

**HEALTH VITAL
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY.**

This document provides key information about the policy. You are also advised to go through your policy documents.

Sl. No.	Title	Description	Policy Clause Number
1	Name of the Insurance Product /Policy	Health Vital	Not Applicable
2	Policy Number	Not Applicable	Not Applicable
3	Type of Insurance Product/Policy	Indemnity	Not Applicable
4	Sum Insured (Basis)	• Sum Insured Options- ₹5 Lacs, ₹10 Lacs, ₹15 Lacs	Not Applicable
5	Policy Coverage (What the policy covers?)	Expenses in respect of:	
		In-patient Hospitalization - Covers expenses of in-patient hospitalization for a minimum period of 24 consecutive hours.	Section 4.1.1. a
		Day Care Treatment-Specified / Listed procedures requiring less than 24 hours hospitalization	Section 4.1.1. b
		Other Expenses 1. Disease/ Procedure wise sub limits per Policy Year. 2. Bariatric Surgery	Section 4.1.1. c.
		Pre-Hospitalization Medical Expenses- Medical expenses 30 days prior to Hospitalization.	Section 4.1.2
		Post Hospitalization Medical Expenses- Medical expenses 30 days from date of discharge from the hospital.	Section 4.1.3
		Modern Treatment Method and Advancement in Technologies- Covers expenses of in-patient hospitalization or Day Care Treatment up to disease wise sublimit or 50% of the Policy Sum Insured, whichever is lower.	Section 4.1.4
		AYUSH Treatment -Covers Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy.	Section 4.1.5
		Emergency Road Ambulance - Covers expenses incurred for transportation of an Insured Person by a Road Ambulance	Section 4.1.6
		Maternity Expenses-Covers Medical expenses towards pregnancy (delivery/termination).	Section 4.1.7
Cumulative Bonus- An increase of 10% of Sum Insured per claim free Policy Year, max up to up to 100% of Sum Insured.	Section 4.1.8		

		<p>Optional Cover</p> <p>Consumables/ Non-Medical Expenses Cover- Cover for nonmedical and consumable expenses as indicated in Annexure -II (List- I).</p> <p><i>Note: All the above covers are offered under this Product. However, the cover offerings shall be applicable as per the opted Sum Insured.</i></p>	Section 4.2.1
6	<p>Exclusions</p> <p>(What the policy does not cover)</p>	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • Investigation & Evaluation • Rest Cure, rehabilitation and respite care. • Obesity/ Weight Control • Change-of-Gender treatments. • Cosmetic or Plastic Surgery • Hazardous or Adventure sports • Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as nursing homes. • Dietary supplements and substances that can be purchased without prescription. • Refractive Error • Unproven Treatments • Sterility and Infertility 	Section 6.1

		<p>Specific Exclusions</p> <ul style="list-style-type: none"> • Injury or Illness 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). • Circumcision, unless necessary for treatment of an Illness or necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment) • 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 and the like), 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. • Venereal /Sexually Transmitted disease other than HIV/AIDS. • External Congenital Anomaly and related Illness/ defect. • Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials. • Stem cell storage. • Non-prescribed drugs and medical supplies, hormone replacement therapy. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Outpatient diagnostic, medical and Surgical Procedures or treatments. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury. • A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges. • Treatment outside India. • Intentional self-Injury. • Standard list of excluded items as mentioned in Annexure II and on our website https://general.futuregenerali.in • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured. 	Section 6.2
7	Waiting period	<ul style="list-style-type: none"> • Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 	Section 5.3

	<ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered. It is counted from the beginning of the policy coverage 	<ul style="list-style-type: none"> Specific waiting periods: (Not applicable for claims arising due to an accident) <ul style="list-style-type: none"> a) 24 months waiting period for-Benign ENT disorders, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps, Benign prostate hypertrophy, Cataract and age-related eye ailments, Gastric/ Duodenal Ulcer, Gout and Rheumatism, Hernia of all types, Hydrocele, Non-Infective Arthritis, Piles, Fissures and Fistula in anus, Pilonidal sinus, Sinusitis and related disorders, Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident, Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy, Varicose Veins and Varicose Ulcers, LASIK Procedure. b) 36 months waiting period for Treatment for joint replacement unless arising from accident, Age-related Osteoarthritis & Osteoporosis, Maternity Expenses, Bariatric Surgery. 	Section 5.2																
		<ul style="list-style-type: none"> Pre-existing diseases: covered after 36 Months 	Section 5.1																
8	<p>Financial Limits of Coverage</p> <p>i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</p>	<p>The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits:</p> <table border="1" data-bbox="365 1039 1372 1890"> <tr> <td>Normal Room Rent Limit</td> <td>For SI ₹ 5Lac - ₹ 5K per day For SI ₹ 10Lac - ₹ 10K per day For SI ₹ 15 Lac - ₹ 10K per day</td> </tr> <tr> <td>Intensive care unit (ICU)</td> <td>1.5 times the Normal Room</td> </tr> <tr> <td>Cataract Surgery (Per eye)</td> <td>For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000</td> </tr> <tr> <td>Lasik (Per eye)</td> <td>For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000</td> </tr> <tr> <td>Normal Delivery</td> <td>For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000</td> </tr> <tr> <td>ENT disorder</td> <td>For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000</td> </tr> <tr> <td>Infectious / Fever Disorders</td> <td>For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹40,000 For SI ₹ 15 Lac - ₹50,000</td> </tr> <tr> <td>Caesarean section</td> <td>For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000</td> </tr> </table>	Normal Room Rent Limit	For SI ₹ 5Lac - ₹ 5K per day For SI ₹ 10Lac - ₹ 10K per day For SI ₹ 15 Lac - ₹ 10K per day	Intensive care unit (ICU)	1.5 times the Normal Room	Cataract Surgery (Per eye)	For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000	Lasik (Per eye)	For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000	Normal Delivery	For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000	ENT disorder	For SI ₹ 5Lac - ₹25,000 For SI ₹ 10Lac - ₹35,000 For SI ₹ 15 Lac - ₹50,000	Infectious / Fever Disorders	For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹40,000 For SI ₹ 15 Lac - ₹50,000	Caesarean section	For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000	Section 9
Normal Room Rent Limit	For SI ₹ 5Lac - ₹ 5K per day For SI ₹ 10Lac - ₹ 10K per day For SI ₹ 15 Lac - ₹ 10K per day																		
Intensive care unit (ICU)	1.5 times the Normal Room																		
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Caesarean section	For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000																		

Liver Disorder (No cap on transplant)	For SI ₹ 5Lac - ₹30,000 For S ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000
Lung Disorder (No cap on transplant)	For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000
Kidney Disorder (No cap on transplant)	For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000
Appendix related disorder	For SI ₹ 5Lac - ₹30,000 For SI ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000
Kidney Stone related disorder	For SI ₹ 5Lac - ₹50,000 For SI ₹ 10Lac - ₹75,000 For SI ₹ 15 Lac - ₹1,00,000
Gall Bladder Stone related disorder	For SI ₹ 5Lac - ₹50,000 For SI ₹ 10Lac - ₹75,000 For SI ₹ 15 Lac - ₹1,00,000
Hernia	For SI ₹ 5Lac - ₹50,000 For SI ₹ 10Lac - ₹75,000 For SI ₹ 15 Lac - ₹1,00,000
Hysterectomy	For SI ₹ 5Lac - ₹50,000 For SI ₹ 10Lac - ₹75,000 For SI ₹ 15 Lac - ₹1,00,000
Musculoskeletal disorder	For SI ₹ 5Lac - ₹50,000 For SI ₹ 10Lac - ₹75,000 For SI ₹ 15 Lac - ₹1,00,000
Spinal/cerebrovascular/ Neurological disorder	For SI ₹ 5Lac - ₹75,000 For SI ₹ 10Lac - ₹1,00,000 For SI ₹ 15 Lac - ₹1,50,000
Bariatric Surgery	For SI ₹ 5Lac - ₹75,000 For SI ₹ 10Lac - ₹1,00,000 For SI ₹ 15 Lac - ₹1,50,000
Cancer	For SI ₹ 5Lac - ₹1,00,000 For SI ₹ 10Lac - ₹1,50,000 For SI ₹ 15Lac - ₹2,00,000
Angioplasty including angiography	For SI ₹ 5Lac - ₹1,25,000 For SI ₹ 10Lac - ₹1,50,000 For SI ₹ 15Lac - ₹2,00,000
Joint replacement (Per joint)	For SI ₹ 5Lac - ₹1,50,000 For SI ₹ 10Lac - ₹2,00,000 For SI ₹ 15Lac - ₹2,50,000
CABG/any other cardiac surgery	For SI ₹ 5Lac - ₹1,50,000 For SI ₹ 10Lac - ₹2,00,000 For SI ₹ 15Lac - ₹2,50,000
Mental / Psychiatric Disorders	For SI ₹ 5Lac - ₹30,000

			For SI ₹ 10Lac - ₹45,000 For SI ₹ 15 Lac - ₹60,000	
		Internal Congenital Anomalies (Not included in above procedures / diseases list)	For SI ₹ 5Lac - ₹50,000 For SI ₹ 10Lac - ₹75,000 For SI ₹ 15 Lac - ₹1,00,000	
		Modern Treatment Method and Advancement in Technologies	Disease wise sublimit or 50% of the Policy Sum Insured, whichever is lower	
		AYUSH Treatment	Disease wise sublimit or up to Policy Sum Insured, whichever is lower	
		Emergency Road Ambulance	For SI ₹ 5Lac - ₹ 3K per event For SI ₹ 10Lac - ₹ 5K per event For SI ₹ 15 Lac - ₹ 5K per event	
ii.	Co- payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	• Not Applicable		Not Applicable
iii.	Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if	• Not Applicable		Not Applicable

	claim amount is more than the specified amount)		
	iv. Any other limit (as applicable)	<ul style="list-style-type: none"> • Not Applicable 	Not Applicable
9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility -1 hours (from the time of receipt of last necessary documents)</p> <p>ii. TAT for cashless final bill authorization: 1 hours (from the time of receipt of last necessary documents)</p> <p>Please find below the details /web link for following:</p> <p>i. Network hospital details- https://general.futuregenerali.in/hospital-locator</p> <p>ii. Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://general.futuregenerali.in/hospital-locator</p> <p>iv. Downloading/getting claim form - https://general.futuregenerali.in/customer-service/downloads</p>	Section 8
10	Policy Servicing	<p>a) Call Centre number of Insurer: Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing:1800 103 8889/1800 209 1016 Timing: 24*7</p> <p>b) Details of company officials Policy Servicing Office: Refer the Policy Schedule</p>	Section 7.1.18

		Mumbai – 400083 Email: Fgcare@futuregenerali.in For Detailed Guidelines on migration and portability, kindly refer the link https://general.futuregenerali.in/general-insurance/pdf/Guide to Portability and Migration 25-Mar2020.pdf	
		<ul style="list-style-type: none"> Change in Sum Insured - Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. 	Section 7.2.1
		<ul style="list-style-type: none"> 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. 	Section 7.1.16
13	Your Obligations	Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.	Section 7.1.1

14	Premium Illustration										
Premium Illustration in respect of policies offered on individual and family floater basis											
	Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on an individual basis covering multiple members of the family under a single policy. (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
		Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
	50 years	10,877	500,000	10,877	NA	10,877	500,000	10,877	0	10,877	5,00,000
	42 years	8,435	500,000	8,435	NA	8,435	500,000	8,435	3374	5,061	
	17 years	4,532	500,000	4,532	NA	4,532	500,000	4,532	2719	1,813	
	20 years	6,097	500,000	6,097	NA	6,097	500,000	6,097	3353	2,744	
	27 years	6,687	500,000	6,687	NA	6,687	500,000	6,687	3344	3,344	
	27 years	6,687	500,000	6,687	NA	6,687	500,000	6,687	3344	3,344	
	32 years	7,065	500,000	7,065	NA	7,065	500,000	7,065	3179	3,886	
	35 years	7,065	500,000	7,065	NA	7,065	500,000	7,065	3179	3,886	
	52 years	17,933	500,000	17,933	NA	17,933	500,000	17,933	7173	10,760	

Total Premium for all members of the family is ₹ 75,378/-, when each member is covered separately.	Total Premium for all members of the family is ₹ 75,378/-, when they are covered under a single policy.	Total Premium for all members of the family is ₹ 45,713/-, when they are covered under a single policy.
Sum insured available for each individual is ₹5,000,000	Sum insured available for each family member is ₹ 5,000,000	Sum insured of ₹ 5,000,000 is available for the entire family.

Note:

- This is just an illustration of premium calculation.
- Premiums may vary with respect to Sum Insured opted by the insured.
- Premium rates specified in the above illustration are the standard premium rates for without considering any loading and/or discounts like – Online (Website) Sales discount etc.
- In case premium is paid on instalment basis, the loading will be applicable accordingly.
- Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place _____

Date _____ (Signature of the Policyholder)

Note

- The web-link, where the product related documents including the Customer Information Sheet are available on the website of FGII, is at <https://general.futuregenerali.in/customer-service/downloads>.
- In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary.**