

### I. SALIENT FEATURES OF THE POLICY

1. **Room rent, Board & Nursing Expenses** as provided by the Hospital/ Nursing Home.
2. **Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.**
3. **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.
4. **Pre-Hospitalisation Medical expenses.**
5. **Post-Hospitalisation Medical expenses.**
6. **Day Care expenses.**
7. **Ambulance charges.**
8. **Free medical check-up.**
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13. **Organ Donor Expenses.**
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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. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.  
Note: Insect and mosquito bites is not included in the scope of this definition.
2. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
3. **Any one Illness** 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.
4. **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 :
  - a. Cost of pharmacy and consumables;
  - b. Cost of implants and medical devices
  - c. Cost of diagnostics
5. **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.
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 excluding non-payable items as per the policy terms and conditions.
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.
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. **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.
16. **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.
17. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Insurer in the event of misrepresentation, mis-description or non-disclosure of any material fact.
18. **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)
19. **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.
20. **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.
21. **Family** means and includes You, Your Spouse & 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 & Your up to 3 dependent children up to the age of 25 years in the Family Floater Policy
22. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
23. **Hazardous Activities** mean recreational or occupational activities which pose high risk of injury.
24. **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;
25. **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.
26. **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
27. **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.
28. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.
29. **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.
30. **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.
31. **Maternity expense/treatment means:**
  - a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
  - b. expenses towards lawful medical termination of pregnancy during the policy period.
32. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
33. **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.

Note: Medical Treatment would include medical treatment and/ or surgical treatment

34. **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.
35. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
  - i. is required for the medical management of the illness or injury suffered by the insured;
  - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - iii. must have been prescribed by a medical practitioner;
  - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
36. **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
37. **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
38. **New Born baby** means baby born during the Policy Period and is aged upto 90 days.
39. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
40. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
41. **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.
42. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
43. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
44. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
45. **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.
46. **Pre-Existing Disease** means any condition, ailment or injury or disease:
  - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement, or
  - b) For which medical advice or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.(Note: Reinstatement is applicable for Life Insurance policies)
47. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
  - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
48. **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.
49. **Prospectus** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products.
50. **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:
  - i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
  - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
51. **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.
52. **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.
53. **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.
54. **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.
55. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
56. **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**.
57. **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).
58. **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.

59. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.
60. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
61. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

### 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
<b>Admission in higher room rent</b>								
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.

2. **Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees**
  - a. Gold (for Sums Insured ₹ 50000/-, ₹ 1 lakh and ₹ 1.5 lakhs) - up to 35% of the **Sum Insured** (excluding Cumulative Bonus) per claim.
  - b. Gold (for Sums Insured ₹ 2 lakhs and above) - As per actuals.
  - c. Platinum Plan – As per actuals.
3. **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**
  - a. Gold (for Sums Insured ₹ 50000/-, ₹ 1 lakh and ₹ 1.5 lakhs) - up to 40% of the **Sum Insured** (excluding Cumulative Bonus) per claim.
  - b. Gold (for Sums Insured ₹ 2 lakhs and above) - As per actuals.
  - c. Platinum Plan – As per actuals.
4. **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
  - a. Gold and Platinum Plans – As per actuals
  - b. Topaz and Ruby Plans – up to 1% of the **Sum Insured** (excluding Cumulative Bonus)
5. **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
  - a. Gold and Platinum Plans – As per actuals
  - b. Topaz and Ruby Plans – up to 1% of the **Sum Insured** (excluding Cumulative Bonus)

6. **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.
7. **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.
8. **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).
  - i. In case of Individual policy, the benefit will be available for all insured persons who were already covered under the Policy.
  - ii. In case of family floater policy, the benefit will be available for two of the insured persons covered under the Policy.
9. **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.
10. **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**.
11. **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:
  - a. 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
  - b. **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
  - c. **We** have accepted claim under hospitalisation for the Insured Person and the Insured Person has been Medically Advised to undergo an organ transplant;
  - d. Costs directly or indirectly associated with the acquisition of the donor's organ will not be covered.
  - e. 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. A claim will be admissible under this Benefit only if the claim is admissible under In-patient Hospitalization or Day Care Treatment.
  - b. The recharge shall be utilised only after the Sum Insured, Cumulative Bonus has been completely exhausted in that Policy Year.
  - c. 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).
  - d. Cumulative Bonus shall not be considered while calculating the Recharge.
  - e. Any unutilized recharge cannot be carried forward to any subsequent Policy Year.
  - f. 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.
  - g. 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.
  - h. The waiting periods, the standard exclusions and the standard limits shall be applicable for the recharged sum insured.

## IV. General Exclusions

### 1. Waiting Periods

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

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

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. 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.
- iv. Coverage under the policy after the expiry of 48 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

- i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 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.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. 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.
- iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- v. 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.
- vi. List of specific diseases/procedures:

#### i. Waiting period of 48 months:

- a. Any **medical expenses** in connection with treatment for any mental **Illness** or psychiatric **Illness**
- b. Any **hospitalisation expenses** in connection with treatment for AIDS (Acquired Immune Deficiency Syndrome) and/ or infection with HIV (Human Immunodeficiency Virus)
- c. Behavioural and Neuro developmental disorders
  - i. Disorders of adult personality
  - ii. Disorders of speech and language including stammering, dyslexia

#### ii. Waiting period of 36 months:

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

#### iii. Waiting period of 24 months:

- a. Cataracts
- b. Benign Prostatic Hypertrophy
- c. Hernia of all types, Hydrocele
- d. Para nasal sinuses
- e. Deviated Nasal Septum, Fistulae
- f. Hemorrhoids
- g. Fissure in ano, Dysfunctional Uterine Bleeding
- h. Fibromyoma
- i. Endometriosis
- j. 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.

#### iv. 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.

#### v. 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 medically 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 spas, 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 dioptries.
- 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.
- 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) Costs incurred on all methods of treatment including AYUSH treatments except Allopathic.
- 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:

	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 –

- a) Sum insured of ₹ 50000, 100000, 150000 from Zone A /Zone B /Zone C will be applicable only for Children up to age of 25 years.
- b) Sum insured of ₹ 100000, 150000 from Zone C will be applicable for Rural Areas only.

## VII. Conditions

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 A	Mumbai, Navi Mumbai, Thane, Panvel, Delhi & NCR, Gujarat, Bangalore, Kolkata, Chennai, Hyderabad, Pune
Zone B	Nagpur, Chandigarh, Lucknow, Ludhiana, Jalandhar, Jaipur, Bhopal, Indore, Coimbatore, Mangalore, Mysore
Zone C	Rest of Location

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

- (ii) **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](https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf)

- (iii) **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](https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf)

## 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 <sup>st</sup> Quarter	12.5% of the respective quarter premium
	2 <sup>nd</sup> Quarter	12.5% of the respective quarter premium
	3 <sup>rd</sup> 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 <b>Policy Period</b>	No Refund
Quarterly	1 <sup>st</sup> Quarter of 1 <sup>st</sup> <b>Policy Year</b>	12.5% of the respective quarter premium
	2 <sup>nd</sup> Quarter of 1 <sup>st</sup> <b>Policy Year</b>	12.5% of the respective quarter premium
	3 <sup>rd</sup> Quarter of 1 <sup>st</sup> <b>Policy Year</b> and above	No Refund
Half-Yearly	Up to first 3 months of the 1 <sup>st</sup> <b>Policy Year</b>	25% of the half-yearly instalment premium
	Above first 3 months to 6 months of the 1 <sup>st</sup> <b>Policy Year</b>	12.5% of the half-yearly instalment premium
	Above first 6 months of the 1 <sup>st</sup> <b>Policy Year</b> and thereafter	No refund

- No refund of premium shall be due on cancellation if the Insured Person has made a claim under this **Policy**.
- 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.
- Similarly, in the case of one-year and long-term policy with installment 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) installment 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 installment period shall be refunded on pro-rata basis.
- 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.
- 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.

(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) **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 fifteen 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

- i. 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
- ii. 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
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

(ix) **Multiple Policies**

- i. 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.
- ii. 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.
- iii. 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.
- iv. 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.
- v. This section is not applicable to the Hospital Cash benefit payable in case of Platinum Plan and Ruby Plan.

(x) **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.

(xi) **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 the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. 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.
- iv. No interest will be charged if the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
- viii. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered
- ix. Duly filled and signed ACH/ECS/E-Mandate form shall be submitted along with the proposal form specifying the instalment premium amount and the frequency of instalment.
- x. On successful registration of the mandate of the ECS mandate, the premium shall be auto debited as per the frequency opted.
- xi. In case of withdrawal of ECS, a written communication will be required from policyholder
- xii. In case there is failure in transaction in ECS mode or the instalment premiums are not received within the grace period, the Policy will get cancelled.
- xiii. A fresh policy with all waiting periods would be issued

Policy Term	1 Year		2 Years		3 Years	
Instalment Option	Not Opted	Opted (Options – Monthly/ Quarterly/ Half-yearly)	Not Opted	Opted (Options – Monthly/ Quarterly/ Half-yearly)	Not Opted	Opted (Options – Monthly/ Quarterly/ Half-yearly)
Grace Period (applicable at the time of renewal)	30 days					
Grace Period (applicable post instalment payment date for the premium to be paid)	Not Applicable	15 days	Not Applicable	15 days	Not Applicable	15 days

xiv. 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%

(xii) **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.

(xiii) **Moratorium Period**

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

3. **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.

4. **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-authorisation 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-authorisation 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-authorisation 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-authorisation 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;
    - 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 4. A. b (i), or submission of any documents as stipulated under 4. A. b (iii) and 4. 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. Our Claims team will scrutinize the claims on the receipt of the last necessary documents specified in Section 4. A. b (iii) above
- ii. 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.
- iii. 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.
- iv. 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.
- v. 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)
- 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 cataracts**

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. 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.

D. **We** shall make payment in Indian Rupees only.

**E. 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.

**5. Conditions for renewal of the contract**

**(i) Renewal**

- i. The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.
- ii. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- v. 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.
- vi. No loading shall apply on renewals based on individual claims experience
- vii. Future Health Suraksha Policy shall be renewable lifelong
- viii. 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.
- ix. For Renewal Proposal received after completion of Grace Period of 30 days, all waiting periods would apply afresh.
- x. 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.

- xi. 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
- xii. 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**
- xiii. 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.

(iii) **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.

(iv) **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.

**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 be 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) Direct sales discount – A discount of 15% in lieu of intermediary commissions if policy is taken directly from the insurer and /or Online.
- k) 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**.
- l) 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: [fgf@futuregenerali.in](mailto:fgf@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.	AMBULANCE
68.	VASOFIX SAFETY

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

<b>Sl No.</b>	<b>Item</b>
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

Sl 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

Sl 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



51-55	14947	16672	18252	19663	20968	22189	23341	27154	28581	29486	31211	32835
56-60	19544	21802	23894	25739	27448	29048	30555	35526	37392	38578	40837	42963
61-65	27164	30223	33094	35590	37899	40060	42095	48763	51277	52875	55929	58802
66-70	34821	38752	42493	45696	48658	51429	54041	62570	65788	67837	71756	75445
71-75	44637	49702	54611	58730	62541	66104	69463	80256	84387	87017	92059	96808
> 76	52407	58336	64151	68966	73420	77585	81510	94386	99206	102278	108178	113731

Zone A												
One Adult + Three Children												
Age (in years)/ Sum Insured (in ₹)	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
18-25	7146	7962	8694	9363	9981	10558	11103	12978	13653	14082	14901	15668
26-30	7169	7989	8727	9399	10020	10603	11150	13005	13686	14118	14938	15711
31-35	7665	8544	9337	10057	10724	11347	11936	13902	14632	15096	15977	16806
36-40	8047	8974	9811	10568	11272	11928	12548	14574	15342	15831	16758	17631
41-45	9299	10371	11342	12219	13030	13790	14506	16862	17750	18314	19387	20395
46-50	10542	11757	12866	13861	14781	15643	16455	19163	20171	20809	22027	23171
51-55	11777	13135	14381	15492	16520	17482	18390	21394	22519	23231	24591	25870
56-60	14963	16692	18294	19707	21015	22240	23394	27200	28628	29536	31266	32894
61-65	20154	22424	24554	26405	28119	29722	31232	36179	38044	39230	41495	43628
66-70	25835	28751	31527	33903	36101	38157	40095	46423	48811	50331	53238	55975
71-75	33118	36876	40518	43574	46401	49045	51537	59545	62609	64561	68302	71826
> 76	38883	43281	47596	51168	54473	57563	60475	70028	73605	75884	80261	84381

Zone A												
Two Adults + Three Children												
Age (in years)	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
18-25	8607	9590	10473	11278	12023	12717	13375	15632	16446	16963	17948	18873
26-30	8743	9743	10643	11463	12220	12930	13598	15860	16690	17218	18218	19160
31-35	9480	10568	11548	12439	13263	14034	14763	17195	18097	18671	19761	20786
36-40	10116	11282	12333	13286	14170	14995	15774	18322	19287	19901	21067	22165
41-45	11915	13288	14532	15656	16695	17669	18585	21605	22743	23464	24840	26131
46-50	13813	15405	16859	18162	19369	20497	21561	25110	26431	27267	28863	30362
51-55	15853	17682	19359	20855	22239	23534	24756	28800	30314	31273	33103	34825
56-60	20460	22824	25014	26946	28735	30410	31987	37192	39145	40386	42751	44977
61-65	28040	31198	34162	36738	39122	41352	43453	50336	52931	54581	57733	60699
66-70	35944	40002	43864	47170	50227	53088	55784	64589	67910	70026	74070	77878
71-75	46077	51306	56373	60624	64558	68237	71704	82845	87109	89824	95029	99931
> 76	54098	60218	66221	71190	75789	80088	84139	97430	102406	105578	111667	117400

Zone B															
One Adult/Individual															
Age (in years)	50000	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
90 days-17	1382	1795	2178	2490	2761	3005	3226	3431	3623	3803	4445	4669	4811	5082	5336
18-25	1385	1840	2257	2599	2895	3162	3405	3629	3839	4038	4719	4965	5121	5418	5697
26-30	1488	1980	2430	2798	3118	3406	3668	3910	4137	4351	5076	5341	5510	5830	6131
31-35	1710	2280	2801	3227	3597	3931	4234	4515	4778	5026	5853	6161	6356	6727	7076
36-40	1944	2596	3191	3679	4102	4485	4831	5153	5453	5736	6662	7014	7237	7661	8060
41-45	2457	3281	4034	4650	5186	5671	6109	6515	6895	7253	8431	8875	9157	9693	10198
46-50	3071	4102	5045	5816	6487	7098	7647	8155	8630	9078	10573	11129	11481	12153	12784
51-55	3824	5111	6285	7247	8083	8850	9533	10166	10759	11317	13166	13857	14296	15133	15920
56-60	5147	6885	8472	9772	10901	11947	12870	13724	14524	15277	17764	18696	19288	20418	21482
61-65	7555	9977	12202	14020	15600	17081	18369	19561	20676	21726	25168	26466	27291	28866	30349
66-70	9665	12778	15636	17972	20001	21932	23584	25114	26544	27892	32294	33956	35013	37036	38939
71-75	12337	16350	20030	23039	25652	28187	30312	32279	34118	35852	41422	43554	44912	47515	49965
> 76	14525	19220	23527	27049	30108	33111	35595	37894	40044	42069	48716	51203	52789	55833	58700

Zone B												
Two Adults												
Age (in years)	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
18-25	3769	4198	4585	4937	5262	5567	5855	6843	7199	7425	7856	8261
26-30	4057	4521	4939	5319	5670	5999	6309	7360	7744	7990	8454	8890
31-35	4679	5216	5700	6139	6547	6928	7288	8487	8933	9216	9754	10260
36-40	5335	5948	6503	7005	7472	7907	8317	9660	10170	10494	11108	11687
41-45	6743	7520	8223	8858	9447	9998	10517	12225	12869	13278	14055	14787
46-50	8433	9406	10292	11088	11825	12514	13163	15331	16137	16647	17622	18337
51-55	10508	11720	12833	13823	14741	15601	16410	19091	20093	20729	21943	23084
56-60	14169	15806	17323	18662	19900	21060	22152	25758	27109	27968	29606	31149
61-65	20329	22620	24767	26635	28363	29980	31503	36494	38376	39572	41856	44006
66-70	26059	29001	31801	34197	36415	38489	40443	46826	49236	50769	53702	56462
71-75	33407	37195	40871	43952	46805	49471	51985	60062	63153	65122	68897	72449
> 76	39221	43657	48011	51613	54946	58064	61000	70638	74244	76544	80958	85115

Zone B												
One Adult + One Child												
Age (in years)	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
18-25	3639	4053	4427	4767	5081	5375	5653	6607	6951	7169	7585	7976
26-30	3777	4209	4598	4952	5279	5585	5874	6853	7210	7439	7871	8277
31-35	4195	4676	5110	5504	5870	6211	6534	7609	8009	8263	8745	9199
36-40	4599	5128	5606	6039	6441	6816	7170	8328	8768	9046	9576	10075
41-45	5580	6223	6805	7331	7818	8274	8704	10117	10650	10988	11632	12238
46-50	6688	7460	8163	8794	9378	9925	10440	12159	12798	13203	13976	14702
51-55	7972	8891	9735	10486	11183	11835	12449	14483	15243	15726	16646	17512
56-60	10505	11719	12843	13835	14753	15613	16423	19096	20098	20735	21949	23093
61-65	14721	16380	17935	19287	20539	21710	22812	26426	27789	28656	30309	31866
66-70	18871	21001	23029	24763	26370	27871	29287	33909	35654	36764	38888	40886
71-75	24191	26935	29596	31828	33893	35824	37645	43493	45732	47158	49891	52463
> 76	28401	31613	34767	37375	39789	42046	44172	51152	53763	55428	58625	61635

Zone B												
Two Adults + One Child												
Age (in years)/ Sum Insured (in ₹)	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
18-25	4808	5356	5850	6299	6714	7102	7470	8730	9185	9474	10023	10539
26-30	5036	5612	6131	6602	7038	7447	7832	9137	9614	9918	10494	11036
31-35	5647	6295	6879	7410	7901	8362	8796	10243	10782	11123	11772	12383
36-40	6254	6973	7625	8213	8760	9270	9751	11325	11924	12303	13024	13702
41-45	7673	8557	9357	10080	10750	11377	11967	13911	14644	15109	15993	16827
46-50	9306	10379	11357	12235	13048	13808	14525	16917	17806	18370	19445	20454

51-55	11233	12529	13718	14776	15757	16676	17541	20407	21478	22159	23456	24676
56-60	14902	16624	18219	19627	20929	22149	23297	27090	28511	29414	31137	32760
61-65	21030	23400	25622	27554	29342	31014	32589	37752	39699	40937	43299	45524
66-70	26958	30002	32898	35376	37671	39816	41838	48441	50934	52520	55554	58409
71-75	34559	38478	42281	45468	48419	51177	53778	62133	65331	67368	71273	74948
> 76	40574	45162	49667	53393	56841	60066	63104	73074	76805	79184	83750	88050

Zone B												
One Adult + Two Children												
Age (in years)	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
18-25	4678	5211	5692	6129	6532	6910	7268	8494	8937	9218	9752	10255
26-30	4757	5301	5790	6236	6647	7033	7397	8629	9080	9367	9911	10423
31-35	5163	5755	6290	6774	7224	7645	8042	9365	9858	10170	10763	11322
36-40	5519	6153	6728	7247	7730	8180	8604	9993	10521	10856	11492	12090
41-45	6510	7260	7939	8553	9121	9653	10154	11803	12425	12820	13570	14277
46-50	7561	8433	9227	9941	10602	11219	11801	13745	14468	14925	15799	16619
51-55	8696	9700	10620	11440	12199	12911	13580	15799	16628	17155	18160	19104
56-60	11238	12536	13739	14801	15783	16703	17569	20429	21500	22181	23481	24704
61-65	15422	17160	18789	20206	21517	22744	23899	27685	29113	30020	31753	33384
66-70	19769	22001	24125	25942	27625	29198	30681	35523	37352	38514	40740	42833
71-75	25343	28217	31006	33343	35507	37530	39437	45564	47909	49403	52267	54962
> 76	29754	33119	36422	39155	41683	44048	46276	53588	56323	58068	61416	64570

Zone B												
Two Adults + Two Children												
Age (in years)	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
18-25	5848	6514	7115	7661	8165	8638	9086	10618	11171	11522	12191	12818
26-30	6016	6704	7323	7886	8407	8895	9355	10913	11483	11847	12535	13182
31-35	6615	7374	8059	8680	9256	9795	10303	11999	12630	13030	13790	14506
36-40	7174	7999	8746	9420	10048	10633	11185	12991	13677	14112	14939	15717
41-45	8603	9594	10491	11302	12053	12756	13418	15597	16419	16940	17932	18866
46-50	10178	11352	12422	13382	14271	15103	15887	18503	19476	20092	21268	22372
51-55	11958	13337	14603	15729	16774	17752	18673	21724	22864	23588	24969	26268
56-60	15635	17442	19115	20592	21958	23238	24443	28422	29914	30861	32669	34371
61-65	21731	24180	26476	28472	30320	32048	33675	39010	41022	42301	44742	47041
66-70	27857	31002	33995	36555	38927	41143	43233	50056	52632	54270	57406	60355
71-75	35710	39761	43690	46984	50032	52883	55571	64204	67509	69614	73648	77446
> 76	41926	46667	51322	55172	58736	62068	65207	75510	79365	81823	86541	90985

Zone B												
One Adult + Three Children												
Age (in years)	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
18-25	5718	6369	6956	7491	7984	8446	8884	10382	10923	11266	11920	12533
26-30	5736	6392	6982	7519	8016	8481	8920	10406	10949	11296	11952	12569
31-35	6131	6834	7469	8045	8579	9078	9549	11121	11706	12076	12781	13444
36-40	6438	7179	7849	8454	9018	9543	10038	11659	12275	12665	13407	14105
41-45	7440	8298	9074	9774	10424	11032	11605	13490	14200	14651	15509	16317
46-50	8433	9406	10292	11088	11825	12514	13163	15331	16137	16647	17622	18537
51-55	9421	10508	11505	12393	13216	13987	14712	17116	18014	18585	19673	20696
56-60	11971	13354	14635	15766	16812	17792	18714	21761	22903	23628	25012	26315
61-65	16123	17940	19643	21124	22495	23777	24985	28943	30436	31385	33196	34901
66-70	20668	23001	25222	27122	28881	30526	32076	37138	39049	40265	42591	44780
71-75	26495	29500	32415	34859	37121	39236	41230	47635	50087	51649	54642	57460
> 76	31106	34624	38078	40934	43578	46051	48379	56023	58883	60707	64208	67505

Zone B												
Two Adults + Three Children												
Age (in years)	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
18-25	6887	7672	8379	9023	9617	10173	10701	12505	13157	13571	14358	15097
26-30	6995	7795	8515	9170	9775	10343	10878	12690	13353	13775	14575	15328
31-35	7583	8453	9238	9950	10610	11228	11811	13755	14478	14937	15808	16629
36-40	8094	9024	9867	10628	11337	11997	12619	14656	15431	15921	16854	17732
41-45	9533	10631	11626	12523	13356	14135	14869	17284	18194	18772	19871	20906
46-50	11050	12325	13486	14529	15495	16397	17248	20089	21145	21814	23091	24290
51-55	12682	14145	15488	16683	17791	18828	19805	23041	24250	25018	26483	27860
56-60	16368	18259	20011	21557	22988	24328	25589	29755	31316	32307	34200	35982
61-65	22432	24960	27330	29390	31298	33082	34762	40269	42346	43666	46186	48558
66-70	28755	32002	35091	37734	40182	42470	44627	51670	54330	56021	59258	62302
71-75	36862	41043	45099	48499	51646	54589	57363	66275	69686	71859	76024	79944
> 76	43278	48173	52978	56952	60630	64070	67310	77946	81925	84462	89333	93920

Zone C															
One Adult/Individual															
Age (in years)	50000	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
90 days-17	1296	1683	2042	2335	2589	2817	3025	3217	3396	3566	4167	4377	4510	4764	5003
18-25	1298	1725	2116	2436	2714	2964	3192	3402	3599	3785	4424	4655	4801	5079	5341
26-30	1395	1856	2278	2623	2923	3193	3439	3666	3879	4079	4758	5007	5165	5466	5748
31-35	1604	2138	2626	3025	3372	3685	3970	4233	4479	4712	5487	5776	5959	6306	6634
36-40	1823	2434	2992	3449	3846	4204	4529	4831	5112	5378	6246	6575	6784	7182	7556
41-45	2304	3076	3782	4359	4861	5317	5727	6108	6464	6800	7904	8321	8585	9087	9560
46-50	2879	3846	4729	5453	6081	6655	7169	7645	8091	8511	9912	10433	10764	11393	11985
51-55	3585	4791	5893	6794	7578	8297	8937	9531	10086	10609	12343	12991	13403	14187	14925
56-60	4825	6455	7943	9161	10220	11200	12065	12867	13616	14323	16653	17528	18083	19142	20139
61-65	7082	9353	11439	13144	14625	16013	17221	18338	19383	20369	23595	24812	25585	27062	28453
66-70	9061	11980	14658	16848	18751	20561	22110	23544	24885	26149	30276	31833	32825	34721	36506
71-75	11566	15329	18778	21599	24049	26425	28418	30262	31986	33611	38833	40832	42105	44545	46842
> 76	13617	18018	22057	25359	28227	31041	33371	35526	37541	39440	45671	48003	49490	52344	55031

Zone C												
Two Adults												
Age (in years)	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
18-25	3532	3935	4298	4628	4933	5219	5488	6415	6750	6961	7365	7744
26-30	3803	4238	4630	4987	5316	5625	5915	6899	7260	7489	7926	8335
31-35	4386	4889	5343	5757	6138	6495	6832	7956	8375	8641	9144	9619
36-40	5001	5577	6096	6567	7005	7412	7798	9057	9534	9837	10414	10956





56-60	15345	17119	18760	20209	21552	22807	23991	27894	29359	30289	32063	33733
61-65	21030	23400	25621	27554	29341	31013	32590	37752	39699	40936	43299	45525
66-70	26957	30002	32898	35376	37670	39816	41838	48442	50933	52520	55554	58410
71-75	34558	38478	42280	45469	48419	51178	53778	62133	65331	67368	71272	74947
> 76	40574	45163	49666	53394	56842	60066	63104	73074	76805	79184	83750	88050

**A. For Topaz and Ruby Plans:**

Zone A												
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	1863	2615	3193	3688	4184	5000	5252	6003				
18-25	1909	2728	3359	3901	4441	5309	5586	6410				
26-30	2054	2938	3619	4204	4786	5710	6009	6898				
31-35	2366	3388	4177	4854	5528	6585	6931	7960				
36-40	2693	3863	4765	5539	6310	7495	7890	9067				
41-45	3404	4882	6025	7004	7978	9485	9985	11472				
46-50	4256	6107	7542	8767	9986	11895	12520	14382				
51-55	5302	7610	9403	10929	12448	14811	15589	17910				
56-60	7144	10260	12694	14754	16805	19984	21033	24167				
61-65	10351	14721	18148	21028	23899	28314	29774	34143				
66-70	13257	18870	23303	26997	30681	36331	38200	43807				
71-75	16964	24190	29948	34700	39437	46600	48998	56211				
> 76	19940	28402	35180	40736	46276	54805	57604	66037				

Zone A												
Two Adults												
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L					
18-25	3956	4871	5658	6440	7699	8099	9294					
26-30	4260	5247	6096	6941	8279	8712	10002					
31-35	4913	6056	7038	8016	9549	10049	11543					
36-40	5600	6910	8032	9149	10868	11441	13148					
41-45	7079	8737	10156	11568	13754	14477	16635					
46-50	8855	10936	12712	14480	17247	18154	20854					
51-55	11034	13634	15847	18051	21477	22605	25970					
56-60	14878	18406	21393	24368	28976	30498	35042					
61-65	21345	26315	30490	34654	41055	43172	49508					
66-70	27362	33789	39145	44488	52681	55390	63519					
71-75	35076	43425	50315	57184	67570	71048	81507					
> 76	41182	51011	59068	67101	79466	83525	95755					

Zone A												
One Adult + One Child												
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L					
18-25	3819	4703	5463	6218	7433	7819	8974					
26-30	3966	4885	5675	6462	7708	8112	9311					
31-35	4405	5430	6310	7187	8561	9010	10349					
36-40	4828	5957	6924	7887	9369	9863	11335					
41-45	5858	7231	8405	9574	11382	11982	13766					
46-50	7023	8673	10082	11484	13678	14398	16539					
51-55	8371	10343	12022	13694	16293	17149	19701					
56-60	11030	13646	15860	18066	21482	22611	25979					
61-65	15457	19056	22080	25094	29730	31262	35851					
66-70	19814	24468	28347	32215	38147	40109	45997					
71-75	25400	31446	36435	41409	48930	51449	59022					
> 76	29822	36938	42773	48590	57545	60484	69340					

Zone A												
Two Adults + One Child												
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L					
18-25	5048	6214	7218	8217	9822	10333	11858					
26-30	5288	6514	7566	8615	10277	10815	12416					
31-35	5930	7310	8494	9675	11525	12129	13931					
36-40	6566	8101	9417	10726	12742	13414	15415					
41-45	8056	9942	11557	13164	15650	16475	18930					
46-50	9771	12067	14027	15978	19031	20032	23011					
51-55	11794	14574	16939	19295	22957	24164	27761					
56-60	15648	19358	22498	25628	30475	32075	36854					
61-65	22082	27223	31542	35849	42471	44661	51215					
66-70	28306	34955	40496	46022	54497	57299	65710					
71-75	36285	44923	52051	59156	69900	73499	84317					
> 76	42602	52770	61105	69415	82207	86405	99057					

Zone A												
One Adult + Two Children												
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L					
18-25	4911	6047	7024	7995	9556	10054	11538					
26-30	4994	6151	7147	8136	9707	10214	11726					
31-35	5421	6683	7766	8845	10536	11090	12737					
36-40	5793	7148	8309	9464	11243	11836	13602					
41-45	6835	8436	9806	11169	13280	13979	16061					
46-50	7939	9805	11397	12982	15463	16276	18697					
51-55	9132	11283	13115	14938	17773	18707	21492					
56-60	11799	14598	16966	19327	22982	24188	27792					
61-65	16194	19963	23131	26289	31145	32751	37558					
66-70	20758	25633	29697	33750	39965	42019	48187					
71-75	26610	32943	38170	43381	51260	53898	61833					
> 76	31241	38698	44810	50904	60285	63364	72642					

Zone A												
Two Adults + Two Children												
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L					
18-25	6139	7558	8779	9993	11946	12568	14423					
26-30	6316	7780	9038	10291	12276	12918	14830					
31-35	6947	8563	9950	11333	13500	14208	16319					
36-40	7531	9292	10802	12304	14616	15386	17681					
41-45	9032	11148	12957	14759	17547	18472	21224					
46-50	10687	13199	15342	17476	20815	21910	25169					
51-55	12555	15514	18032	20540	24439	25723	29552					
56-60	16417	20310	23605	26888	31973	33653	38667					

61-65	22818	28130	32593	37044	43887	46149	52922
66-70	29250	36119	41846	47556	56313	59209	67901
71-75	37495	46419	53785	61127	72230	75948	87127
> 76	44022	54528	63141	71729	84947	89285	102358

**Zone A**

**One Adult + Three Children**

Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	6003	7390	8584	9771	11680	12288	14101
26-30	6022	7418	8617	9812	11705	12317	14140
31-35	6439	7936	9223	10504	12512	13169	15125
36-40	6759	8339	9694	11042	13117	13808	15868
41-45	7811	9641	11206	12765	15176	15975	18356
46-50	8855	10936	12712	14480	17247	18154	20854
51-55	9893	12224	14207	16183	19255	20267	23283
56-60	12569	15550	18073	20587	24480	25765	29605
61-65	16929	20871	24182	27484	32561	34240	39265
66-70	21701	26798	31047	35284	41781	43930	50378
71-75	27819	34440	39905	45353	53591	56348	64643
> 76	32662	40457	46847	53218	63025	66245	75943

**Zone A**

**Two Adults + Three Children**

Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	7230	8902	10340	11770	14069	14801	16986
26-30	7344	9047	10509	11966	14274	15021	17244
31-35	7963	9816	11406	12991	15476	16287	18707
36-40	8497	10483	12186	13881	16490	17358	19949
41-45	10009	12352	14358	16355	19445	20469	23518
46-50	11603	14330	16657	18974	22599	23788	27326
51-55	13317	16455	19126	21785	25920	27283	31343
56-60	17186	21262	24712	28149	33473	35231	40479
61-65	23554	29038	33645	38239	45302	47638	54629
66-70	30193	37284	43195	49090	58130	61119	70090
71-75	38705	47917	55520	63100	74561	78398	89938
> 76	45442	56288	65179	74042	87687	92165	105660

**Zone B**

**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	1490	2092	2554	2951	3347	4000	4202	4803
18-25	1528	2183	2688	3121	3553	4247	4468	5128
26-30	1643	2350	2895	3363	3829	4568	4807	5518
31-35	1892	2711	3341	3883	4423	5268	5545	6368
36-40	2155	3090	3812	4431	5048	5996	6312	7254
41-45	2723	3906	4820	5603	6383	7588	7988	9178
46-50	3405	4886	6034	7013	7989	9516	10016	11506
51-55	4242	6088	7522	8743	9959	11849	12472	14328
56-60	5715	8208	10155	11803	13444	15987	16827	19333
61-65	8281	11777	14519	16822	19119	22651	23819	27315
66-70	10606	15096	18642	21598	24545	29065	30560	35046
71-75	13571	19352	23959	27760	31550	37280	39199	44969
> 76	15952	22721	28144	32589	37021	43844	46083	52830

**Zone B**

**Two Adults**

Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	3166	3897	4525	5152	6159	6479	7435
26-30	3408	4198	4876	5552	6624	6970	8001
31-35	3930	4845	5630	6413	7638	8040	9234
36-40	4481	5528	6426	7319	8694	9153	10518
41-45	5664	6990	8124	9255	11003	11582	13308
46-50	7084	8748	10170	11583	13798	14523	16683
51-55	8827	10908	12677	14441	17182	18084	20776
56-60	11902	14725	17114	19494	23182	24398	28034
61-65	17076	21052	24392	27723	32845	34538	39605
66-70	21890	27031	31317	35590	42143	44312	50816
71-75	28062	34740	40252	45747	54056	56838	65204
> 76	32946	40809	47254	53680	63574	66820	76604

**Zone B**

**One Adult + One Child**

Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	3057	3763	4370	4975	5946	6256	7178
26-30	3173	3908	4540	5169	6168	6489	7449
31-35	3524	4344	5048	5750	6848	7208	8279
36-40	3863	4765	5539	6310	7495	7891	9068
41-45	4687	5784	6723	7660	9105	9585	11014
46-50	5618	6939	8065	9187	10943	11518	13232
51-55	6696	8275	9617	10955	13035	13719	15761
56-60	8824	10917	12688	14452	17186	18088	20784
61-65	12366	15245	17664	20075	23783	25010	28679
66-70	15852	19575	22678	25773	30518	32089	36797
71-75	20320	25157	29148	33128	39144	41159	47217
> 76	23857	29552	34219	38871	46037	48387	55472

**Zone B**

**Two Adults + One Child**

Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	4039	4973	5774	6574	7857	8267	9485
26-30	4230	5211	6053	6892	8223	8653	9932
31-35	4743	5847	6795	7740	9219	9704	11145
36-40	5253	6481	7534	8581	10193	10732	12332
41-45	6445	7953	9245	10531	12520	13180	15144
46-50	7817	9653	11221	12782	15225	16025	18409
51-55	9436	11660	13551	15436	18366	19330	22208
56-60	12518	15486	17999	20501	24381	25660	29484
61-65	17665	21779	25234	28678	33977	35729	40972
66-70	22645	27963	32397	36817	43597	45841	52568
71-75	29030	35939	41640	47325	55920	58798	67453
> 76	34082	42217	48883	55532	65767	69125	79245

Zone B							
One Adult + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	3930	4838	5618	6396	7645	8043	9230
26-30	3996	4922	5716	6509	7766	8172	9381
31-35	4337	5347	6213	7077	8429	8872	10190
36-40	4636	5719	6648	7572	8994	9469	10881
41-45	5468	6748	7844	8936	10623	11183	12849
46-50	6351	7843	9118	10385	12371	13021	14957
51-55	7305	9027	10491	11950	14219	14965	17194
56-60	9440	11678	13573	15461	18386	19350	22234
61-65	12954	15971	18505	21031	24917	26202	30046
66-70	16606	20506	23758	26999	31971	33617	38550
71-75	21288	26355	30536	34705	41008	43118	49466
> 76	24993	30959	35847	40723	48229	50691	58113

Zone B							
Two Adults + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	4912	6048	7022	7996	9556	10054	11536
26-30	5053	6225	7230	8232	9822	10335	11864
31-35	5557	6850	7960	9067	10799	11367	13055
36-40	6026	7434	8641	9843	11692	12309	14145
41-45	7227	8917	10366	11808	14037	14777	16979
46-50	8550	10559	12273	13981	16653	17528	20135
51-55	10045	12413	14426	16432	19552	20578	23641
56-60	13133	16248	18884	21510	25580	26923	30934
61-65	18254	22505	26075	29634	35109	36920	42337
66-70	23400	28896	33477	38045	45050	47369	54320
71-75	29996	37137	43028	48902	57784	60758	69701
> 76	35218	43624	50513	57382	67959	71429	81887

Zone B							
One Adult + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	4803	5913	6866	7818	9344	9831	11280
26-30	4818	5935	6894	7850	9365	9854	11312
31-35	5150	6349	7378	8403	10009	10535	12100
36-40	5408	6672	7755	8833	10493	11048	12695
41-45	6250	7713	8965	10212	12141	12780	14685
46-50	7084	8748	10170	11583	13798	14523	16683
51-55	7914	9779	11366	12947	15404	16213	18626
56-60	10056	12440	14458	16468	19585	20613	23684
61-65	13543	16697	19346	21987	26049	27392	31411
66-70	17361	21439	24838	28227	33424	35144	40302
71-75	22256	27553	31924	36282	42872	45078	51714
> 76	26129	32366	37477	42574	50421	52995	60755

Zone B							
Two Adults + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	5785	7122	8271	9417	11255	11841	13587
26-30	5876	7238	8407	9573	11421	12018	13795
31-35	6370	7852	9125	10394	12380	13030	14966
36-40	6799	8387	9750	11105	13190	13888	15959
41-45	8008	9882	11486	13085	15556	16375	18815
46-50	9282	11463	13326	15178	18080	19031	21861
51-55	10653	13165	15300	17428	20737	21825	25074
56-60	13749	17009	19770	22518	26780	28184	32384
61-65	18843	23231	26916	30591	36242	38111	43702
66-70	24154	29827	34557	39272	46503	48897	56072
71-75	30964	38334	44416	50479	59648	62717	71950
> 76	36354	45031	52142	59233	70151	73733	84528

Zone C								
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	1397	1961	2394	2766	3138	3750	3939	4502
18-25	1432	2046	2520	2926	3331	3982	4189	4807
26-30	1541	2203	2714	3153	3590	4282	4507	5173
31-35	1774	2541	3133	3640	4146	4939	5198	5970
36-40	2020	2897	3574	4154	4732	5621	5918	6800
41-45	2553	3662	4519	5253	5984	7114	7489	8604
46-50	3192	4580	5656	6575	7490	8921	9390	10787
51-55	3977	5707	7052	8197	9336	11108	11692	13433
56-60	5358	7695	9520	11065	12604	14988	15775	18125
61-65	7763	11041	13611	15771	17924	21236	22330	25607
66-70	9943	14153	17477	20248	23011	27248	28650	32855
71-75	12723	18143	22461	26025	29578	34950	36749	42158
> 76	14955	21301	26385	30552	34707	41104	43203	49528

Zone C							
Two Adults							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	2967	3653	4242	4829	5774	6075	6970
26-30	3195	3936	4572	5205	6209	6534	7502
31-35	3684	4542	5279	6012	7160	7538	8657
36-40	4201	5182	6024	6862	8151	8581	9860
41-45	5310	6554	7617	8677	10315	10859	12476
46-50	6642	8203	9533	10860	12935	13615	15640
51-55	8275	10226	11885	13537	16107	16953	19477
56-60	11158	13804	16045	18276	21732	22874	26282
61-65	16010	19736	22867	25991	30792	32379	37131
66-70	20521	25341	29360	33366	39510	41542	47641
71-75	26308	32569	37737	42888	50677	53285	61129
> 76	30888	38258	44301	50325	59601	62644	71816

Zone C							
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One Adult + One Child							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	2864	3528	4096	4663	5575	5865	6729
26-30	2974	3664	4256	4846	5781	6083	6984
31-35	3304	4072	4733	5391	6420	6758	7762
36-40	3621	4467	5194	5916	7027	7397	8501
41-45	4394	5423	6304	7181	8537	8987	10325
46-50	5268	6505	7561	8613	10259	10798	12405
51-55	6277	7758	9016	10270	12219	12861	14776
56-60	8272	10234	11896	13549	16112	16959	19484
61-65	11593	14292	16559	18821	22298	23448	26888
66-70	14860	18351	21260	24161	28611	30083	34498
71-75	19050	23584	27327	31057	36698	38587	44266
> 76	22367	27704	32080	36443	43160	45363	52005

Zone C Two Adults + One Child							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	3786	4661	5413	6162	7366	7751	8893
26-30	3966	4885	5675	6461	7708	8112	9311
31-35	4447	5482	6371	7256	8642	9097	10449
36-40	4925	6075	7063	8046	9556	10060	11561
41-45	6041	7457	8667	9874	11738	12357	14197
46-50	7329	9051	10520	11984	14273	15024	17258
51-55	8846	10931	12705	14471	17219	18122	20821
56-60	11736	14518	16875	19222	22856	24057	27641
61-65	16561	20417	23656	26888	31854	33496	38412
66-70	21228	26216	30372	34517	40873	42975	49283
71-75	27215	33692	39038	44367	52425	55123	63237
> 76	31953	39578	45829	52061	61656	64805	74292

Zone C One Adult + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	3683	4535	5267	5995	7167	7541	8653
26-30	3746	4614	5360	6102	7280	7661	8795
31-35	4066	5012	5825	6634	7901	8318	9553
36-40	4346	5360	6232	7099	8432	8877	10201
41-45	5127	6327	7354	8378	9959	10484	12046
46-50	5955	7354	8548	9736	11597	12207	14023
51-55	6849	8463	9836	11203	13331	14030	16119
56-60	8849	10948	12725	14494	17236	18141	20844
61-65	12145	14972	17348	19717	23360	24564	28168
66-70	15568	19224	22272	25312	29974	31514	36141
71-75	19958	24708	28628	32535	38444	40424	46373
> 76	23432	29023	33608	38178	45214	47523	54481

Zone C Two Adults + Two Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	4604	5669	6583	7494	8959	9427	10815
26-30	4737	5835	6779	7718	9207	9689	11122
31-35	5209	6421	7463	8501	10123	10657	12240
36-40	5650	6968	8101	9229	10962	11539	13261
41-45	6774	8361	9718	11070	13160	13855	15917
46-50	8016	9899	11506	13107	15611	16432	18877
51-55	9416	11637	13524	15404	18329	19292	22163
56-60	12313	15232	17705	20167	23981	25241	29000
61-65	17113	21097	24445	27783	32915	34613	39692
66-70	21936	27090	31384	35667	42235	44407	50926
71-75	28122	34815	40339	45845	54172	56961	65345
> 76	33017	40897	47356	53796	63711	66965	76768

Zone C One Adult + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	4502	5543	6436	7328	8760	9217	10575
26-30	4517	5564	6463	7359	8779	9238	10605
31-35	4828	5952	6917	7879	9383	9877	11345
36-40	5070	6253	7270	8283	9838	10355	11901
41-45	5858	7231	8405	9574	11381	11983	13766
46-50	6642	8203	9533	10860	12935	13615	15640
51-55	7419	9168	10655	12137	14441	15199	17463
56-60	9426	11662	13555	15440	18360	19325	22203
61-65	12697	15653	18137	20613	24421	25681	29449
66-70	16275	20098	23285	26462	31335	32947	37784
71-75	20865	25831	29929	34015	40192	42261	48481
> 76	24497	30342	35135	39913	47270	49683	56957

Zone C Two Adults + Three Children							
Age (in years)	2 L	3 L	4 L	5 L	6 L	7.5 L	10 L
18-25	5422	6677	7753	8826	10552	11102	12739
26-30	5509	6786	7882	8974	10706	11266	12933
31-35	5972	7361	8555	9744	11605	12217	14031
36-40	6374	7862	9140	10412	12367	13019	14961
41-45	7506	9265	10768	12267	14583	15352	17638
46-50	8703	10748	12492	14230	16950	17841	20495
51-55	9988	12342	14344	16338	19440	20461	23507
56-60	12890	15946	18535	21112	25105	26243	30360
61-65	17665	21778	25233	28679	33977	35729	40973
66-70	22644	27963	32396	36817	43598	45840	52569
71-75	29029	35938	41640	47325	55920	58798	67452
> 76	34082	42216	48884	55532	65767	69125	79245

\*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	<b>Sum Insured options (in ₹)</b>	<b>50,000*</b> <b>1,00,000*</b> <b>1,50,000*</b>	<b>2,00,000</b> <b>2,50,000</b>	<b>3,00,000</b> <b>3,50,000</b> <b>4,00,000</b> <b>4,50,000</b> <b>5,00,000</b>	<b>6,00,000</b> <b>7,50,000</b> <b>8,00,000</b> <b>9,00,000</b> <b>10,00,000</b>	<b>1,00,000*</b>	<b>2,00,000</b> <b>3,00,000</b> <b>4,00,000</b> <b>5,00,000</b>	<b>6,00,000</b> <b>7,50,000</b> <b>10,00,000</b>	
		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	90 days – 25 years
		Maximum Renewal Age	Lifelong	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	1/ 2/ 3 years
		Family Definition – Individual SI	S+Sp+4C +2P	S+Sp+4C +2P	S+Sp+4C+ 2P	S+Sp+4C +2P	S+Sp+4C +2P	S+Sp+4C+ 2P	S+Sp+4C +2P	S+Sp+4C+2P
Family Definition – Family Floater SI	Not Applicable	S+Sp+3C	S+Sp+3C	S+Sp+3C	S+Sp+3C	Not Applicable	S+Sp+3C	S+Sp+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	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable		



		to Max 50%																	
		Hospital cash benefit	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 a policy period	₹ 500/- per day, maximum up to 10 days and 30 days in a policy period	₹ 500/- per day, maximum up to 10 days and 30 days in a policy period	₹ 500/- per day, maximum up to 10 days and 30 days in a policy period	₹ 350/- per day, maximum up to 10 days and 30 days in a policy period	₹ 350/- per day, maximum up to 10 days and 30 days in a policy period	₹ 350/- per day, maximum up to 10 days and 30 days 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	Submit 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: <table border="1" data-bbox="326 1360 548 1535"> <thead> <tr> <th>Age Bands</th> <th>Discount</th> </tr> </thead> <tbody> <tr> <td>&lt;=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 &amp; 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%	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
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										
		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	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable										

		separate health insurance policy with us							
G	Premium instalment option (monthly, quarterly, half yearly) with Loading	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
H	Waiting Periods	Pre-existing Disease- 48 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
		4 years Waiting Period - Mental illness and psychiatric illness	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
		4 years Waiting Period - HIV/AIDS	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
* Note –									
a) Sum insured of ₹ 50000, 100000, 150000 from Zone A /Zone B /Zone C will be applicable only for Children up to age of 25 years.									
b) Sum insured of ₹ 100000, 150000 from Zone C will be applicable for Rural Areas only.									
SI : Sum insured, S: Self, Sp: Spouse, C: Child, P: Parent									

#### 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 hospitalisation)	80000	100000	150000	200000
Dialysis (policy limit)	10000	15000	20000	30000

ISO No. FGH/UW/RET/200/02

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