

Galaxy Guardian
UIN : GHIHLIP25037V012425

- **Type of Cover:** Individual
- **Entry Age**
 - Adult : 18 years to any age
 - Child: 5 months to 25 years.
- **Policy Term : 1 / 2 / 3 year/s**
 - **Note:** Where the policy is issued for more than 1 year, the Sum Insured including sublimits, is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3rd year cannot be utilized in the 1st year itself.
- **Sum Insured Options: Rs.3,00,000/- or Rs.5,00,000/-**
- **Long Term Discount:**
 - Two years policy: 10% discount on 2nd year premium**
 - Three years policy: 12.5% discount on 2nd and 3rd year premium**
- **Instalment:** Quarterly: 2%/Half-yearly: 1%

For Long-term: 4*: 2% loading /2*: 1% loading /Annual: No Instalment Loading and No Long Term discount *Premium will be paid by the insured within the first year of policy. Further, first long-term discount will be applied and then instalment loading will be applied.

Note:

- a. For long term policies, in case if the insured is paying single premium at the inception of the policy - long term discount will be applicable.
- b. For long term policies, in case if the insured is paying quarterly/half yearly options for the entire policy tenure, a loading of 2%/1% is applicable respectively. No long term discount is applicable.
- **Pre-acceptance medical screening:** No pre-acceptance medical screening. For those who declare adverse medical history, company may subject them to undergo pre-policy medical check-up. 100% cost of such medical examination is borne by the company.

➤ **Discounts offered:**

S. No.	Description	Explanation		
1	Online Purchase Discount	5% discount for online purchase first purchase and their renewals. (If the policy is first purchased online and the same is renewed online, then 5% discount will be given for such renewals too)		
2	Long Term Discount	Two-year policy: 10% discount on 2nd year premium. Three-year policy: 12.5% discount on 2nd and 3rd year premium		
3	No claim discount in lieu of Cumulative Bonus	Sum Insured in Lakhs (Rs.)	3	5
		Discount in Premium	4%	3%

- **Medical Underwriting Loading:**
Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).

- The maximum risk loading for an individual will not exceed 125% per diagnosis/medical condition, with an overall cap of 250% per insured person.
- This loading applies from the policy's commencement date, including any subsequent renewals with the company.
- The company will notify the insured of the applicable risk loading or exclusion, or both, through a counter offer.
- The insured must respond to the company with their consent and any additional premium (if required) within 7 days of receiving the counter offer.
- If the insured neither accepts the counter offer nor responds within 7 days, the company will cancel the proposal and refund the premium.
- The company will issue the policy only after receiving the insured's consent and any additional premium (if required).

III. COVERAGE

1. Inpatient Treatment

- a. Room rent inclusive of boarding, nursing charges, Residential/Duty Medical Officer charges during Hospitalisation as charged by the Hospital where the Insured Person availed medical treatment as per the table given below,

Sum Insured (Rs.)	Per day limit
3,00,000	up to 1% of the Sum Insured
5,00,000	

Note: Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent.

b. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

c. Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, investigation test, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses with regard to coronary stenting, medicines, Implants and other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

2. Road Ambulance: Expenses incurred as per the table given below in respect of the following are payable, provided that the hospitalisation claim is admissible.

- i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons or
- ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment or
- iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner.

Limit Per Hospitalisation (Rs)	Covered up to Rs.1,500/-
Limit Per Policy Period (Rs)	Covered up to Rs.3,000/-

3.Pre- Hospitalisation Expenses: Medical expenses incurred immediately before the insured person is hospitalized not exceeding 30 days.

4. Post Hospitalisation Expenses: Medical Expenses incurred in respect of the Insured Person immediately following the Insured Person's discharge from Hospital not exceeding 60 days.

5. Day Care Procedures/Treatment: All day care Procedures/Treatment are covered upto sum insured.

6. Treatment of Cataract: Expenses incurred on treatment of Cataract is payable up to the limit as per the table given below:

Sum Insured (Rs.)	Limit per policy year (Rs.)
3,00,000	Up to 25,000 /-
5,00,000	Up to 35,000 /-

Note: The above limit is inclusive of pre and post hospitalisation expenses.

7. Health Check-up: Expenses incurred towards cost of health check-up is payable up to the limits mentioned in the table given below:

Sum Insured (Rs.)	Limit per policy year (Rs)
3,00,000	Up to 750/-
5,00,000	Up to 1,000/-
Available at network hospital for every claim free year	

Note :

1. Any unutilized health check-up limit cannot be carried forward to the next Policy Year.
2. Payment under this cover will not have an impact on Cumulative Bonus / No Claim Discount.

8. Home Care Treatment

The Company will pay for expenses towards treatment availed by the Insured Person at home up to 10% of Sum Insured in a policy year. It is available only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home.

The below listed are covered

1. Fever and Infectious diseases which can be managed as Inpatient
2. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
3. Asthma and COPD -Mild Exacerbations needing Home Nebulization
4. Acute Gastritis/Gastroenteritis
5. I.V. Chemotherapy [Where advised by the doctor]
6. Palliative Cancer care requiring medical assistance
7. Acute Vertigo
8. Diabetic foot and Cellulitis
9. IVDP [Cervical and Lumbar disc diseases]
10. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
11. Care for Brain and Spinal Injury Cases Post Discharge
12. Post CVA Care at Home after Discharge

Note:

- a. The Medical practitioner advises the Insured person to undergo treatment at home
- b. There is a continuous active line of treatment with monitoring of health status by a medical practitioner for each day through the duration of the home care treatment
- c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- d. Insured can avail "Home Care Treatment" service, if availed from the list of Network service provider given in the Company website "www.galaxyhealth.com"
- e. Exclusion No.1: Pre-Existing disease (Code Excl 01), Exclusion No.2: Specified disease (Code Excl 02), Exclusion No.3: Initial waiting period (Code Excl 03) are applicable and the above mentioned sub-limit will apply.

- f. Insured claiming under this cover for Post CVA Care at Home after discharge, will not be eligible to claim under Rehabilitation and Pain Management for Stroke.

9. Rehabilitation and Pain Management: The company will pay the medical expenses up to Rs.25,000/- per policy year for Rehabilitation and Pain Management.

Rehabilitation: The company will pay the expenses for rehabilitation, if availed at authorized centres as an In-patient/Out-patient, and if there is an admissible claim for In-patient hospitalisation for an injury, disease or illness specified below.

1. Poly Trauma
2. Head injury
3. Diseases of the spine
4. Stroke

S. No.	Name of the covered Pain Management Treatment
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis
2	Caudal epidural injection for Discogenic pain
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain
4	Caudal Neuroplasty for Failed back spine surgery
5	Stellate ganglion ablation for upper limb CRPS
6	Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches
7	Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful neuropathy and Ischaemic limb pain
8	Gasserian ganglion ablation for Trigeminal neuralgia
9	Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain
10	Coeliac plexus ablation for upper gastrointestinal malignancies pain
11	Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain
12	Ganglion impar ablation for perineal cancer pain and coccydynia
13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip
14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain
15	Physiotherapy maximum 10 session will be allowed per policy period not exceeding Rs.10,000/- per policy period

Important Note:

1. Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in the company website – www.galaxyhealth.com
2. Insured claiming under this cover for Stroke, will not be eligible to claim under Home Care Treatment for Post CVA Care at Home after discharge.

10. Newborn Baby cover: Hospitalisation expenses for treatment of newborn is covered up to 10% of the mother's sum insured (including for twins/ triplets/ quadruplets) incurred in a hospital/ nursing home for any disease, illness or accidental injuries are payable.

Waiting Period: Provided the mother is insured under the policy for a continuous period of 12 months without break in this policy

- a) **For one year policy term:** The coverage for newborn baby starts from day-1 after its birth till the expiry date of the policy year, subject to availability of the sum insured.
- b) **For Long term policies (For 2 years policy term and 3 years policy term):** The coverage for Newborn Baby starts from day-1 after its birth till the expiry date of the policy year. Further, newborn will be covered under this policy by paying additional premium for subsequent year/s.

Note:

1. Intimation about the birth of the Newborn Baby should be given to the company and policy must be endorsed for this cover to commence.
2. Exclusion no. 3 initial waiting period (Code Excl 03) as stated under this policy shall not apply for the Newborn Baby
3. All other terms, conditions and exclusions shall apply for the Newborn Baby.
4. The Exclusion No.1: Pre-Existing disease (Code Excl 01), Exclusion No.2: Specified disease (Code Excl 02), and the above-mentioned sub-limit will not apply for treatment related to Congenital Internal disease/defects for the newborn.

11. Bariatric Surgery: Expenses incurred on hospitalisation including pre-hospitalisation and post hospitalisation for bariatric surgical procedure and its complications thereof are payable subject to limits as per the table given below.

Sum Insured (Rs.)	Limit Per Policy Year (Rs.)
3,00,000	Up to 90,000/-
5,00,000	Up to 1,50,000/-

Conditions:

- a) This benefit is subject to a waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof with the Company
- b) The minimum age of the insured at the time of surgery should be above 18 years
- c) This benefit shall not apply where the surgery is performed for
 - i. Reversible endocrine or other disorders that can cause obesity
 - ii. Current drug or alcohol abuse
 - iii. Uncontrolled, severe psychiatric illness
 - iv. Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery
 - v. Bariatric surgery performed for Cosmetic reasons
- d) The indication for the procedure should be found appropriate by two qualified surgeons and the insured person should obtain prior approval for cashless treatment from the Company.
- e) To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)
 - i. The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
 - ii. The insured person is unable to lose weight through traditional methods like diet and exercise

12. Modern Treatment: The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital as per the table given below (including Pre and Post hospitalisation expenses) during the policy year.

			Treatment type	Limit per policy year (Rs.)
I	Robotic Surgeries	a	Total Knee Replacement & Total Hip Replacement	Maximum up to Rs.4,00,000/- or up to sum insured whichever is less, (Including the Costs of Implants)
		b	Radical Prostatectomy	Up to sum insured
			Wippl's Procedure	

			For treatment of Thoracic & Abdominal Malignancies	
			Complex Intra-Abdominal Surgeries	
		c	For treatment of Laryngeal & Pharyngeal Cancers	Up to sum insured
			Staging Laparotomy (including the cost of instruments)	
		d	Cyto-reduction Surgeries	Up to 30% sum insured
			For all other Robotic procedures	
II	Immunotherapy – Monoclonal Antibody to be given as injection	a	For Cancer Treatment	Up to sum insured
		b	Other than treatment of Cancer	Up to 30% sum insured
III	Stem Cell Therapy Hematopoietic stem cells for bone marrow transplant for haematological conditions	a	For Cancer Treatment	Up to sum insured
		b	Other than treatment of Cancer	Up to 30% sum insured
IV	Intravitreal Injection	a	Allowed Maximum 2 injections per eye (4 injection both eyes) per policy period	Up to 30% sum insured
V	Deep Brain Stimulation	a	Upto sum insured	
VI	Other Modern Treatments	a	Balloon Sinuplasty	Up to 30% sum insured
		b	Bronchial Thermoplasty	
		c	IONM – (Intra Operative Neuro Monitoring)	
		d	Stereotactic Radio Surgeries	
		e	Vaporisation of Prostate	
		f	Oral Chemotherapy	
		g	Uterine Artery Embolization & High-Intensity Focussed Ultrasound	

13. AYUSH Treatment: Medical expenses for Inpatient Hospitalisation incurred on treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable upto the sum insured.

Note: Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the Company.

14. Organ Transplantation Expenses: Hospitalisation medical expenses incurred to the Insured Person for inpatient organ transplantation treatment, including the harvesting of the donated organ will be covered upto sum insured subject to a waiting period of 36 months from the date of first inception of this policy with the Company.

Note: Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto.

15.Domiciliary Hospitalisation: Coverage for medical treatment (Including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances.

- The condition of the patient is such that he/she is not in a condition to be moved to a hospital, or

- The patient takes treatment at home on account of non-availability of room/bed in a hospital. However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.

16. Outpatient Consultation: Expenses of Medical Consultations as an Outpatient incurred in a Network Hospital up to the limits mentioned in the below table of benefits with a limit up to Rs.750/- per consultation. Payment under this section does not form part of Sum Insured, and payable while the policy is in force.

Sum Insured (Rs.)	Limit Per Policy Year (Rs.)
3,00,000	Up to 2,000/-
5,00,000	Up to 3,000/-

Note: Payment of any claim under this coverage shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract.

17. A. Cumulative Bonus: The Company will provide a Cumulative Bonus at 10% of the Sum Insured at the end of every claim free year subject to a maximum of 50 %, if the policy is continuously renewed with the company.

Conditions

- The Cumulative bonus will be calculated on the expiring Sum Insured.
- If the insured opts to reduce the sum insured at the subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.
- In the event of a claim, such bonus so granted will be reduced at the same rate at which it has accrued.

17. B. No Claim Discount (in lieu of Cumulative Bonus): Policy is eligible for no claim discount in lieu of no claim bonus as per the table given below.

Sum Insured (Rs.)	Discount in Premium
3,00,000	4%
5,00,000	3%

Note:

- The customer should opt for either cumulative bonus or No claims discount during the first purchase of this policy as well as at the time of renewal of this policy.
- This discount will be provided on renewal premium of each claim free year, and it is not cumulative in nature.

Illustration: If the insured opts for higher sum insured at the time of renewal, the discount shall be calculated on the previous year premium, and the same discounted amount shall be applied on the renewed premium. Illustration is given below for better understanding.

Policy Type	Fresh	
Sum Insured (Rs.)	3,00,000	
Self Age	36	
Base Premium (Rs.)	6,670	A
Add: GST at 18% (Rs.)	1,201	B = A * 18%
Total Premium (Rs.)	7,871	C = A+B

During Renewal, Insured enhanced sum Insured to Rs.5,00,000/- and opted No Claim discount		
Policy Type	Renewal	
Sum Insured Enhanced to (Rs.)	5,00,000	
Self Age	37	
Base Premium (Rs.)	8,114	D
Less: No Claims Discount at 3% (Rs.)	243	E = A*3%
Sub-total (Rs.)	7,871	F = D-E
Add: GST at 18% (Rs.)	1,471	G = F*18%
Total Premium (Rs.)	9,287	H = F+G

18. Co-payment: Each and every claim under the Policy shall be subject to a co-payment of 10% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

➤ EXCLUSIONS

Standard Exclusions

1. Pre-Existing Diseases - Code- Excl 01:

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer, applicable for 1 year / 2 year / 3 year term plans.

2. Specified disease/procedure waiting period – Code Excl 02

Expenses related to the treatment of the listed conditions: surgeries/treatments shall be excluded until the expiry of 24 months, provided 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. Applicable for 1 year / 2 year / 3 year term plans.

- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy inception or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures
 - Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.

3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident).
5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including diseases of liver, Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
6. All types of Hernia.
7. Desmoid Tumour, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.
8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases.
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies.
10. Benign Tumours of Epididymis, Spermatocoele, Varicocoele, Hydrocoele.
11. Fistula, Fissure in Ano, Haemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers.
13. Congenital Internal disease / defect - [except for Newborn Coverage (10)].

Note: Waiting period for the following benefits are as follows

- a. **Organ Transplantation:** A waiting period of 36 months from the date of first inception of this policy with the Company for the insured person for all types of transplant and related surgeries including Stem Cell transplant.
 - b. **Bariatric Surgery:** A waiting period of 24 months from the date of first inception of this policy with the Company.
 - c. **New born cover:** A waiting period of 12 months from the date of first inception for the mother in this policy with the Company
3. **30-day waiting period – Code Excl 03 (Not Applicable for Accidents)**
 - 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
 4. **Investigation & Evaluation – Code Excl 04**
 - a. Expenses related to any admission, primarily for diagnostics and evaluation purposes only are excluded
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
 5. **Rest Cure, rehabilitation (except to the extent covered under Coverage 9) and respite care – Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. 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
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
 6. **Obesity/ Weight Control (except to the extent covered under Coverage 11)– Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions

- i. Surgery to be conducted is upon the advice of the Doctor
 - ii. The surgery/Procedure conducted should be supported by clinical protocols
 - iii. The members must be 18 years of age or older and
 - iv. Body Mass Index (BMI)
 1. greater than or equal to 40 or
 2. 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:
 - a) Obesity-related cardiomyopathy
 - b) Coronary heart disease
 - c) Severe Sleep Apnea
 - d) Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments – Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 8. **Cosmetic or plastic Surgery – Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 9. **Hazardous or Adventure sports – Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
 10. **Breach of law – Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
 11. **Excluded Providers– Code Excl 11:** 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.
 12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – **Code Excl 12**
 13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons – **Code Excl 13**
 14. Dietary supplements and substances 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 procedure – **Code Excl 14**
 15. **Refractive Error – Code Excl 15** Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.
 16. **Unproven Treatments – Code Excl 16:** 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.
 17. **Sterility and Infertility– Code Excl 17:** Expenses related to sterility and infertility. This includes;
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization
 18. **Maternity – Code Excl 18**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy.

- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

Specific Exclusions

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA -**Code- Excl 19**
20. Congenital External Condition / Defects / Anomalies -**Code- Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states -**Code- Excl 21**
22. Intentional self -injury-**Code- Excl 22**
23. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) -**Code- Excl 24**
24. Injury or disease caused by or contributed to by nuclear weapons/ materials -**Code- Excl 25**
25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion -**Code- Excl 26.**
26. Unconventional, Untested, Experimental therapies -**Code- Excl 27**
27. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy -**Code- Excl 28**
28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. - **Code- Excl 29**
29. All treatment/Interventions for Erectile Dysfunctions - **Code- Excl 30**
30. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) -**Code- Excl 31**
31. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule **Excl 34**
32. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. -**Code- Excl 35**
33. Any hospitalisation which are not medically necessary / does not warrant hospitalisation-**Code- Excl 36**
34. Other Excluded Expenses as detailed in the website www.galaxyhealth.com - **Code Excl 37**
35. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under permanent exclusion (based on insured's consent), for specified ICD codes -**Code- Excl 38**
36. Expenses for venereal disease or any sexually transmitted disease except HIV/AIDS
37. Dental Treatment, Diagnostics, Dental Procedures or Surgery of any kind unless requiring Hospitalisation as a result of accidental Injury.

➤ Claim Settlement

- A. **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.
- B. **For Cashless Treatment:**
 - a. Call the 24 hour help-line for assistance – 18002030007. Senior Citizens may call at 18002030007
 - b. Inform the ID number for easy reference
 - c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
 - d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. (Insurers shall also provide pre-authorization to the policyholder through Digital mode).

- e. The Treating Doctor will complete the hospitalisation/ treatment information, and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- h. In case of emergency hospitalisation information to be given within 24 hours after hospitalisation
- i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.galaxyhealth.com or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document. KYC (Identity proof with Address) of the proposer as per AML Guidelines.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

Note: The Company reserves the right to call for additional documents wherever required.

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

- C. **Notification of Claim:** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

Note: Conditions C and D are precedent to admission of liability under the policy. The Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

- D. **Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents in original and submitted within the prescribed time limit.
 - i. Duly filled in claim forms with treating doctor signature.
 - ii. Pre/Post Hospitalisation investigations and treatment papers.
 - iii. All investigations reports including Radiological films (Xray, CT scan, MRI and USG) and Biopsy during hospitalisation.
 - iv. Discharge Summary from the hospital
 - v. Cash receipts from hospital, chemists
 - vi. Cash receipts and reports for tests done
 - vii. Receipts from doctors, surgeons, anaesthetist
 - viii. Certificate from the attending doctor regarding the diagnosis.
 - ix. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
 - x. Copy of PAN Card
 - xi. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
 - xii. CKYC No. of the proposer (if available)
 - xiii. Legal heir/succession certificate, wherever applicable

For Outpatient Consultation:

- i. Documents to be submitted for reimbursement: The reimbursement claim is to be supported with the following documents in original and submitted within the prescribed time limit;
- ii. Duly completed claim form, and
- iii. Certificate from the attending doctor regarding the diagnosis
- iv. Prescription of the treating doctor

- v. Receipt from the treating doctor / hospital / Physiotherapist
- vi. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- vii. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
- viii. CKYC No. of the proposer (if available)

Note:

- i. Call the 24 hour help-line for assistance - 18002030007. Senior Citizens may call at 18002030007.
- ii. The Company authorized doctor may examine the insured if required
- iii. The Company reserves the right to call for additional documents wherever required.
- iv. In case of Accidents and emergency treatments, insured person can claim for Outpatient consultation expenses in non-network hospitals also.

➤ Renewal of Health Insurance policy:

- a. A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate.
- b. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- c. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- d. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- e. 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.
- f. Coverage is not available during the grace period.
- g. No loading shall apply on renewals based on individual claims experience.

➤ Possibility of Revision of Terms of the Policy including the Premium Rates: The Company may revise or modify the terms of the policy including the premium rates with the extant guidelines. The insured person shall be notified three months before the changes are effected.**➤ 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.

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

- i. 30 days (where premium is paid in quarterly/half yearly) is available on the premium due date, to pay the premium. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
- ii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
- iii. No interest will be charged if the instalment premium is not paid on due date.

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- iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

➤ **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 30 days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not incurred 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.

➤ **Redressal of Grievance:** In case of any grievance the insured person may contact the Company through

Website : www.galaxyhealth.com

Toll free : 18002030007

Senior Citizens may call at 18002030007

E-mail : gro@galaxyhealth.com

Phone No.: 044 - 4001 7238

Courier : Prestige Polygon – 12th Top Floor (P), No. 471, Nandanam, Anna Salai, Chennai – 600035. Insured person may also approach the Grievance officer at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the Grievance redressal officer (GRO) at corporate office - 044 - 4001 7238

For updated details of grievance officer, kindly refer the link

<https://www.galaxyhealth.com/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per insurance Ombudsman Rules 2017. For the details of Insurance Ombudsman, please visit: <https://cioins.co.in/Complaint/Online>

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

➤ **Migration:**

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

➤ **Portability:**

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- a. A policyholder desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. Insurers are free to consider proposal for portability, but in all such cases acquiring insurer shall ensure that there is no break in policy.
 - b. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.
- **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments and deductibles as per the policy contract.
- **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policy holder.
- **Cancellation**
- i. The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall
 - a. refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.
 - b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
- Note:** 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.
- ii. 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.
 - iii. In case of long term policies the refund will be given after adjusting the long term discount/instalment loading availed by the insured/ policyholder.
- **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events
- a. Upon the death of the Insured Person. This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
 - b. Upon exhaustion of the Sum Insured and Limit of Coverage
- **Revision of Sum Insured:** Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.**

- **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash
- **Important Note:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.
- **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupee.

ILLUSTRATION (Excluding Tax)										
Benefit Illustration in respect of policies offered on individual and family floater basis										
Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (in lakhs) (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (in lakhs) (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount*, (if any)	Premium After Discount (Rs.)	Sum Insured (in lakhs) (Rs.)
Illustration 1 (2A)										
44	7,879	5	7,879	Nil	7,879	5	Not Applicable			
40	7,431	5	7,431		7,431	5				
Total Premium for all members of the family is Rs.15,310/- , when each member is covered separately. Sum insured available for each individual is Rs.5 lakhs			Total Premium for all members of the family is Rs.15,310/- , when they are covered under a single policy. Sum insured available for each family member is Rs.5 lakhs				Total Premium when policy is opted on floater basis is Rs.(Not Applicable)/- , Sum insured of Rs.5 lakhs is available for the entire family (2A)			
Illustration 2 (2A+1C)										
51	13,965	5	13,965	Nil	13,965	5	Not Applicable			
47	10,283	5	10,283		10,283	5				
21	5,441	5	5,441		5,441	5				
Total Premium for all members of the family is Rs.29,689/- , when each member is covered separately. Sum insured available for each individual is Rs.5 lakhs			Total Premium for all members of the family is Rs.29,689/- , when they are covered under a single policy. Sum insured available for each family member is Rs.5 lakhs				Total Premium when policy is opted on floater basis is Rs.(Not Applicable)/- , Sum insured of Rs.5 lakhs is available for the entire family (2A+1C)			
Note: Premium rates specified in the above illustration are standard premium rates without considering Medical Underwriting Loading.										