



Customer Information Sheet
GALAXY HEALTH INSURANCE COMPANY LIMITED

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Galaxy Plus

Unique Identification Number: GHIHLGP25036V012425

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 Plus Unique Identification Number: GHIHLGP25036V012425	-
2	Policy Number	Please refer to the policy schedule attached to this document.	-
3	Type of Insurance Product / Policy	Both Indemnity and Benefit	-
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)	Hospital Cash Mandatory Covers: Section 1: Sickness Hospital Cash: If during the period stated in the Certificate of Insured / Policy Schedule, the insured person shall contract any disease or suffer from any illness/diseases and if such illness/diseases shall, upon the advice of a duly Qualified Medical Practitioner, require admission of the Insured person as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the Certificate of Insurance / Policy Schedule for every 24 hours of hospitalisation or part thereof subject to maximum number of days stated in the Certificate of Insurance / Policy Schedule. Section 2: Accident Hospital Cash: If during the period stated in the Certificate of Insurance / Policy Schedule, the insured person shall sustain bodily injury due to Accident and if such accident shall, upon the advice of a duly Qualified Medical Practitioner, require admission of the Insured person/Beneficiary as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the Certificate of Insurance / Policy Schedule for every 24 hours of hospitalisation or part thereof subject to maximum number of days stated in the Certificate of Insurance / Policy Schedule Optional Covers:	Plan 1

Available on payment of additional premium and only if specifically opted and shown in the Certificate of Insurance / Policy Schedule)

1. **Day Care Hospital Cash:** If during the period stated in the Certificate of Insurance / Policy Schedule, the insured person/beneficiary undergoes a day care procedure, the Company will pay the Hospital Cash Amount stated in the Certificate of Insurance / Policy Schedule.
2. **ICU Hospital Cash due to Sickness: (Applicable if Section 1 is opted) :** If during the period stated in the Certificate of Insurance / Policy Schedule, the insured person shall contract any disease or suffer from any illness/diseases and if such illness/diseases shall, upon the advice of a duly Qualified Medical Practitioner, require admission in ICU for the purpose of treatment of Disease/illness, then the Company will pay 200% of the Section 1 limit, ICU Hospital Cash due to Sickness stated in the Certificate of Insurance / Policy Schedule for every 24 hours of treatment in ICU or part thereof, provided there is an admissible claim under Section 1 Hospital Cash amount under section 1 cover will not be payable for the period the insured person was in ICU.
3. **ICU Hospital cash due to Accident: (Applicable if Section 2 is opted)** If during the period stated in the Certificate of Insurance / Policy Schedule, the insured person shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission in ICU for the purpose of treatment of Accident/injury, then the Company will pay 200% of the Section 2 limit, ICU Hospital Cash due to Accident stated in the Certificate of Insurance / Policy Schedule **for every 24 hours of treatment in ICU or part thereof** provided there is an admissible claim under Section 2.
4. **Convalescence Benefit Hospital Cash:** If during the period stated in the Certificate of Insurance / Policy Schedule the insured person/beneficiary shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease / injury or accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the Insured Person/beneficiary as an In-patient in any **Hospital** in India for the purpose of medical /surgical treatment for more than consecutive days and up to opted number of days as stated in the Certificate of Insurance / Policy Schedule, then the Company will pay a lump sum amount equal to limit as mentioned in the Certificate of Insurance / Policy Schedule in addition to the admissible claim payable under Section 1 or Section 2.
5. **Child Birth Benefit Hospital Cash:** If during the period stated in the Certificate of Insurance / Policy Schedule the insured person/beneficiary shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the Insured Person/beneficiary as an In-patient in any **Hospital** in India for the purpose of Child Delivery, then the Company will pay Hospital Cash Amount stated in the Certificate of Insurance / Policy Schedule subject to maximum number of days stated in the Certificate of Insurance / Policy Schedule
6. **Worldwide Hospital Cash:** If during the period stated in the Certificate of Insurance / Policy Schedule, the insured person/beneficiary shall contract any disease or suffer from any **illness** or sustain bodily injury through accident and if such disease / illness / injury or accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the insured Person/beneficiary as an In-patient in any **Hospital**

	outside India for the purpose of medical /surgical treatment, then the Company will pay Hospital Cash Amount mentioned in the Certificate of Insurance / Policy Schedule for every 24 hours of hospitalization or part thereof subject to maximum number of days stated in the Certificate of Insurance / Policy Schedule 7. Joint Hospitalisation Hospital Cash: If during the period stated in the Certificate of Insurance / Policy Schedule, if the two or more insured person / beneficiary of the same family are jointly hospitalised as an inpatient, then the Company will pay Joint hospitalisation Amount as stated in the Certificate of Insurance / Policy Schedule, provided there is an admissible claim under Section 1 or Section 2. 8. Surgery Benefit Hospital Cash: If during the period stated in the Certificate of Insurance / Policy Schedule, the Insured person/beneficiary undergoes Major surgery as per the list given below, then the Company will pay a surgery benefit amount as stated in the Certificate of Insurance / Policy Schedule, provided there is an admissible claim under Section 1 or Section 2 9. 30 days Waiting Period Waiver: Waiting Period mentioned under Code Excl 03 Stands waived off or (or) waiting period shall be reduced from 30 days to 15 days or 7 days as stated in the Certificate of Insurance / Policy Schedule. 10. First 24 months Waiting Period Waiver: Waiting Period mentioned under Code Excl 02 Stands waived off (or) waiting period shall be reduced from 24 months to 12 months as stated in the Certificate of Insurance / Policy Schedule. 11. Pre existing Disease Waiting Period Waiver: Waiting Period Code Excl 01 Stands waived off (or) waiting period shall be reduced from 36 months to 24 months or 12 months as stated in the Certificate of Insurance / Policy Schedule.	
	Equal Monthly Instalment (EMI) Protect If during the period stated in the Certificate of Insurance / Policy Schedule, the insured person shall contract any disease or suffer from any illness/diseases/injury and if such illness/diseases/injury shall, upon the advice of a duly Qualified Medical Practitioner, require admission of the Insured person/ Beneficiary as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay the number of EMIs/EMI amount as specified in the Certificate of Insurance / Policy Schedule for every completed continuous hospitalization period of 24 hours or part thereof. Note: 1. 30 days Waiting Period Waiver: Waiting Period mentioned under Code Excl 03 Stands waived off (or) waiting period shall be reduced from 30 days to 15 days or 7 days as stated in the Certificate of Insurance / Policy Schedule. 2. First 24 months Waiting Period Waiver: Waiting Period mentioned under Code Excl 02 Stands waived off (or) waiting period shall be reduced from 24 months to 12 months as stated in the Certificate of Insurance / Policy Schedule. 3. Pre existing Disease Waiting Period Waiver: Waiting Period mentioned under Code Excl 01 Stands waived off (or) waiting period shall be reduced from 36 months to 24 months to 12 months as stated in the Certificate of Insurance / Policy Schedule.	Plan 2
	Group Personal Accident 1. Accidental Death - Benefit 1: The Company will pay as hereinafter mentioned:	Plan 3

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in "Benefit 1" under "Schedule of Benefits".

2. **Permanent Total Disablement - Benefit 2 :** If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:
 - a) The disablement occurs within 12 Calendar months from the date of the Accident.
 - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Optional Covers: (Available only if shown in the policy schedule)

3. **Permanent Partial Disablement:** If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided under "Schedule of Benefits", depending upon the degree of disablement provided that:
 - a) The disablement occurs within 12 Calendar months from the date of the Accident.
 - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation covered as part of base sum insured.

4. **Temporary Total Disablement (Weekly Compensation):** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement. This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement.

5. **Ambulance Charges:** Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the Certificate of Insurance / Policy Schedule during the policy period Either
 - a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury
 - Or
 - in case of Death

b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

6. **Travel Expenses for One Relative:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the Certificate of Insurance / Policy Schedule for the transport expenses to one relative of the Insured Person.
7. **Purchase of Blood:** The Company will pay up to the limits mentioned in the Certificate of Insurance / Policy Schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy.
8. **Transportation of Imported Medicines:** The Company will pay up to the limits mentioned in the Certificate of Insurance / Policy Schedule towards the expenses incurred on freight charges for importing medicines to India.
9. **Medical Expenses following an Admissible Personal Accident Claim:** This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the Certificate of Insurance / Policy Schedule subject to exclusions mentioned in the General Exclusion of this policy
10. **Medical Expenses Irrespective of an Admissible Personal Accident Claim:** This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the Certificate of Insurance / Policy Schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company.
11. **Home Convalescence:** Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to the limits mentioned in Certificate of Insurance / Policy Schedule. No payment will be made for the first day.
12. **Hospital Cash Benefit:** Following an admissible claim under the policy the Company will pay up to the limits mentioned in the Certificate of Insurance / Policy Schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24hours.
13. **Vehicle and/or Residence Modification:** The Company will pay upto 10% of the sum insured subject to the limits mentioned in the Certificate of Insurance / Policy Schedule towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been

carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance

14. **External Support to the Insured Person:** This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheelchair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the Certificate of Insurance / Policy Schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company.
15. **Funeral Expenses:** Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the Certificate of Insurance / Policy Schedule towards funeral expenses of the insured person. Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company.
16. **Educational Benefit in Case of Accidental Death / Permanent Total Disability of the Insured Person:** Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured.
17. **Outpatient Medical Expenses Due to Grievous Injury:** This insurance is extended to pay necessary and reasonable Outpatient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the Certificate of Insurance / Policy Schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company.
18. **Transportation of Mortal Remains / Repatriation of Mortal Remains:**
Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the Certificate of Insurance / Policy Schedule during the policy period, in case of Death, towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured.
19. **Prolonged Hospitalization Benefit – In case of Accident:** The Company will pay a lump-sum as specified in the Policy Schedule/ Certificate of Insurance if the Insured is hospitalized for more than 10 consecutive days in case of accident during the policy period, subject to admissible claim under **Medical Expenses following an Admissible Personal Accident Claim / Medical Expenses Irrespective of an Admissible Personal Accident Claim.**
20. **Loss of Income / Loss of Employment:** The Company will pay a lump-sum as specified in the Policy Schedule/ Certificate of provided termination of insured member from his full time employment which results into no salary pay-out

(pat/full) is a prerequisite for admissibility of claim under this cover due to Permanent Total Disablement / Permanent Partial Disablement .

21. **Loss of EMI:** If the Insured Person sustains accidental bodily injury which solely and directly results in “Death” or “Permanent Total Disablement” or “Permanent Partial Disablement” within twelve (12) months from the Date of accident as mentioned in the Certificate of Insurance / Policy Schedule and this completely prevents the insured person from performing each and every duty pertaining to insured person employment or occupation for a minimum period of 1 month, We will pay an amount equivalent to the contribution in EMI of the Insured Person Loan from a Financial Institution, up to the Sum Insured and Number of Months opted by the Insured.
22. **Coma Benefit / Comatose:** If the Insured sustain accidental bodily injury which solely and directly results in hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days from date of accident, then the company will pay the limit mentioned in the Policy Schedule/Certificate of Insurance against this cover.
23. **Burns:** If the insured person sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then the company will pay the percentage shown in the below table of benefits applied to the Sum Insured as mentioned in the Certificate of Insurance / Policy Schedule against this cover during the policy year.
24. **COMPASSIONATE VISIT:** The company will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the limit mentioned in Certificate of Insurance / Policy Schedule against this Section during the policy year, for one of the Insured’s “Immediate Family Member” to travel to the place of accident or the Hospital in which the Insured Person is hospitalized.
25. **Broken Bone / Fracture:** If the insured person sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then the company will pay the percentage shown in the below table of benefits applied to the Sum Insured mentioned in Certificate of Insurance / Policy Schedule against this Section during the policy year
26. **MARRIAGE EXPENSE FOR CHILDREN BENEFIT:** The company will pay lumpsum amount mentioned in the Certificate of Insurance / Policy Schedule towards the marriage expenses of the insured person dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not.
27. **EMERGENCY AIR AMBULANCE:** The Company will pay the expenses incurred for the insured person transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital
28. **Disappearance:** The Company will pay 100% of the death Sum Insured under this benefit, if the Insured Person’s full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Person was known to have

		been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of an Accidental Injury. 29. Travel expenses for medical treatment: The company will pay the expenses upto the limits mentioned in the Policy Schedule / Certificate of Insurance towards travelling expenses incurred to move outside the city of residence to the nearest place for medical treatment as prescribed by treating Medical Practitioner 30. Catastrophe Evacuation: The company will pay the expenses upto the limits mentioned in the Policy Schedule / Certificate of Insurance towards expenses incurred due to necessary immediate evacuation in order to avoid risk of personal Injury or illness on happening of catastrophes like fire, flood, earthquake, storm, lightening, explosion, hurricane or epidemic due to contagious disease 31. Cost of clothing damage: The company will pay the expenses upto the limits mentioned in the Policy Schedule / Certificate of Insurance towards the loss/damage of clothes especially uniforms etc of employees / members of a group as a result of an Accident. 32. Improved Disability Benefit/ Dismemberment: In the event of Accidental Permanent Total Disablement of the Insured, the Insured shall be paid a lump sum benefit of upto 2 times of the Accidental Death sum insured instead of the Accidental Permanent Total Disablement sum insured as mentioned in the Policy Schedule / Certificate of Insurance. 33. On Duty Cover: The company covers injury sustained on account of Accident only during official hours while the Insured is on duty. This cover will be restricted to injury sustained in office or during official visit, training, seminars, conference etc., 34. Treatment outside India (along with travelling cost & boarding & lodging of the attendant): The company covers the cost of medical treatment along with the travelling cost and cost pertaining to boarding and lodging attendant in a country outside India in case of any accidental injury when required and prescribed by treating Medical Practitioner. 35. Widowhood cover: In the event of Accidental Death of the Insured, the Policy shall pay the spouse of the Insured a sum not greater than the Sum Insured over and above the claim amount up to a limit as mentioned in the Policy Schedule / Certificate of Insurance. 36. Legal Expenses: The company will cover the legal/court expenses borne by the Insured against any legal litigations resulting due to any involvement in an accident of the insured and will be covered to a maximum limit mentioned in the Policy Schedule / Certificate of Insurance	
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	Critical Illness: If during the period stated in the Certificate of Insurance / Policy Schedule the insured person shall contract Critical Illness as mentioned in the policy wording as a first incidence, then Company will pay the sum insured stated in the Certificate of Insurance / Policy Schedule as a lump-sum. Note: 1. Waiver / Reduction of 90 days Waiting Period: Waiting Period mentioned under Code Excl 03 Stands waived off (or) waiting period shall be reduced from 90 days to 60 days or 30 days or 15 days or 7 days as stated in the Certificate of Insurance / Policy Schedule. 2. Waiver / Reduction of 30 days Survival Period: Survival Period Stands waived off (or) Survival period shall be reduced from 30 days to 15 days or 7 days as stated in the Certificate of Insurance / Policy Schedule	Plan 4
	Group Health - Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the Certificate of Insured / Policy Schedule. - Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees. - Anesthesia, blood, oxygen, ICU charges, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses - Emergency ambulance charges up to the limits mentioned in the Certificate of Insurance / Policy Schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy. - Relevant Pre-Hospitalization and Post-Hospitalization medical expenses up to the limits mentioned in the Certificate of Insurance / Policy Schedule. - All day care procedures are covered. - AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health is payable up to the sum insured. Expenses incurred on treatment of Cataract is subject to the limit as stated in the Certificate of Insurance / Policy Schedule Coverage for Modern Treatments: The expenses payable during the entire policy period for the following Treatment / Procedures (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in Certificate of Insurance / Policy Schedule Optional Covers: 30 days Waiting Period Waiver: Waiting Period mentioned under Code Excl 03 Stands waived off or (or) waiting period shall be reduced from 30 days to 15 days or 7 days as stated in the Certificate of Insurance / Policy Schedule. First 24 months Waiting Period Waiver: Waiting Period mentioned under Code Excl 02 Stands waived off (or) waiting period shall be reduced from 24 months to 12 months as stated in the Certificate of Insurance / Policy Schedule. Pre-existing Disease Waiting Period Waiver: Waiting Period mentioned under Code Excl 01 Stands waived off (or) waiting period shall be reduced from 36 months to 24 months or 12 months as stated in the Certificate of Insurance / Policy Schedule.	Plan 5

- m. **Maternity Expenses and Newborn Cover:** The company will indemnify up to amount specified in the certificate of Insurance / Policy Schedule, for the Medical Expenses associated with Hospitalisation of the Insured Member for the pregnancy and delivery of a child.
- n. **Corporate Buffer:** If an insured person has exhausted his/her respective base sum insured limit under the hospitalisation expenses, and further incurs any medical expenses, the same would be payable from the coverage amount of Corporate Floater as mentioned in the Certificate of Insurance or Policy Schedule.
- o. **Treatment of sub-fertility:** The Company will reimburse medical expenses as stated in the Certificate of Insurance / Policy Schedule incurred on Treatment for sub-fertility
- p. **Dental / Ophthalmic Cover :** The Company will reimburse the medical expenses related to dental/Ophthalmic treatment and cost of such incurred by the Insured during the Policy Period. This benefit shall be limited to maximum amount as mentioned in Certificate of Insurance / Policy Schedule.
- q. **Outpatient Medical Expenses cover:** The Company will reimburse medical expenses [excluding expenses related to pregnancy and child-birth] incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Certificate of Insurance / Policy Schedule
- r. **Cost of Health Checkup:** Expenses incurred towards cost of health check-up up to the limits mentioned in the Policy Schedule / Certificate of Insurance and the policy is in force. Payment under this benefit does not form part of the sum insured.
- s. **Hospital Cash Cover:** The company will pay a Daily Cash Allowance, amount for this is mentioned in the Policy Schedule / Certificate of Insurance against this cover. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of illness/ accidental bodily injury for a maximum number of days as mentioned in the Policy Schedule / Certificate of Insurance against this cover.
- t. **Income Protection:** The income protection benefit pays upto the limit the mentioned in the Policy Schedule / Certificate of Insurance in case of hospitalization and the person not being able to work.
- u. **Deductible:** The claim amount assessed by the company towards Insured Person(s), during the policy year shall be reduced by a deductible, as specified in the Policy Schedule / Certificate of Insurance. The company shall be liable to make payment under the policy for any claim in respect of the insured person only when the deductible on that claim is exceeded
- v. **Co-payment:** Notwithstanding anything to the contrary in the Policy, it is hereby stated that the Insured Person will bear a Co-payment, as specified in the Policy Schedule / Certificate of Insurance
- w. **Consumables:** If there is an admissible claim under inpatient / day care under this policy, then Items as per List I will become payable as mentioned in the Policy Schedule / Certificate of Insurance.
- x. **Waiver of Proportionate clause/deduction:** The proportionate deduction clause shall not apply under this policy, allowing the insured to select a higher-category room without impacting for claims settlement for associated medical expenses
- y. **Hormone Replacement Therapy:** The company will indemnify up to the limit specified in the Policy Schedule / Certificate of Insurance, for the Medical Expenses incurred by the insured person towards undergoing Hormone Replacement Therapy.
- z. **All types Nasal Surgeries/ Septoplasty:** Covered upto the limits mentioned in the policy schedule / certificate of insurance for medically necessary nasal surgeries,

including but not limited to septoplasty, when performed to correct nasal airway obstruction, deformities due to trauma, or congenital abnormalities.

aa. Air Ambulance charges: 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 as mentioned in the Policy Schedule / Certificate of Insurance.

ab. Domiciliary Hospitalisation / Home Care Treatment:

Domiciliary Hospitalisation: Expenses up-to the limits mentioned in the Certificate of Insurance / Policy Schedule per hospitalization, 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.

Home Care Treatment: The Company will pay for expenses towards treatment availed by the Insured Person at home up to 10% of Sum Insured or up to Rs.5,00,000/- whichever is less 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.

ac. Home Nursing Benefit: The company will reimburse expenses incurred for post hospitalization care / chronic diseases management / palliative care / hospice care covered up to the limits mentioned in the Policy Schedule / Certificate of Insurance provided that must be prescribed by Medical Practitioner.

ad. Organ Transplantation Expenses / Organ Donor Expenses:

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.

Organ Donor Expenses:

For Donor:

The expenses incurred by 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 hospitalization expenses incurred for organ transplantation are payable upto the sum insured

ae. Cochlear Implant: The company will indemnify up to the amount specified in the Policy Schedule / Certificate of Insurance, for the medical expenses incurred by the insured person in respect of cochlear implant.

af. Vaccination: The company will indemnify up to the amount specified in the Policy Schedule / Certificate of Insurance, for the expenses incurred by the insured person up to age of 10 years, towards vaccination of the insured person, provided that any one of the below option is specified in Policy Schedule / Certificate of Insurance.

ag. Automatic Restoration of Sum Insured: There shall be automatic restoration of the Sum Insured immediately upon exhaustion of the Sum Insured, which has been defined, during the policy period up to limit mentioned in the Certificate of Insurance / Policy Schedule. Automatic Restoration will operate only after the exhaustion of the sum insured.

ah. Rehabilitation: The company will pay the expenses up to the limit mentioned in the Policy Schedule / Certificate of Insurance 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. ai. Pain Management: The company will pay the medical expenses upto the limit mentioned in the Policy Schedule / Certificate of Insurance for Pain Management, 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. aj. Bariatric Surgery: Expenses incurred on hospitalization including pre-hospitalisation and post-hospitalisation for bariatric surgical procedure and its complications thereof are payable subject to limits mentioned in the Policy Schedule / Certificate of Insurance. ak. Hospice Care: The Company will pay medical expenses upto limit mentioned in the Policy Schedule / Certificate of Insured once in lifetime for each Insured person for Hospice care availed at Networked facility, which is mentioned in the Company website www.galaxyhealth.com. al. 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 the limits mentioned in the Policy Schedule/ Certificate of Insurance 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. am. Named Ailments: If the insured person has opted this cover, then the expenses incurred towards specified name ailments as mentioned in the Policy Schedule / Certificate of Insurance up to the limits mentioned in the Policy Schedule/ Certificate of Insurance will be payable during the policy year.	
		Group Health Top-up a. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the Certificate of Insured / Policy Schedule. b. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees. c. Anaesthesia, blood, oxygen, operation theatre charges, ICU Charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses d. Emergency ambulance charges up to the limits mentioned in the Certificate of Insurance / Policy Schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy. e. Relevant Pre-Hospitalization and Post-Hospitalization medical expenses up to the limits mentioned in the Certificate of Insurance / Policy Schedule. f. AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to the amount stated in the Certificate of Insurance / Policy Schedule per policy period g. Coverage for Modern Treatments: The expenses payable during the policy period for the following treatment / procedures (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in the Certificate of Insurance /Policy schedule.	Plan 6

Optional Covers:

- h. **30 days Waiting Period Waiver:** Waiting Period mentioned under **Code Excl 03** Stands waived off or **(or)** waiting period shall be reduced from 30 days to 15 days or 7 days as stated in the Certificate of Insurance / Policy Schedule.
- i. **First 24 months Waiting Period Waiver:** Waiting Period mentioned under **Code Excl 02** Stands waived off **(or)** waiting period shall be reduced from 24 months to 12 months as stated in the Certificate of Insurance / Policy Schedule.
- j. **Pre-existing Disease Waiting Period Waiver:** Waiting Period mentioned under **Code Excl 01** Stands waived off **(or)** waiting period shall be reduced from 36 months to 24 months or 12 months as stated in the Certificate of Insurance / Policy Schedule.
- k. **Maternity Expenses and Newborn Cover:** The company will indemnify up to amount specified in the certificate of Insurance / Policy Schedule, for the Medical Expenses associated with Hospitalisation of the Insured Member for the pregnancy and delivery of a child.
- l. **Pre Natal and Post Natal Expenses:** Pre-Hospitalisation Medical Expenses (routine pre-natal care and check-ups which includes common screening and follow-up tests as required during a pregnancy) or Post-Hospitalisation Medical Expenses (routine post-natal care and check-ups) received by the insured mother up to sixty days of any claim arising under this optional cover as mentioned in the Certificate of Insurance / Policy Schedule
- m. **Well mother expenses:** Coverage for Room rent for Mother who is required to feed the baby post birth if the new born baby is hospitalized is payable as stated in the Certificate of Insurance / Policy Schedule
- n. **Well baby expenses/Healthy Baby expenses:** Expenses for hospitalization Incurred for Normal baby after the birth till discharge is payable as stated in the Certificate of Insurance / Policy Schedule. Such expenses include expenses like doctors check up and any other check up / tests performed to ensure that the baby is well at birth.
- o. **Newborn Cover extension / Child cover from day one:** Expenses up-to the limits mentioned in the Certificate of Insurance / Policy Schedule per hospitalization, incurred in a hospital / nursing home on treatment of the New-born for any disease (including any internal congenital disease), illness or accidental injuries are payable provided the mother is covered under the policy
- p. **Corporate Buffer:** If an insured person has exhausted his/her respective base sum insured limit under the hospitalisation expenses, and further incurs any medical expenses, the same would be payable from the coverage amount of Corporate Floater as mentioned in the Certificate of Insurance or Policy Schedule
- q. **Treatment of sub-fertility:** The Company will reimburse medical expenses as stated in the Certificate of Insurance / Policy Schedule incurred on Treatment for sub-fertility

		r. Co-payment: Notwithstanding anything to the contrary in the Policy, it is hereby stated that the Insured Person will bear a Co-payment, as specified in the Policy Schedule / Certificate of Insurance s. Consumables: If there is an admissible claim under inpatient / day care under this policy, then Items as per List I will become payable as mentioned in the Policy Schedule / Certificate of Insurance t. Waiver of Proportionate clause/deduction: The proportionate deduction clause shall not apply under this policy, allowing the insured to select a higher-category room without impacting for claims settlement for associated medical expenses u. Domiciliary Hospitalisation / Home Care Treatment: Domiciliary Hospitalisation: Expenses up-to the limits mentioned in the Certificate of Insurance / Policy Schedule per hospitalization, 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. 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. 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.	
		Wellness (Insured can avail the following wellness benefits on “Galaxy Health App” if opted by the Group Administrator and specified in the Certificate of Insurance / Policy Schedule) Dietician & Nutritionist Consultations - Medical advice from a Dietician and/or Nutritionist up to the number of consultations in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. Weight Management Program: This Program helps Insured to manage the Body Mass Index (BMI) and maintain the BMI through the guidance under wellness experts. Chronic Condition Management Program: This Program helps Insured, suffering from any Chronic conditions such as Diabetes, Hypertension, Hyperlipidemia, Asthma to track health through the empanelled wellness experts who guides the insured in improving and maintaining the health condition. Emotional Wellness / Employee Assistance Program: This program helps Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress through Mind Body Healing Program, Heartful Meditation, Mindful Yoga by Virtual or Physical sessions or Combination of both.	Plan 7

		Insured can access Mental Wellness Podcasts and Wellness content under this program. e. Other Wellness Services: This program helps in Sleep Monitoring, Metabolic Profiling, Guided Meditations and Mood Tracking. Insured can access Mental Wellness Podcasts and Wellness content under this program. f. Access to GYM / Fitness Centre/ Health club – Insured can access to GYM/ Fitness Centre/ Health Club up to the number of Sessions in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. g. AI-driven / Online Daily Fitness Workout: Insured can access to AI-driven customized workout plans based on individual goals up to the number of Sessions in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. h. Online Health Risk Assessment(HRA): Insured can get HRA report by completing the online questionnaire. i. Work place well being: Insured can get Tips to improve the working life, quality and safety of the physical environment, how workers feel about their work, their working environment, the climate at work and work organization. j. Family Counselling: Talk therapy provided by experts that focuses on the improvement of relationships among family members. It can also help treat specific mental health or behavioural conditions k. Tobacco Cessation(De-addiction) Program: This program provides assistance to Insured to avail De-addiction/ discontinuing tobacco smoking. l. Wellness: This program intends to promote, incentivize and to reward the Insured Persons' healthy lifestyle through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium during the renewal.	
		Outpatient Cover (The following covers are available on payment of additional premium are specified in the Certificate of Insurance / Policy Schedule of this Policy) a. Tele-consultation (audio/video/text) from General Medical Practitioner up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. b. Tele-consultation (audio/video/text) from Psychologist / Psychiatrist up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. c. Tele-consultation (audio/video/text) from Specialist up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. d. Outpatient Consultation (In-person): Expenses incurred towards Outpatient consultation(s) from a General Medical Practitioner and/or a Specialist Medical Practitioner and/or AYUSH treatment are payable up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy (excluding Dental and Ophthalmic treatment)	Plan 8

		e. (i) Diagnostic Tests: Expenses incurred by the Insured towards diagnostic tests upon the advice of treating Medical Practitioner are payable up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. and/ or (ii) Minor Procedure Cover: Expenses incurred by the Insured towards the following Minor Procedures done on Outpatient basis upon the advice of the treating Medical Practitioner are payable up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. f. Physiotherapy: Expenses incurred by the Insured towards Physiotherapy upon the advice of the treating Medical Practitioner are payable up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. g. Pharmacy: Expenses incurred by the Insured towards Pharmacy upon the advice of the treating Medical Practitioner are payable up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. h. OPD Dental and OPD Ophthalmic Treatment due to Accident: Expenses incurred by the Insured towards Dental and Ophthalmic treatment upon the advice of the treating Dentist/ Ophthalmologist due to accidents are payable up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. i. OPD Dental Treatment: Expenses incurred by the Insured towards Consultation, Filling, Root Canal (including Crown) and Extraction are payable up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy. j. OPD Ophthalmic Treatment: Expenses incurred by the Insured towards Corneal Infection, Glaucoma, Diabetic Retinopathy, Other ophthalmic treatment/s (as mentioned in the Policy Schedule /Certificate of Insurance / Product Benefit Table of this Policy) up to the limits in a policy year specified in the Certificate of Insurance / Policy Schedule of this Policy.	
	Exclusions		

6	(What the policy does not cover)	Applicable for Plan 1: Hospital Cash and Plan 2: Equal Monthly Instalment (EMI) Protect 1. The Company shall not be liable for this policy if the hospitalization is for 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 2. Congenital External Condition / Defects / Anomalies - Code- Excl 20 3. Convalescence, general debility, run-down condition, Nutritional deficiency states - Code- Excl 21 4. Intentional self -injury-Code- Excl 22 5. 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 6. Injury or disease caused by or contributed to by nuclear weapons/ materials - Code- Excl 25 7. 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. 8. Unconventional, Untested, Experimental therapies-Code- Excl 27 9. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - Code- Excl 28 10. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) -Code- Excl 31 11. Any hospitalization which are not medically necessary / does not warrant hospitalization -Code-Excl 36 Exclusions Applicable for Plan 3 – Group Personal Accident GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS PLAN): 1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance. 2. Any claim in respect of Pre-existing conditions. Any claim if the insured acts against the advice of a physician. 3. Any claim if the insured acts against the advice of a physician. 4. Any claim arising out of Accidents that the Insured Person has caused a. intentionally or by committing a. crime	E.Exclusions
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- or
- b. as a result of drunkenness or addiction (drugs, alcohol).
- or
- c. self-endangerment unless in self-defense or to save human life.
- 5. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type 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.
- 6. 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.
- 7. Participation of the Insured Person 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.
- 8. 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, biological terrorism
- 9. 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.
- 10. Participation in Hazardous Sport / Hazardous Activities

Exclusions Applicable for Plan 4 (Critical Illness)

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
2. Any claim with respect to any Critical Illness contracted, diagnosed or manifested prior to Commencement date of this policy
3. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b) For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

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.

4. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
5. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
6. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
7. Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
8. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
9. Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured.
10. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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 and selfie accident.
11. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
12. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
13. Any Critical Illness, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
15. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
16. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the 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.
17. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:

		a. Surgery to be conducted is upon the advice of the Doctor b. The Surgery / Procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI): • greater than or equal to 40 or • greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss: i. Obesity related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes despite optimal therapy 18. Any Critical Illness caused due to 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 reason. 19. Any Critical Illness, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 20. In the event of the death of the Insured Person within the stipulated survival period as set out above. 21. Any Critical Illness, caused by sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization Applicable for PLAN 5 – Group Health and PLAN 6 – Group Health Top-up and Plan 8 – Outpatient Cover The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of: <u>Standard Exclusions</u> 1. 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 2. Rest Cure, rehabilitation and respite care – Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons	
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- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
- 3. **Obesity / Weight Control – Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions;
 - A. Surgery to be conducted is upon the advice of the Doctor
 - B. The surgery/Procedure conducted should be supported by clinical protocols
 - C. The member has to be 18 years of age or older and
 - D. 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
- 4. **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.
- 5. **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.
- 6. **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.
- 7. **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.
- 8. **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.
- 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – **Code Excl 12**
- 10. 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**
- 11. 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 hospitalization claim or day care procedure – **Code Excl 14**
- 12. **Refractive Error – Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. **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.
 14. **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
 15. **Maternity – Code Excl 18**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- Specific Exclusions**
16. 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.**
 17. Congenital External diseases/condition defects or anomalies - **Code Excl 20.**
 18. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21.**
 19. Intentional self injury. - **Code Excl 22.**
 20. 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.**
 21. Injury or disease caused by or contributed to by nuclear weapons/materials. - **Code Excl 25.**
 22. 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 similar therapies. - **Code Excl 26.**
 23. Unconventional, untested, experimental therapies. - **Code Excl 27.**
 24. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy. Immunotherapy without proper indication. - **Code Excl 28.**
 25. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted. - **Code Excl 29.**
 26. Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases). - **Code Excl 31.**
 27. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34.**
 28. 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.**
 29. Any hospitalizations which are not Medically Necessary - **Code Excl 36.**
 30. Other Excluded Expenses as detailed in the website “ www.galaxyhealth.com”
Code- Excl 37

		31. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes. - Code Excl 38. 32. Naturopathy Treatment. - Code Excl 40. General Exclusions Applicable for all plans (Plan 1, 2, 3, 4, 5 and 6) 1. Out-patient treatment except for accidental injuries 2. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, Areca nut intoxicating drugs and alcohol or hallucinogens; 3. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner; 4. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions; 5. Hormone Replacement Therapy; 6. Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future unless requires for current medical treatment;	
7	Waiting period Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage.	30-day waiting period – Code Excl 03: (Not Applicable for Accidents) (Applicable for Plan 1, 2, 4, 5, 6 and 8) 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 Specified disease/procedure waiting period – Code Excl 02 Applicable for Plan 1 and Plan 2: The following specified ailments / illness / diseases for 24 consecutive months from the inception date under the policy. a. 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. b. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology c. 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]. d. 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), e. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi. f. All types of Hernia,	D.3 D.2

- g. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
- h. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
- i. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
- j. Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele,
- k. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
- l. Varicose veins and Varicose ulcers
- m. All types of transplant and related surgeries (Other than bone marrow transplant for acute hematological malignancies and acute medical emergencies when indicated)
- n. Congenital Internal disease / defects / anomalies

Applicable for Plan 5

- a. Expenses related to the treatment of the following 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.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. 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.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. List of specific diseases/procedures
 - 1. The expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders.
 - 2. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
 - 3. Desmoid tumour of anterior abdominal wall.
 - 4. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
 - 5. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
 - 6. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

7. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
8. Any transplant and related surgery

Applicable for Plan 6

1. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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.

List of specific diseases/procedures :

- a) Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi
- b) All types of management for kidney and genitourinary tract calculi
- c) All Diseases of Prostate
- d) All types of Hernia
- e) Hydrocele
- f) Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted)
- g) Pilonidal sinus and Fistula / Fissure in ano,
- h) Piles
- i) Sinusitis and related disorders

2. Expenses related to the treatment of the following 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.

List of specific diseases/procedures

- a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
- b) Desmoid tumour of anterior abdominal wall.
- c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
- d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
- e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

		f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology g) Any transplant and related surgery 3. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. 4. 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. 5. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. 6. 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.	
		Pre-Existing Diseases - Code- Excl 01 Applicable for Plan 1 and Plan 2: Pre-Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed under this Policy since inception of the first policy with the Company. Applicable for Plan 5, 6 and 8: 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.	D.1
8	Financial limits of coverage	Sub-limits as mentioned in the Policy Schedule	-
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)		
	ii. Co-payment		
	iv. Any other limit (as applicable)	NIL	-
9		Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalisation. For Cashless Treatment: (Applicable for Plan 5 and Plan 6)	F.9(B)

	Claims/Claims Procedure	a. Call the 24 hour helpline 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-authorization 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 the 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	F. 9(C)
10	Policy Servicing	Details of the Company Official: Head – Customer Care Customer Care No. / Toll Free No. / Senior Citizens: 18002030007 E-Mail: support@galaxyhelath.com	F (23)
11	Grievance s /	In case of any grievance the insured person may contact the Company through Website : www.galaxyhealth.com Toll free : 18002030007	F (8)

	Complaints	Senior Citizens may call at 18002030007 E-mail : gro@galaxyhealth.com Ph. No. : 044 - 4001 7238 Courier : <u>Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.</u> 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 <u>044 - 4001 7238</u> 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 82-85. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/	
12	Things to remember	Free Look Period: NIL Renewal of Health Insurance policy: (Applicable for Plan 5, Plan 6 and Plan 8) 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 an 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 Migration in case of Indemnity policies: 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 in case of Indemnity Policies: 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.	NIL F (10) F (12) F (13)

		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: NIL	NIL
		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.	F (16)
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, mis description or non-disclosure of any material fact by the policyholder. Please disclose the medical history details sought in the proposal form.	F (1)



Customer Information Sheet

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"