

GALAXY HEALTH INSURANCE COMPANY LIMITED

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CIN: U65120TN2023PLC165765 | IRDAI Reg. No.:167

Galaxy Marvel

Unique Identification Number: GHIHLIP26042V012526

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

S. No	Title	Descriptions (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Galaxy Marvel Unique Identification Number: GHIHLIP26042V012526	-
2	Policy Number	Please refer to the policy schedule attached to this document.	-
3	Type of Insurance Product / Policy	Indemnity	-
4	Sum Insured (Basis) (Along with amount)	Please refer to the policy schedule attached to this document.	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Coverage (Applicable for Neo Plan and Prime Plan)	
		1) Expenses in respect of: In-patient Treatment: Admission in Hospital beyond 24 hours	III.A.1
		2) Day Care Procedures/Treatment: All day care Procedures/Treatment are covered upto sum insured.	III.A.2
		3) Pre- Hospitalisation Expenses: Medical expenses incurred immediately before the insured person is hospitalized for a period up to 90 days are payable.	III.A.3
		4) Post-Hospitalisation Expenses: Medical Expenses incurred in respect of the Insured Person immediately following the Insured Person's discharge from Hospital upto 180 days are payable.	III.A.4
		5) Road Ambulance: Expenses incurred towards ambulance charges are payable, provided the hospitalization claim is admissible.	III.A.5
		6) 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.	III.A.6
		7) Modern Treatment: Covered either as In-patient Care or as part of Day Care treatment in a hospital upto Sum Insured.	III.A.7
		8) 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	III.A.8

		• The patient takes treatment at home on account of non-availability of room/bed in a hospital.	
		9) Home Care Treatment: The Company will pay for expenses towards treatment availed by the Insured Person at home upto 10% of Sum Insured or upto Rs.5,00,000/- whichever is less in a policy year.	III.A.9
		10) Bariatric Surgery: Expenses incurred on hospitalisation for bariatric surgical procedure and its complications thereof are payable up to the limits mentioned in the policy.	III.A.10
		11) 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 24 months from the date of first inception of this policy with the Company.	III.A.11
		12) Organ Donor Expenses: For Donor: Expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered. For Insured: If the Insured person donates organ, In-patient hospitalisation expenses incurred for organ transplantation are payable up to the sum insured.	III.A.12
		13) E-Domestic Second Medical Opinion: Insured can obtain a Second Medical Opinion from our panel of available medical practitioners, All the medical records provided by the Insured Person will be submitted to the Doctor chosen by online and the medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id Expertreview@galaxyhealth.com.	III.A.13
		14) Newborn Baby cover: Hospitalisation expenses for treatment of newborn is covered up to the limits (including for twins/ triplets/ quadruplets) specified in the policy incurred in a hospital/ nursing home for any disease, illness or accidental injuries.	III.A.14
		15) Nanotechnology: The company will cover medical expenses incurred towards the hospitalisation of the insured person for surgical procedures or treatments involving nanotechnology, upto 25% of sum insured.	III.A.15
		16) Automatic Restoration: The policy provides automatic restoration of sum insured upto 100% each time for unlimited number of times for any illness/disease/injury. This reset can be utilized for a subsequent hospitalisation for same illness or different illness including modern treatment and accidents..	III.A.16
		17) Premium waiver : a. For Critical illness / Accidental Death: During the policy year, if the insured is diagnosed (first diagnosis) with any of the critical illness specified under Annexure - II (or) in case of Death of insured due to Accident, Premium will be waived off during renewal for the next one policy year and such premium waiver will be given up to the expiring sum insured and for existing insured members, once in a life time of the policy. b. For Voluntary Organ Donor: This benefit gives a 2-year premium waiver on the renewal policy of an insured person who donates organs, subject to the following, i. Upon confirmation by the company medical team and subject to admissible claim ii. Proof of donation should be submitted to avail the waiver of premiums	III.A.17
		18) a. Bonus: The Company will provide a Bonus of 100% of the sum insured, provided there is no claim in the previous policy year or 25% of the sum insured, if there is a claim in the previous policy year.	III.A.18.a

		b. No Claim Discount (in lieu of Bonus): Policy is eligible for no claim discount in lieu of bonus as per the table given below: <table><tr><td>Sum Insured in Lakhs (Rs.)</td><td>5</td><td>7.5</td><td>10</td><td>15 and above</td></tr><tr><td>Discount</td><td>4%</td><td>4%</td><td>2%</td><td>1%</td></tr></table>	Sum Insured in Lakhs (Rs.)	5	7.5	10	15 and above	Discount	4%	4%	2%	1%	III.A.18.b
Sum Insured in Lakhs (Rs.)	5	7.5	10	15 and above									
Discount	4%	4%	2%	1%									
		19) NRI/OCI Benefit – The Company will provide a discount of 15% on base cover premium to Non Resident Indians / Overseas Citizens of India.	III.A.19										
		20) Gala Fit - Pro Active Care (Engaging Wellness Program): This program intends to promote, incentivize and to reward the Insured Persons' healthy lifestyle through various wellness activities.	III.A.20										
		OPTIONAL COVERS- (On payment of additional premium / discount on premium) (Applicable for Neo Plan and Prime Plan)											
		21) Insta Care Cover from 31st Day	III.B.21										
		22) Partner Protect	III.B.22										
		23) Delivery Expenses	III.B.23										
		24) Assisted Reproduction Treatment	III.B.24										
		25) Enhanced Multiplier 3X or 10X	III.B.25										
		26) Premium Promise (This cover is inbuilt under Prime Plan)	III.B.26										
		27) Wealth for Health	III.B.27										
		28) Consumables (This cover is inbuilt under Prime Plan)	III.B.28										
		29) High End Diagnostics	III.B.29										
		30) Air Ambulance	III.B.30										
		31) Assisted Living	III.B.31										
		32) Nursing at Home	III.B.32										
		33) Durable Medical Equipment/CAPD	III.B.33										
		34) Compassionate Travel	III.B.34										
		35) Hospital Cash	III.B.35										
		36) Outpatient Benefit	III.B.36										
		37) Accidental Death and Permanent Total Disablement	III.B.37										
		38) Health Check-up	III.B.38										
		39) Preferred Partner Network	III.B.39										
		40) Reduction in Pre-Existing Diseases (PED) waiting period	III.B.40 (a&b)										
		41) Reduction in Specific Disease Waiting Period	III.B.41										
		42) Room Rent Modification	III.B.42										
		43) Voluntary Aggregate Deductible	III.B.43										
		44) Voluntary Co-payment	III.B.44										
		45) Sublimits on the Specific Diseases/Treatments	III.B.45										
		46) Advance Access	III.B.46										
6	Exclusions (What the policy does not cover)	Exclusions (Applicable for Neo Plan and Prime Plan)											
		Standard Exclusions											
		Investigation & Evaluation – Code Excl 04	IV.A.4										
		Rest Cure, rehabilitation and respite care – Code Excl 05	IV.A.5										
		Obesity/ Weight Control (except to the extent covered under Coverage 10)– Code Excl 06	IV.A.6										
		Change-of-Gender treatments – Code Excl 07	IV.A.7										
		Cosmetic or plastic Surgery – Code Excl 08	IV.A.8										
		Hazardous or Adventure sports – Code Excl 09	IV.A.9										
		Breach of law – Code Excl 10	IV.A.10										
		Excluded Providers– Code Excl 11	IV.A.11										

	Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – Code Excl 12	IV.A.12
	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	IV.A.13
	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	IV.A.14
	Refractive Error – Code Excl 15	IV.A.15
	Unproven Treatments – Code Excl 16	IV.A.16
	Sterility and Infertility (Except to the extent covered under Coverage 24) – Code Excl 17	IV.A.17
	Maternity – Code Excl 18 (Except to the extent covered under Coverage 23)	IV.A.18
	Specific Exclusions	
	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	IV.B.19
	Congenital External Condition / Defects / Anomalies - Code- Excl 20	IV.B.20
	Convalescence, general debility, run-down condition, Nutritional deficiency states - Code- Excl 21	IV.B.21
	Intentional self -injury- Code- Excl 22	IV.B.22
	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	IV.B.23
	Injury or disease caused by or contributed to by nuclear weapons/ materials - Code- Excl 25	IV.B.24
	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.	IV.B.25
	Unconventional, Untested, Experimental therapies - Code- Excl 27	IV.B.26
	Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - Code- Excl 28	IV.B.27
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. - Code- Excl 29	IV.B.28
	All treatment/Interventions for Erectile Dysfunctions - Code- Excl 30	IV.B.29
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - Code- Excl 31	IV.B.30
	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 (Except to the extent covered under Optional cover “Durable Medical Equipment/CAPD”)	IV.B.31

	Any hospitalisation which are not medically necessary / does not warrant hospitalisation- Code-Excl 36	IV.B.32
	Other Excluded Expenses as detailed in the website www.galaxyhealth.com (Except to the extent covered under Coverage 28) - Code Excl 37	IV.B.33
	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	IV.B.34
	Expenses for venereal disease or any sexually transmitted disease except HIV/AIDS.	IV.B.35
	Dental Treatment, Diagnostics, Dental Procedures or Surgery of any kind unless requiring Hospitalisation as a result of accidental Injury.	IV.B.36
	Specific Exclusions – Accidental Death and Permanent Total Disablement (Optional cover 37)	
	Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.	IV.C.1
	Any injuries/conditions which are Pre-existing conditions.	IV.C.2
	Any claim arising out of Accidents that the Insured Person has caused. intentionally or by committing a crime / involved in it or as a result of / in a state of drunkenness or addiction (drugs, alcohol)	IV.C.3
	Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.	IV.C.4
	Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.	IV.C.5
	Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.	IV.C.6
	Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from. A) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel B) Nuclear weapons material C) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof D) Nuclear, chemical and biological terrorism	IV.C.7
	Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.	IV.C.8
	Participation in Hazardous Sport / Hazardous Activities.	IV.C.9
	Persons who are physically challenge unless specifically agreed and endorsed in the policy.	IV.C.10

		Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.	IV.C.11
		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	IV.C.12
		Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement as mentioned.	IV.C.13
		Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.	IV.C.14
		Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defence or to save human life.	IV.C.15
7	Waiting period	1. 30-day waiting period – Code Excl 03 (Applicable for Neo Plan and Prime Plan) - 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. - This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months - The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	IV A (3)
	Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage.	2. Specified disease/procedure waiting period – Code Excl 02 (Applicable for Neo Plan and Prime Plan) - Expenses related to the treatment of the listed conditions: surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. - In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. - If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply. - The waiting period for listed conditions shall apply even if contracted after the policy 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. - All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia,	IV A (2)

		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. All types of transplant and related surgeries. 14. Congenital Internal disease / defect - [except for Newborn Coverage (14)]. Note: Waiting period for the following benefits are as follows a. Delivery Expenses (Optional Cover): Both self and spouse should be covered under this policy for a minimum period of 2 years continuously without break either individual or floater sum insured (or) insured women alone should be covered under this policy for 3 years continuously without break. b. Assisted Reproduction Treatment (Optional cover) : A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person c. Newborn Baby Cover: If insured women is covered under this policy for a continuous period of 12 months without break or if the insured women submit 12th and 20th week of ante natal scan at the time of pregnancy d. Organ Transplantation Expenses : A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person. e. Organ Donor Expenses : A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person. f. Bariatric Surgery: A waiting period of 24 months from the date of first inception of this policy with the Company. g. Hospital Cash (Optional Cover): The above mentioned specified disease/procedure waiting period – Code Excl 02 is applicable.	
		3. Pre-Existing Diseases - Code- Excl 01: (Applicable for Neo Plan) a. Applicable for Neo Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded	IV A (1)

		until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer. Applicable for Prime Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c. 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. d. Applicable for Neo Plan: 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 Prime Plan: Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.																	
8	Financial limits of coverage	Applicable for Neo Plan and Prime Plan																	
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified here under for the following covers/diseases/procedures.																	
		1) Newborn Baby cover:	III.A.4																
		<table><tr><th>Sum Insured (Rs.)</th><th>Limit per policy year (Rs.)</th></tr><tr><td>5,00,000 /- to 25,00,000/-</td><td>10% of sum insured or upto Rs.2,50,000/ whichever is less</td></tr><tr><td>1,00,00,000/- to 2,00,00,000/-</td><td>10% of sum insured or upto Rs.5,00,000/- whichever is less</td></tr></table>		Sum Insured (Rs.)	Limit per policy year (Rs.)	5,00,000 /- to 25,00,000/-	10% of sum insured or upto Rs.2,50,000/ whichever is less	1,00,00,000/- to 2,00,00,000/-	10% of sum insured or upto Rs.5,00,000/- whichever is less										
		Sum Insured (Rs.)		Limit per policy year (Rs.)															
		5,00,000 /- to 25,00,000/-	10% of sum insured or upto Rs.2,50,000/ whichever is less																
1,00,00,000/- to 2,00,00,000/-	10% of sum insured or upto Rs.5,00,000/- whichever is less																		
2) Nanotechnology: The company will cover medical expenses incurred towards the hospitalisation of the insured person for surgical procedures or treatments involving nanotechnology, upto 25% of sum insured.	III.A.5																		
3) Bariatric Surgery:	III.A.10																		
<table><tr><th>Sum Insured</th><th>Upto the Limit Per Policy Year (Rs.)</th></tr><tr><td>5,00,000</td><td>3,00,000</td></tr><tr><td>7,50,000</td><td>3,00,000</td></tr><tr><td>10,00,000</td><td>3,00,000</td></tr><tr><td>15,00,000</td><td>3,00,000</td></tr><tr><td>20,00,000</td><td>6,00,000</td></tr><tr><td>25,00,000</td><td>6,00,000</td></tr><tr><td>1,00,00,000</td><td>6,00,000</td></tr><tr><td>2,00,00,000</td><td>7,00,000</td></tr></table>		Sum Insured	Upto the Limit Per Policy Year (Rs.)	5,00,000	3,00,000	7,50,000	3,00,000	10,00,000	3,00,000	15,00,000	3,00,000	20,00,000	6,00,000	25,00,000	6,00,000	1,00,00,000	6,00,000	2,00,00,000	7,00,000
Sum Insured		Upto the Limit Per Policy Year (Rs.)																	
5,00,000		3,00,000																	
7,50,000		3,00,000																	
10,00,000		3,00,000																	
15,00,000		3,00,000																	
20,00,000		6,00,000																	
25,00,000	6,00,000																		
1,00,00,000	6,00,000																		
2,00,00,000	7,00,000																		

4) Delivery Expenses:

Sum Insured (Rs.)	Normal (Limit per Policy year Rs.)	Caesarean (Limit per policy year Rs.)
5,00,000	25,000	50,000
7,50,000 / 10,00,000 / 15,00,000 /	50,000	1,00,000
20,00,000 / 25,00,000 / 1,00,00,000 / 2,00,00,000	1,00,000	2,00,000

III.B.33

5) Assisted Reproduction Treatment

Sum Insured (Rs.)	Upto the Limit Per policy Year (Rs.)
5,00,000	1,00,000
7,50,000	1,00,000
10,00,000	1,00,000
15,00,000	1,00,000
20,00,000	2,00,000
25,00,000	2,00,000
1,00,00,000	2,00,000
2,00,00,000	2,00,000

III.B.4

6) High End Diagnostics: The Company will indemnify the reasonable charges incurred for the following diagnostic tests only on OPD basis during the policy period, if required as part of a medically necessary treatment subject to the limit of Rs.25,000/- per policy year.

III.B.9

7) Outpatient Benefit
Individual - Limit Per Policy Year (Rs.)

Benefits	Silver	Gold	Platinum	Diamond
Section A. Tele-consultation	Unlimited - GP + Specialists	Unlimited - GP + Specialists	Unlimited - GP + Specialists	Unlimited - GP + Specialists
Section B. i.In-clinic Doctor Consultations ii.Prescribed Pathology & Radiology	Rs.5,000/-	Rs.7,500/-	10,000	10,000
Section C. Prescribed Pharmacy	Not Covered	Not Covered	Not Covered	2,000

III.B.36

Floater - Limit Per Policy Year (Rs.)

Benefits	Silver	Gold	Platinum	Diamond
Section A. Tele-consultation	Unlimited - GP + Specialists	Unlimited - GP + Specialists	Unlimited - GP + Specialists	Unlimited - GP + Specialists
Section B. i.In-clinic Doctor Consultations ii.Prescribed Pathology & Radiology	Rs. 7,500	Rs.10,000	Rs.13,000	Rs.13,000
Section C. Prescribed Pharmacy	Not Covered	Not Covered	Not Covered	3,000

8) Air Ambulance: Air ambulance expenses are payable subject to an admissible hospitalisation claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to 10% of Sum insured

III.B.36
9) Health Check-up:

Sum Insured (Rs.)	Individual (Upto the limits per policy year (Rs.))	Floater (Upto the limits per policy year (Rs.))
5,00,000	1,500	2,500
7,50,000	2,000	5,000
10,00,000	2,000	5,000
15,00,000	4,000	8,000
20,00,000	5,000	10,000
25,00,000	5,000	10,000
1,00,00,000	8,000	15,000
2,00,00,000	12,000	20,000

III.B.33
10) Assisted Living:

Sum Insured (Rs.)	Individual per policy year (Rs.)	Floater per policy year (Rs.)
5,00,000	10,000	15,000
7,50,000	15,000	25,000
10,00,000	20,000	30,000
15,00,000	25,000	40,000
20,00,000	30,000	50,000
25,00,000	35,000	60,000
1,00,00,000	50,000	75,000
2,00,00,000	75,000	1,00,000

III.B.31
11) Nursing at Home

Sum Insured (Rs.)	Individual per policy year (Rs.)	Floater per policy year (Rs.)
5,00,000	3,000	5,000
7,50,000	5,000	7,500
10,00,000	7,500	10,000
15,00,000	10,000	12,500
20,00,000	12,500	15,000
25,00,000	15,000	20,000
1,00,00,000	20,000	25,000
2,00,00,000	25,000	30,000

III.B.32

		12) Durable Medical Equipment/CAPD: If the insured person has opted this cover, then the expenses incurred towards renting or purchase of any of the listed medical devices / CAPD up to 10% of sum insured or Rs. 1 Lakh whichever is less will be payable during the policy year, if the same has been prescribed by the treating Medical Practitioner post hospitalisation for the same condition for which hospitalisation claim was admissible.	III.B.33																											
		13) Compassionate Travel: In the event of the insured person being hospitalized for a life-threatening emergency at a place away from his usual place of residence as recorded in the policy for a minimum of 3 days, the Company will reimburse the transportation expenses by air and train incurred upto Rs.25,000/- for one immediate family member and for travel towards the place where hospital is located.	III.B.34																											
		14) Sublimit on the Specific Diseases/Treatments <table><tr><th>Sum Insured (Rs.)</th><th>Individual Policy (Rs.) (Limits per Policy year)</th><th>Floater Policy (Rs.) (Limits per Policy year)</th></tr><tr><td>5,00,000</td><td>3,00,000</td><td>3,50,000</td></tr><tr><td>7,50,000</td><td>4,00,000</td><td>6,00,000</td></tr><tr><td>10,00,000</td><td>4,50,000</td><td>7,00,000</td></tr><tr><td>15,00,000</td><td>5,00,000</td><td>8,00,000</td></tr><tr><td>20,00,000</td><td>5,50,000</td><td>9,00,000</td></tr><tr><td>25,00,000</td><td>6,00,000</td><td>10,00,000</td></tr><tr><td>1,00,00,000</td><td>7,50,000</td><td>12,50,000</td></tr><tr><td>2,00,00,000</td><td>10,00,000</td><td>15,00,000</td></tr></table>	Sum Insured (Rs.)	Individual Policy (Rs.) (Limits per Policy year)	Floater Policy (Rs.) (Limits per Policy year)	5,00,000	3,00,000	3,50,000	7,50,000	4,00,000	6,00,000	10,00,000	4,50,000	7,00,000	15,00,000	5,00,000	8,00,000	20,00,000	5,50,000	9,00,000	25,00,000	6,00,000	10,00,000	1,00,00,000	7,50,000	12,50,000	2,00,00,000	10,00,000	15,00,000	III.B.45
	Sum Insured (Rs.)	Individual Policy (Rs.) (Limits per Policy year)	Floater Policy (Rs.) (Limits per Policy year)																											
	5,00,000	3,00,000	3,50,000																											
	7,50,000	4,00,000	6,00,000																											
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1,00,00,000	7,50,000	12,50,000																												
2,00,00,000	10,00,000	15,00,000																												
	15) Hospital Cash: On payment of additional premium, Subject to an admissible Hospitalisation claim, Cash Benefit of Rs.1,000/- for each completed day of Hospitalisation for a maximum of 10 days per policy year is payable.	III.B.35																												
ii. Co-payment	Voluntary Co-payment The insured person has option to choose Voluntary Co-payment and can avail discount on premium. In case Voluntary Co-payment is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Co-payment percentage (over and above other co-pay, if any) of admissible claim amount of each and every claim amount.	III.B.44																												
iii. Deductible	Voluntary Aggregate Deductible: The insured person has option to choose Voluntary Aggregate Deductible and can avail discount on premium. In case Voluntary Deductible is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Deductible amount.	III.B.43																												
iv. Any other limit (as applicable)	NIL																													
9	Claims/Claims Procedure	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).	V.2.B																											

		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.	
		For Reimbursement claims: i. TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. ii. TAT for cashless final bill authorization: Within 3 hours from the time of receipt of all necessary relevant documents. The details/web link for the following: i. Network Hospital details: www.galaxyhealth.com ii. Helpline number: For assistance call 24 hours help-line / Toll Free No. / Senior Citizens may call at 18002030007 iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer: www.galaxyhealth.com iv. For Downloading/getting claim form • For Cashless (Pre-Authorization Form): Please visit our website www.galaxyhealth.com • For Reimbursement: Please visit our website www.galaxyhealth.com	V.2.C
10	Policy Servicing	Details of the Company Official: Head – Customer Care Customer Care No. / Toll Free No. / Senior Citizens: 18002030007 E-Mail: support@galaxyhealth.com	V.22
11	Grievances / Complaints	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 Ph. No. : 044 - 4001 7238 Courier : Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035. Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If the Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044 - 4001 7238	V.16

		For updated details of grievance officer, kindly refer to 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, Refer Policy Wording page number 35-36. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/	
12	Things to remember	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 - a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or - where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or - where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.	V.15
		Renewal of Health Insurance policy: - 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. - An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years. - 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. - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. - 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. - No loading shall apply on renewals based on individual claims experience.	V.10
		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.	V.8
		Portability: 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.	V.9

		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.	
		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.	V.26
		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 and permanent 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.	V.12
13	Your Obligations	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement. 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. Please disclose the medical history details sought in the proposal form.	V.1

ILLUSTRATION (Neo Plan, Zone A) (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	9189	5	9189	Nil	9189	5	17,092	3309	13,783	5
40	7903	5	7903		7903	5				
Total Premium for all members of the family is Rs.17,092/- , 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. 17,092/- , 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.13783/- , Sum insured of Rs.5 lakhs is available for the entire family (2A)			
Illustration 2 (2A+1C)										
48	11720	5	11720	Nil	11720	5	26,609	5,324	21,285	5
45	9189	5	9189		9189	5				
20	5700	5	5700		5700	5				
Total Premium for all members of the family is Rs. 26,609/- , 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. 26,609/- , 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.21,285/- , 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 any optional covers										

Declaration by the Policyholder:

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

Place:

Date:

(Signature of the Policyholder)

Note:

i. For product related documents including the Customer Information Sheet are available on our company website:
www.galaxyhealth.com

ii. In case of any conflict, the term and conditions mentioned in the policy document shall prevail.

iii. Kindly mail us at cisacknowledgement@galaxyhealth.com or call us at 044 - 40017239 to acknowledge the receipt of this document "Customer Information Sheet".