109,252	126,382	141,797	165,929	174,402	199,935	

Zone 1								
One Adult + One Child								
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L	
18-25	8,189	10,074	11,686	13,141	15,519	16,328	18,737	
26-30	8,504	10,463	12,143	13,654	16,096	16,936	19,444	
31-35	9,444	11,630	13,499	15,188	17,875	18,814	21,608	
36-40	10,351	12,756	14,813	16,667	19,560	20,593	23,666	
41-45	12,560	15,487	17,982	20,232	23,765	25,018	28,745	
46-50	15,058	18,576	21,570	24,267	28,563	30,061	34,534	
51-55	17,945	22,153	25,720	28,938	34,020	35,806	41,136	
56-60	23,647	29,225	33,935	38,177	44,855	47,212	54,245	
61-65	33,138	40,811	47,241	53,029	62,077	65,277	74,855	
66-70	42,478	52,404	60,652	68,078	79,652	83,750	96,041	
71-75	54,455	67,348	77,957	87,505	102,166	107,424	123,236	
> 75	63,936	79,114	91,518	102,681	120,156	126,291	144,781	

Zone 1								
Two Adults + One Child								
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L	
18-25	10,822	13,312	15,442	17,365	20,507	21,576	24,760	
26-30	11,338	13,951	16,191	18,206	21,462	22,582	25,926	
31-35	12,713	15,656	18,172	20,445	24,062	25,326	29,087	
36-40	14,078	17,348	20,146	22,668	26,601	28,006	32,185	
41-45	17,270	21,295	24,725	27,819	32,677	34,399	39,525	
46-50	20,950	25,844	30,011	33,763	39,740	41,824	48,047	
51-55	25,286	31,216	36,242	40,777	47,937	50,454	57,964	
56-60	33,545	41,459	48,140	54,157	63,632	66,975	76,952	
61-65	47,340	58,302	67,487	75,755	88,681	93,253	106,936	
66-70	60,683	74,862	86,646	97,255	113,789	119,643	137,202	
71-75	77,792	96,212	111,367	125,007	145,952	153,463	176,051	
> 75	91,338	113,019	130,740	146,687	171,651	180,415	206,829	

Zone 1								
One Adult + Two Children								
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L	
18-25	10,529	12,952	15,025	16,896	19,953	20,993	24,091	
26-30	10,708	13,176	15,292	17,194	20,269	21,327	24,485	
31-35	11,623	14,314	16,615	18,693	22,000	23,155	26,594	
36-40	12,421	15,307	17,775	20,001	23,472	24,711	28,399	
41-45	14,653	18,068	20,979	23,604	27,726	29,187	33,536	
46-50	17,022	20,999	24,384	27,432	32,288	33,982	39,038	
51-55	19,576	24,167	28,058	31,569	37,113	39,061	44,876	
56-60	25,296	31,264	36,302	40,840	47,985	50,506	58,029	
61-65	34,716	42,755	49,491	55,554	65,033	68,386	78,420	
66-70	44,501	54,899	63,540	71,320	83,445	87,738	100,615	
71-75	57,048	70,555	81,669	91,672	107,031	112,539	129,104	
> 75	66,981	82,881	95,876	107,570	125,878	132,305	151,675	

Zone 1								
Two Adults + Two Children								
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L	
18-25	13,161	16,190	18,781	21,120	24,941	26,241	30,114	
26-30	13,543	16,663	19,339	21,746	25,635	26,973	30,967	
31-35	14,892	18,340	21,288	23,950	28,187	29,668	34,073	
36-40	16,148	19,899	23,108	26,001	30,513	32,124	36,918	
41-45	19,363	23,876	27,722	31,191	36,638	38,569	44,316	
46-50	22,914	28,267	32,825	36,928	43,465	45,745	52,551	
51-55	26,917	33,230	38,580	43,407	51,030	53,709	61,704	
56-60	35,195	43,498	50,507	56,821	66,761	70,269	80,736	
61-65	48,918	60,245	69,737	78,280	91,637	96,362	110,501	
66-70	62,706	77,358	89,534	100,496	117,582	123,631	141,775	
71-75	80,385	99,419	115,079	129,174	150,817	158,578	181,920	
> 75	94,382	116,787	135,098	151,577	177,373	186,429	213,724	

Zone 1								
One Adult + Three Children								

Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	12,869	15,830	18,364	20,650	24,387	25,658	29,445
26-30	12,913	15,888	18,440	20,734	24,443	25,718	29,526
31-35	13,802	16,998	19,730	22,198	26,125	27,497	31,580
36-40	14,492	17,858	20,738	23,334	27,384	28,830	33,132
41-45	16,746	20,650	23,976	26,976	31,687	33,357	38,327
46-50	18,986	23,421	27,198	30,598	36,014	37,903	43,543
51-55	21,207	26,181	30,397	34,200	40,205	42,317	48,615
56-60	26,946	33,303	38,670	43,504	51,114	53,800	61,814
61-65	36,294	44,698	51,740	58,079	67,989	71,494	81,984
66-70	46,524	57,394	66,428	74,562	87,238	91,726	105,188
71-75	59,641	73,762	85,381	95,839	111,896	117,655	134,973
> 75	70,026	86,648	100,234	112,460	131,599	138,318	158,569

Zone 1							
Two Adults + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	15,501	19,068	22,120	24,874	29,375	30,906	35,467
26-30	15,748	19,376	22,488	25,286	29,808	31,364	36,008
31-35	17,071	21,024	24,403	27,455	32,312	34,009	39,060
36-40	18,218	22,450	26,071	29,335	34,425	36,243	41,651
41-45	21,456	26,457	30,719	34,563	40,599	42,739	49,107
46-50	24,878	30,690	35,638	40,094	47,191	49,666	57,056
51-55	28,548	35,244	40,919	46,038	54,123	56,965	65,444
56-60	36,845	45,537	52,875	59,484	69,891	73,563	84,521
61-65	50,496	62,189	71,986	80,806	94,593	99,470	114,065
66-70	64,729	79,853	92,422	103,738	121,375	127,619	146,349
71-75	82,979	102,626	118,791	133,341	155,682	163,693	187,788
> 75	97,427	120,554	139,456	156,466	183,095	192,443	220,618

Zone 2								
One Adult/Individual								
Age (in years)	1 L	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
90 days-17	3,653	5,067	6,179	7,132	7,989	9,435	9,911	11,326
18-25	3,745	5,286	6,503	7,543	8,483	10,017	10,540	12,095
26-30	NA	5,693	7,004	8,129	9,140	10,775	11,337	13,016
31-35	NA	6,565	8,085	9,384	10,558	12,426	13,078	15,021
36-40	NA	7,483	9,222	10,709	12,050	14,141	14,888	17,109
41-45	NA	9,459	11,663	13,542	15,237	17,897	18,840	21,648
46-50	NA	11,833	14,597	16,951	19,070	22,446	23,623	27,138
51-55	NA	14,742	18,200	21,130	23,774	27,949	29,417	33,795
56-60	NA	19,879	24,568	28,527	32,093	37,708	39,689	45,601
61-65	NA	28,521	35,125	40,659	45,640	53,427	56,182	64,426
66-70	NA	36,560	45,102	52,201	58,593	68,554	72,081	82,660
71-75	NA	46,868	57,965	67,095	75,313	87,932	92,456	106,066
> 75	NA	55,028	68,091	78,767	88,374	103,415	108,695	124,608

Zone 2							
Two Adults							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	7,665	9,429	10,938	12,300	14,525	15,282	17,538
26-30	8,254	10,156	11,787	13,253	15,624	16,439	18,873
31-35	9,519	11,723	13,607	15,309	18,017	18,964	21,780
36-40	10,851	13,372	15,528	17,472	20,504	21,587	24,808
41-45	13,715	16,912	19,636	22,093	25,951	27,319	31,389
46-50	17,158	21,166	24,578	27,651	32,546	34,253	39,350
51-55	21,377	26,390	30,639	34,473	40,526	42,654	49,003
56-60	28,824	35,624	41,365	46,535	54,676	57,549	66,122
61-65	41,356	50,931	58,955	66,178	77,470	81,464	93,417
66-70	53,012	65,398	75,692	84,960	99,404	104,518	119,857
71-75	67,958	84,049	97,288	109,204	127,501	134,062	153,795
> 75	79,791	98,731	114,212	128,143	149,951	157,607	180,682

Zone 2							
One Adult + One Child							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	7,401	9,104	10,561	11,876	14,024	14,755	16,933
26-30	7,685	9,455	10,974	12,339	14,546	15,306	17,572
31-35	8,534	10,510	12,200	13,725	16,153	17,002	19,527
36-40	9,354	11,527	13,386	15,062	17,676	18,610	21,387
41-45	11,350	13,996	16,250	18,284	21,477	22,609	25,977
46-50	13,608	16,787	19,493	21,930	25,812	27,166	31,208
51-55	16,217	20,020	23,243	26,152	30,744	32,358	37,175
56-60	21,370	26,411	30,667	34,500	40,536	42,666	49,021
61-65	29,947	36,881	42,692	47,922	56,099	58,991	67,647
66-70	38,388	47,357	54,811	61,523	71,982	75,685	86,793
71-75	49,211	60,863	70,450	79,079	92,328	97,079	111,369
> 75	57,780	71,495	82,705	92,793	108,585	114,129	130,839

Zone 2							
Two Adults + One Child							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	9,780	12,030	13,955	15,693	18,532	19,498	22,376
26-30	10,247	12,607	14,632	16,452	19,395	20,407	23,429
31-35	11,488	14,149	16,422	18,476	21,745	22,887	26,286
36-40	12,722	15,677	18,206	20,485	24,040	25,309	29,086
41-45	15,607	19,244	22,344	25,140	29,531	31,087	35,719
46-50	18,932	23,356	27,121	30,512	35,913	37,797	43,420
51-55	22,851	28,210	32,752	36,850	43,321	45,596	52,383
56-60	30,315	37,467	43,504	48,942	57,504	60,526	69,542
61-65	42,782	52,688	60,988	68,460	80,141	84,273	96,639
66-70	54,840	67,653	78,302	87,889	102,831	108,122	123,990
71-75	70,301	86,947	100,643	112,970	131,897	138,685	159,098
> 75	82,542	102,136	118,150	132,562	155,122	163,042	186,913

Zone 2							
One Adult + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	9,515	11,705	13,578	15,269	18,031	18,971	21,771
26-30	9,677	11,907	13,819	15,538	18,318	19,274	22,128

31-35	10,504	12,936	15,015	16,893	19,881	20,925	24,033
36-40	11,225	13,833	16,064	18,075	21,212	22,331	25,664
41-45	13,242	16,328	18,959	21,331	25,056	26,377	30,307
46-50	15,383	18,976	22,036	24,791	29,179	30,710	35,279
51-55	17,691	21,840	25,356	28,529	33,539	35,300	40,554
56-60	22,860	28,254	32,806	36,907	43,364	45,642	52,441
61-65	31,373	38,638	44,725	50,204	58,770	61,800	70,868
66-70	40,216	49,612	57,421	64,452	75,410	79,289	90,926
71-75	51,554	63,761	73,805	82,844	96,725	101,702	116,672
> 75	60,531	74,900	86,644	97,212	113,756	119,564	137,069

Zone 2							
Two Adults + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	11,894	14,631	16,972	19,086	22,539	23,714	27,214
26-30	12,239	15,059	17,477	19,652	23,166	24,376	27,985
31-35	13,458	16,574	19,238	21,644	25,473	26,811	30,792
36-40	14,593	17,983	20,883	23,497	27,575	29,031	33,363
41-45	17,499	21,577	25,053	28,188	33,110	34,855	40,048
46-50	20,707	25,545	29,664	33,372	39,280	41,340	47,491
51-55	24,325	30,030	34,865	39,227	46,116	48,537	55,762
56-60	31,806	39,309	45,644	51,349	60,332	63,502	72,962
61-65	44,208	54,444	63,021	70,742	82,813	87,082	99,860
66-70	56,668	69,908	80,912	90,819	106,259	111,726	128,123
71-75	72,645	89,845	103,997	116,735	136,294	143,308	164,402
> 75	85,294	105,540	122,089	136,980	160,293	168,477	193,143

Zone 2							
One Adult + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	11,630	14,306	16,595	18,662	22,038	23,187	26,609
26-30	11,670	14,358	16,664	18,737	22,089	23,242	26,683
31-35	12,473	15,361	17,830	20,060	23,609	24,849	28,539
36-40	13,096	16,138	18,741	21,087	24,747	26,053	29,941
41-45	15,134	18,661	21,667	24,379	28,636	30,145	34,636
46-50	17,158	21,166	24,578	27,651	32,546	34,253	39,350
51-55	19,165	23,660	27,470	30,906	36,334	38,242	43,934
56-60	24,351	30,096	34,946	39,314	46,192	48,619	55,861
61-65	32,799	40,394	46,758	52,486	61,442	64,610	74,090
66-70	42,044	51,868	60,032	67,382	78,837	82,893	95,059
71-75	53,898	66,659	77,159	86,610	101,121	106,325	121,975
> 75	63,282	78,304	90,582	101,631	118,927	124,999	143,300

Zone 2							
Two Adults + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	14,009	17,232	19,990	22,479	26,546	27,930	32,052
26-30	14,231	17,510	20,322	22,851	26,938	28,344	32,540
31-35	15,427	19,000	22,053	24,811	29,200	30,734	35,299
36-40	16,464	20,288	23,560	26,510	31,110	32,753	37,640
41-45	19,390	23,910	27,761	31,235	36,690	38,623	44,378
46-50	22,482	27,735	32,206	36,233	42,647	44,883	51,562
51-55	25,799	31,850	36,978	41,605	48,911	51,479	59,142
56-60	33,297	41,152	47,783	53,756	63,160	66,479	76,382
61-65	45,634	56,200	65,054	73,024	85,484	89,892	103,081
66-70	58,496	72,163	83,522	93,749	109,687	115,330	132,256
71-75	74,988	92,743	107,352	120,501	140,690	147,930	169,705
> 75	88,045	108,945	126,027	141,399	165,463	173,911	199,373

Zone 3								
One Adult/Individual								
Age (in years)	1 L	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
90 days-17	2,972	4,124	5,030	5,805	6,503	7,679	8,067	9,221
18-25	3,047	4,302	5,292	6,140	6,904	8,153	8,578	9,845
26-30	NA	4,632	5,701	6,616	7,439	8,769	9,228	10,593
31-35	NA	4,855	5,979	6,942	7,809	9,190	9,673	11,109
36-40	NA	5,754	7,091	8,235	9,266	10,873	11,447	13,155
41-45	NA	6,760	8,332	9,677	10,886	12,788	13,462	15,467
46-50	NA	8,557	10,557	12,260	13,792	16,232	17,086	19,628
51-55	NA	9,153	11,299	13,118	14,758	17,350	18,263	20,980
56-60	NA	12,342	15,252	17,710	19,922	23,410	24,638	28,309
61-65	NA	17,706	21,806	25,241	28,334	33,167	34,877	39,997
66-70	NA	22,697	28,000	32,407	36,373	42,559	44,748	51,317
71-75	NA	29,096	35,984	41,653	46,755	54,588	57,398	65,847
> 75	NA	34,161	42,271	48,898	54,863	64,199	67,478	77,357

Zone 3							
Two Adults							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	6,238	7,674	8,903	10,010	11,822	12,438	14,275
26-30	6,717	8,267	9,592	10,787	12,715	13,380	15,359
31-35	7,040	8,669	10,065	11,323	13,325	14,026	16,108
36-40	8,343	10,282	11,940	13,435	15,766	16,598	19,075
41-45	9,801	12,081	14,032	15,785	18,543	19,519	22,427
46-50	12,408	15,308	17,777	19,998	23,537	24,775	28,460
51-55	13,272	16,383	19,022	21,400	25,157	26,481	30,420
56-60	17,895	22,116	25,679	28,888	33,944	35,726	41,048
61-65	25,674	31,619	36,600	41,084	48,092	50,572	57,996
66-70	32,911	40,600	46,990	52,742	61,711	64,885	74,409
71-75	42,190	52,177	60,397	67,795	79,152	83,227	95,478
> 75	49,533	61,293	70,903	79,551	93,089	97,843	112,167

Zone 3							
One Adult + One Child							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	6,023	7,409	8,596	9,665	11,415	12,009	13,783
26-30	6,253	7,697	8,931	10,043	11,838	12,457	14,300
31-35	6,311	7,772	9,024	10,152	11,947	12,575	14,441
36-40	7,192	8,864	10,293	11,582	13,591	14,308	16,444

41-45	8,112	9,998	11,612	13,063	15,346	16,154	18,561
46-50	9,840	12,141	14,099	15,860	18,667	19,649	22,572
51-55	10,068	12,429	14,430	16,234	19,085	20,089	23,078
56-60	13,267	16,396	19,038	21,417	25,165	26,486	30,432
61-65	18,591	22,897	26,503	29,751	34,825	36,621	41,997
66-70	23,832	29,400	34,027	38,192	44,687	46,986	53,882
71-75	30,551	37,784	43,735	49,093	57,317	60,268	69,140
> 75	35,869	44,385	51,343	57,606	67,409	70,852	81,225

Zone 3							
Two Adults + One Child							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	7,959	9,791	11,359	12,772	15,084	15,869	18,213
26-30	8,338	10,262	11,908	13,391	15,784	16,610	19,067
31-35	8,496	10,463	12,148	13,666	16,082	16,928	19,440
36-40	9,781	12,055	13,999	15,752	18,484	19,460	22,364
41-45	11,153	13,747	15,967	17,962	21,101	22,212	25,521
46-50	13,691	16,892	19,616	22,067	25,972	27,338	31,404
51-55	14,187	17,513	20,333	22,876	26,892	28,307	32,518
56-60	18,821	23,260	27,008	30,382	35,700	37,574	43,171
61-65	26,559	32,709	37,862	42,501	49,750	52,316	59,995
66-70	34,046	42,000	48,610	54,560	63,839	67,122	76,975
71-75	43,645	53,977	62,479	70,133	81,882	86,096	98,771
> 75	51,241	63,407	73,348	82,294	96,299	101,217	116,035

Zone 3							
One Adult + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	7,744	9,526	11,052	12,427	14,676	15,440	17,720
26-30	7,875	9,692	11,246	12,647	14,908	15,687	18,008
31-35	7,768	9,566	11,107	12,494	14,703	15,477	17,774
36-40	8,630	10,637	12,352	13,898	16,310	17,170	19,733
41-45	9,463	11,664	13,548	15,241	17,904	18,846	21,654
46-50	11,124	13,724	15,938	17,929	21,102	22,212	25,516
51-55	10,984	13,559	15,742	17,710	20,820	21,915	25,176
56-60	14,193	17,540	20,366	22,911	26,921	28,334	32,555
61-65	19,477	23,987	27,765	31,167	36,483	38,365	43,997
66-70	24,967	30,800	35,647	40,011	46,815	49,223	56,448
71-75	32,006	39,583	45,818	51,431	60,046	63,137	72,432
> 75	37,577	46,498	53,788	60,349	70,619	74,226	85,092

Zone 3							
Two Adults + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	9,680	11,908	13,815	15,533	18,345	19,300	22,150
26-30	9,959	12,257	14,223	15,995	18,854	19,839	22,774
31-35	9,952	12,257	14,230	16,008	18,839	19,830	22,773
36-40	11,219	13,828	16,058	18,068	21,202	22,321	25,652
41-45	12,505	15,413	17,902	20,139	23,658	24,904	28,614
46-50	14,975	18,475	21,456	24,135	28,406	29,901	34,349
51-55	15,102	18,643	21,645	24,351	28,627	30,133	34,616
56-60	19,746	24,404	28,336	31,876	37,456	39,422	45,295
61-65	27,444	33,800	39,124	43,918	51,408	54,060	61,995
66-70	35,180	43,400	50,231	56,379	65,967	69,360	79,541
71-75	45,099	55,776	64,562	72,471	84,611	88,966	102,063
> 75	52,949	65,520	75,792	85,037	99,509	104,591	119,903

Zone 3							
One Adult + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	9,464	11,643	13,508	15,188	17,938	18,871	21,658
26-30	9,496	11,687	13,562	15,251	17,977	18,917	21,715
31-35	9,224	11,360	13,189	14,837	17,460	18,379	21,107
36-40	10,069	12,409	14,411	16,215	19,028	20,032	23,021
41-45	10,815	13,331	15,483	17,418	20,461	21,538	24,747
46-50	12,408	15,308	17,777	19,998	23,537	24,775	28,460
51-55	11,899	14,688	17,054	19,186	22,555	23,742	27,274
56-60	15,118	18,684	21,695	24,405	28,677	30,182	34,679
61-65	20,362	25,077	29,027	32,584	38,142	40,109	45,996
66-70	26,102	32,200	37,268	41,829	48,943	51,461	59,014
71-75	33,461	41,382	47,901	53,768	62,776	66,007	75,724
> 75	39,285	48,612	56,233	63,092	73,829	77,600	88,960

Zone 3							
Two Adults + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	11,400	14,025	16,271	18,295	21,607	22,731	26,088
26-30	11,580	14,253	16,539	18,599	21,923	23,069	26,482
31-35	11,409	14,050	16,313	18,351	21,596	22,732	26,106
36-40	12,658	15,600	18,116	20,384	23,921	25,183	28,941
41-45	13,857	17,080	19,838	22,317	26,216	27,596	31,708
46-50	16,258	20,059	23,295	26,204	30,841	32,464	37,293
51-55	16,018	19,773	22,957	25,827	30,362	31,960	36,714
56-60	20,672	25,548	29,664	33,370	39,211	41,269	47,418
61-65	28,330	34,890	40,386	45,334	53,067	55,804	63,995
66-70	36,315	44,800	51,851	58,198	68,095	71,597	82,107
71-75	46,554	57,575	66,644	74,808	87,340	91,836	105,355
> 75	54,657	67,634	78,237	87,780	102,719	107,965	123,771

*Premiums exclusive of Goods & Services Tax.

**Age in completed years

*** For Family Floater, premium would applicable as per the age of the eldest member in the family.

**** The premiums above are subject to revision as and when approved by the regulator. However, such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.

Annexure 3: Schedule of Benefits

			Plans Options							
			Gold Plan			Platinum Plan	Topaz Plan		Ruby Plan	
A	Eligibility	Sum Insured options (in ₹)	50,000* 1,00,000* 1,50,000*	2,00,000 2,50,000	3,00,000 3,50,000 4,00,000 4,50,000 5,00,000	6,00,000 7,50,000 8,00,000 9,00,000 10,00,000	1,00,000*	2,00,000 3,00,000 4,00,000 5,00,000	6,00,000 7,50,000 10,00,000	
		Entry age of Proposer	18 years – 70 years	18 years – 70 years	18 years – 70 years	18 years – 70 years	18 years – 70 years	18 years – 70 years	18 years – 70 years	
		Entry age of Child	90 days – 25 years	90 days – 25 years	90 days – 25 years	90 days – 25 years	90 days – 25 years	90 days – 25 years	90 days – 25 years	
		Maximum Renewal Age	Lifelong	Lifelong	Lifelong	Lifelong	Lifelong	Lifelong	Lifelong	
		Individual/ Family Floater SI Options	Individual	Both	Both	Both	Individual	Both	Both	
		Policy Term	1/ 2/ 3 years	1/ 2/ 3 years	1/ 2/ 3 years	1/ 2/ 3 years	1/ 2/ 3 years	1/ 2/ 3 years	1/ 2/ 3 years	
		Family Definition – Individual SI	S+Sp/Lp+4C+2P	S+Sp/Lp+4C+2P	S+Sp/Lp+4C+2P	S+Sp/Lp+4C+2P	S+Sp/Lp+4C+2P	S+Sp/Lp+4C+2P	S+Sp/Lp+4C+2P	
Family Definition – Family Floater SI	Not Applicable	S+Sp/Lp+3C	S+Sp/Lp+3C	S+Sp/Lp+3C	S+Sp/Lp+3C	Not Applicable	S+Sp/Lp+3C			
B	Hospitalisation Benefits	Hospitalisation	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	
		Room Rent Limit	1% of SI per day for non ICU and 2% of SI per day for ICU up to 35% of the SI per claim	As per actuals	As per actuals	As per actuals	As per actuals	1% of the SI per day for non ICU room	1% of the SI per day for non ICU room	1% of the SI per day for non ICU room
		Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees	up to 35% of the SI per claim	As per actuals	As per actuals	As per actuals	As per actuals	As per the co-payment clause for room rent	As per the co-payment clause for room rent	As per the co-payment clause for room rent
		Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/ internal implants and any Medical expenses incurred which is integral part of the operation	up to 40% of the SI per claim	As per actuals	As per actuals	As per actuals	As per actuals	As per the co-payment clause for room rent	As per the co-payment clause for room rent	As per the co-payment clause for room rent
		Day Care Treatment	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
		Pre- Hospitalisation	60 days, as actuals	60 days, as actuals	60 days, as actuals	60 days, as actuals	60 days, as actuals	Medical Expenses up to 1% of Sum Insured up to maximum 60 days	Medical Expenses up to 1% of Sum Insured up to maximum 60 days	Medical Expenses up to 1% of Sum Insured up to maximum 60 days
		Post-Hospitalisation	90 days, as actuals	90 days, as actuals	90 days, as actuals	90 days, as actuals	90 days, as actuals	Medical Expenses up to 1% of Sum Insured up to maximum 90 days	Medical Expenses up to 1% of Sum Insured up to maximum 90 days	Medical Expenses up to 1% of Sum Insured up to maximum 90 days
		Cumulative Bonus - 10% for every claim free year to Max 50%	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
		Hospital cash benefit	Not Applicable	Not Applicable	Not Applicable	Not Applicable	₹ 500/- per day, up to 60 days	Not Applicable	Not Applicable	₹ 500/- per day, up to 60 days
		Patient Care (Above 60 years) - Per day Benefit	₹ 500/- per day, maximum up to 10 days and 30 days in	₹ 500/- per day, maximum up to 10 days and 30 days in	₹ 500/- per day, maximum up to 10 days and 30 days in	₹ 500/- per day, maximum up to 10 days and 30 days in	₹ 500/- per day, maximum up to 10 days and 30 days in	₹ 350/- per day, maximum up to 10 days and 30 days in	₹ 350/- per day, maximum up to 10 days and 30 days in	₹ 350/- per day, maximum up to 10 days and 30 days in

			a policy period	a policy period	a policy period	a policy period	a policy period	a policy period	in a policy period										
		Accidental Hospitalisation – 25% increase subject to Maximum of ₹ 1 lacs irrespective of number of claims in a Policy period	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable										
		Accompanying Person - ₹ 500/- per day for child up to 10 years, maximum up to 30 days in a Policy Year	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable										
		Organ donor expenses	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable										
C	Sublimit for Specified procedures	Mandatory Sub limits for Modern Treatment Methods and Advancement in Technologies	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable										
D	Recharge Benefit	Recharge Benefit	Not Applicable	Not Applicable	Applicable	Applicable	Not Applicable	Applicable for Sum Insured 3 L and above	Applicable										
E	Ambulance	Ambulance charges	₹ 2000 per hospitalization	₹ 2000 per hospitalization	₹ 2000 per hospitalization	₹ 2000 per hospitalization	₹ 750/- per hospitalization and overall limit of ₹ 1500/- per policy period	₹ 750/- per hospitalization and overall limit of ₹ 1500/- per policy period	₹ 750/- per hospitalization and overall limit of ₹ 1500/- per policy period										
F	Discount	Family discount of 10% is applicable in case more than one family member is covered on individual sum insured basis in the same policy, except for the policy with coverage for one adult with one or more children, the family discount shall be on basis of age of the Adult as per below table:	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable										
		<table border="1"> <thead> <tr> <th>Age Bands</th> <th>Discount</th> </tr> </thead> <tbody> <tr> <td><=65</td> <td>10.0%</td> </tr> <tr> <td>66-70</td> <td>7.5%</td> </tr> <tr> <td>71-75</td> <td>5.0%</td> </tr> <tr> <td>76 & above</td> <td>4.0%</td> </tr> </tbody> </table>								Age Bands	Discount	<=65	10.0%	66-70	7.5%	71-75	5.0%	76 & above	4.0%
		Age Bands								Discount									
<=65	10.0%																		
66-70	7.5%																		
71-75	5.0%																		
76 & above	4.0%																		
Long term Discount (on single premium payment) – 5% for 2 year policy and 10% for 3 year policy	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable											
		Loyalty Discount – 2.5% discount if the client already has a separate Retail Health insurance policy (other than Future Health Suraksha/ Personal Accident /Travel) from Future Generali India Insurance Co. Ltd. The loyalty discount shall continue only if the insured maintains the separate health insurance policy with us	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable										
G	Premium instalment option (monthly, quarterly, half yearly)	Option of paying premium on instalment basis. Available for 1 year, 2 years and 3 years policy terms	Available	Available	Available	Available	Available	Available	Available										

	with Loading								
H	Waiting Periods	Pre-existing Disease- 36 months	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
		30 day - fresh proposals excluding Accidental Hospitalization	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
		1 year Waiting Period for listed conditions	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
		2 years Waiting Period for listed conditions	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
		3 years Waiting Period - Joint Replacement and Organ Transplant	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
I	Zone wise pricing	Zone wise pricing	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
J	Disease wise Sublimits	Applicable for specific ailments	Not Applicable except for Cataract	Not Applicable except for Cataract	Not Applicable except for Cataract	Not Applicable except for Cataract	Applicable as per sub-limits table	Applicable as per sub-limits table	Applicable as per sub-limits table
K	Free Medical Check up	Medical Check-up - At the end of every continuous period of 4 claim free years	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
<p>* Note – Sum insured of ₹ 50000, 100000, 150000 will be applicable only for Children up to age of 25 years. SI: Sum insured, S: Self, Sp: Spouse, Lp: Live-in partner, C: Child, P: Parent</p>									

Annexure 4: Sub-limits table

Sub-limits table applicable for Topaz and Ruby Plans				
The Medical Expenses incurred during hospitalization (inclusive of pre and post hospitalization) due to the below listed treatments shall be limited to actual expenses or up to the Sub limits (whichever is less). All values are in INR.				
Procedure/ Treatment	Topaz Plan	Topaz Plan	Topaz Plan	Ruby Plan
	1,00,000	2,00,000 3,00,000	4,00,000 5,00,000	6,00,000 7,50,000 10,00,000
Cataract surgery (per eye)	10000	20000	30000	40000
Hysterectomy	20000	35000	45000	55000
Gall Bladder removal	20000	35000	45000	55000
Surgery on piles	15000	20000	30000	40000
Surgery Fissure, Fistula, Sinus	15000	20000	30000	40000
Surgery of Deviated Nasal Septum correction	15000	20000	30000	40000
Angiography invasive	10000	15000	20000	30000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	40000	80000	120000	150000
Appendectomy	20000	30000	40000	50000
Hernia	20000	30000	40000	50000
Surgery of renal stone/ Lithotripsy	20000	30000	40000	50000
Prostate Surgery TURP	30000	75000	100000	120000
Coronary Artery Bypass Grafting (CABG)	80000	100000	150000	200000
Total Knee Replacement (per knee)	40000	80000	120000	150000
Total Hip Replacement (per hip)	40000	80000	120000	150000
Tonsillectomy/ Adenoidectomy	15000	25000	35000	45000
Transplant surgery (this includes total cost of organ donor surgery, recipient surgery and hospitalization)	80000	100000	150000	200000
Dialysis (policy limit)	10000	15000	20000	30000

ISO No. FGH/UW/RET/200/08

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

Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022- 67837800 | Fax No: 022 4097 6900. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. Under license.