

**GALAXY HEALTH INSURANCE COMPANY LIMITED**

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CIN: U65120TN2023PLC165765 | IRDAI Reg. No.:167

Galaxy Privilege**Unique Identification Number: GHIHLIP26044V012526****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 Privilege Unique Identification Number: GHIHLIP26044V012526	-
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)	Expenses in respect of: In-patient Treatment: a) Room rent inclusive of boarding, nursing charges, Residential/Duty Medical Officer charges during Hospitalisation as charged by the Hospital upto 2% of Sum Insured subject to a maximum of Rs. 10,000/- per day. b) ICU charges including Digital ICU covered upto 3% of Sum Insured subject to a maximum of Rs.20,000/-. c) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees covered upto 35% of the Sum Insured. d) Anesthesia, Blood, Oxygen, Operation theatre charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, investigation test, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses subject to maximum of 60% of sum insured per hospitalisation. With regard to coronary stenting, medicines, Implants and other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.	III (A) (1.a,b,c,d)
		Road Ambulance: Expenses incurred towards the ambulance charges upto Rs.2,500 per hospitalization and upto Rs. 5,000/- per policy period is payable, provided that the hospitalisation claim is admissible.	III (A) (2)
		Pre- Hospitalisation and Post Hospitalisation Expenses: Medical expenses incurred immediately before the insured person is hospitalized and following the Insured Person's discharge from Hospital for a period not exceeding 30 days subject to a maximum of Rs.10,000/- is payable. Note: Maximum payment under Pre hospitalization and Post Hospitalization put together shall not exceed 30 days subject to maximum of Rs.10,000/-.	III (A) (3)

		Day Care Procedures/Treatment: All day care Procedures/Treatment are covered upto sum insured.	III (A) (4)
		Treatment of Cataract: Expenses incurred on treatment of Cataract is subject to the limit of Rs.35,000/- per eye and Rs.50,000/- per policy period is payable / per member.	III (A) (5)
		Modern Treatment: Covered up to 50% of Sum Insured	III (A) (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.	III (A) (7)
		Second Medical Opinion (Domestic): The Insured Person can obtain a Second Medical Opinion from a Doctor in the company inhouse medical team	III (A) (8)
		Repatriation of Mortal Remains: Following an admissible claim for hospitalisation under the policy, the Company shall reimburse upto Rs.15,000/-in a policy year towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy.	III (9)
		Home Care Treatment: The Company will pay for expenses towards treatment availed by the Insured Person at home up to 5% of Sum Insured or maximum upto Rs.1,00,000/- whichever is less. It is available only for the specified conditions mentioned in the Policy Wordings, which in normal course would require care and treatment at a hospital but is actually taken at home.	III (A) (10)
		Sub-limits on the Major Diseases/Surgeries and All other Major Surgeries: Covered with sub-limits	III (A) (12)
		Gala Fit - Pro Active Care: Discount of 10% is applicable on renewal premium	III (A) (13)
		Optional Covers (On payment of additional premium / discount in premium)	
		Consumables	III (B) (14)
		Voluntary Aggregate Deductible	III (B) (15)
		Supportive Care: A. Rehabilitation and Pain Management B. Hospice Care	III (B) (16)
		Recovery and Enrichment : A. Assisted Living B. Nursing at Home	III (B) (17)
		Modification of Co-payment	III (B) (20)
6	Exclusions (What the policy does not cover)	Investigation & Evaluation – Code Excl 04	IV (4)
		Rest Cure, rehabilitation (except to the extent covered under Optional Cover 16 A) and respite care – Code Excl 05	IV (5)
		Obesity/ Weight Control – Code Excl 06	IV (6)
		Change-of-Gender treatments – Code Excl 07	IV (7)
		Cosmetic or plastic Surgery – Code Excl 08	IV (8)
		Hazardous or Adventure sports – Code Excl 09	IV (9)
		Breach of law – Code Excl 10	IV (10)
		Excluded Providers– Code Excl 11	IV (11)

	Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – Code Excl 12	IV (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 (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 (14)
	Refractive Error – Code Excl 15 Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.	IV (15)
	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.	IV (16)
	Sterility and Infertility – Code Excl 17	IV (17)
	Maternity – Code Excl 18	IV (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 (19)
	Congenital External Condition / Defects / Anomalies - Code- Excl 20	IV (20)
	Convalescence, general debility, run-down condition, Nutritional deficiency states - Code- Excl 21	IV (21)
	Intentional self -injury- Code- Excl 22	IV (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 (23)
	Injury or disease caused by or contributed to by nuclear weapons/ materials - Code- Excl 25	IV (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 (25)
	Unconventional, Untested, Experimental therapies - Code- Excl 27	IV (26)
	Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - Code- Excl 28	IV (27)
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. - Code- Excl 29	IV (28)
	All treatment/Interventions for Erectile Dysfunctions – Code – Excl 30	IV (29)
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - Code- Excl 31	IV (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	IV (31)
		Any hospitalisation which are not medically necessary / does not warrant hospitalisation- Code-Excl 36	IV (32)
		Other Excluded Expenses as detailed in the website www.galaxyhealth.com (Except to the extent covered under Optional Cover 14)- Code Excl 37	IV (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 (34)
		Expenses for venereal disease or any sexually transmitted disease except HIV/AIDS	IV (35)
		Dental Treatment, Diagnostics, Dental Procedures or Surgery of any kind unless requiring Hospitalisation as a result of accidental Injury. Dental Implants however are not payable.	IV (36)
7	Waiting period Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage.	1. Pre-Existing Diseases - Code- Excl 01: A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 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. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer	IV (1)
		2. Specified disease/procedure waiting period – Code Excl 02 A. Expenses related to the treatment of the listed conditions: surgeries/treatments shall be excluded until the expiry of the 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 inception or declared and accepted without a specific exclusion. E. 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. F. List of specific diseases/procedures	IV (2)

		1. 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. 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology. 3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident]. 4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident). 5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including diseases of liver, Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi. 6. All types of Hernia. 7. Desmoid Tumour, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula. 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases. 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies. 10. Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele. 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 Note: Waiting period for the following benefit is as follows a. Hospice care (Optional cover no.16 B): A waiting period of 12 months from the date of first inception of this policy with the Company.	
		3. 30-day waiting period – Code Excl 03 (Not Applicable for Accidents) a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	IV (3)
8		Room rent: Covered up to 2% of Sum Insured subject to a maximum of Rs. 10,000/- per day.	III (A) (1) (a)

Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	ICU charges including digital ICU: Covered up to 3% of Sum Insured subject to a maximum of Rs.20,000/-	III (A) (1) (b)	
	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees: covered upto 35% of the Sum Insured per hospitalisation	III (A) (1) (c)	
	Anesthesia, Blood, Oxygen, Operation theatre charges: Covered up to 60% of Sum Insured per hospitalisation	III (A) (1) (d)	
	Road Ambulance: Charges covered up to Rs.2,500/- per hospitalization and up to Rs. 5,000/- per policy period	III (A) (2)	
	Pre- Hospitalisation and Post Hospitalisation Expenses: Medical expenses incurred immediately before the insured person is hospitalized and following the Insured Person's discharge from Hospital for a period not exceeding 30 days subject to a maximum of Rs.10,000/- is payable.	III (A) (3)	
	Treatment of Cataract: Expenses incurred on treatment of Cataract is subject to the limit of Rs.35,000/- per eye and Rs.50,000/- per policy period is payable.	III (A) (5)	
	Modern Treatment: Covered up to 50% of Sum Insured	III (A) (6)	
	Repatriation of Mortal Remains: The Company shall reimburse upto Rs.15,000/-in a policy year	III (A) (9)	
	Home care treatment: Expenses covered up to 5% of Sum Insured or maximum upto Rs.1,00,000/- whichever is less.	III (A) (10)	
	Sub-limits on the Major Diseases/Surgeries and All other Major Surgeries: The expenses payable during the entire policy period for treatment of the following diseases / conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below	III (A) (12)	
	Limit per person, per policy period for each diseases / Condition(individual) in (Rs.)		
	Sum Insured (Rs.)		Neurological Diseases, Heart Diseases, Auto Immune Disease, Cancer (Including Chemotherapy / Radiotherapy) Medical Renal Diseases (Including Dialysis) Treatment of Breakage of Long Bones
5,00,000	3,00,000		2,50,000
10,00,000	4,00,000		3,00,000
15,00,000	4,50,000		3,50,000
20,00,000	5,00,000		4,00,000
25,00,000	5,50,000		4,50,000
Limit per policy period for each diseases / Condition (Floater) in (Rs.)			
Sum Insured (Rs.)	Neurological Diseases, Heart Diseases, Auto Immune Disease, Cancer (Including Chemotherapy / Radiotherapy) Medical Renal Diseases (Including Dialysis) Treatment of Breakage of Long Bones		All other major surgeries
5,00,000	4,00,000		3,50,000
10,00,00	6,00,000		5,00,000
15,00,00	7,00,000	5,50,000	
20,00,00	8,00,000	6,00,000	
25,00,00	9,00,000	7,00,000	

	Supportive Care: A. Rehabilitation and Pain Management (Optional Cover): <table><tr><th>Sum Insured (Rs.)</th><th colspan="2">Limit per policy year (Rs)</th></tr><tr><th>Individual</th><th>Individual</th><th>Floater</th></tr><tr><td>5,00,000</td><td rowspan="2">25,000</td><td rowspan="2">30,000</td></tr><tr><td>10,00,000</td></tr><tr><td>15,00,000</td><td rowspan="3">50,000</td><td rowspan="3">60,000</td></tr><tr><td>20,00,000</td></tr><tr><td>25,00,000</td></tr></table> B. Hospice Care (Optional Cover): The Company will pay medical expenses up to 10% of Sum 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. Note: i) Available after a waiting period of 12 months from the inception of this policy. ii) The admissibility of claim under Hospice Care is based on the decision of the medical panel by the company will be final.	Sum Insured (Rs.)	Limit per policy year (Rs)		Individual	Individual	Floater	5,00,000	25,000	30,000	10,00,000	15,00,000	50,000	60,000	20,00,000	25,00,000	III (B) (16)																					
Sum Insured (Rs.)	Limit per policy year (Rs)																																					
Individual	Individual	Floater																																				
5,00,000	25,000	30,000																																				
10,00,000																																						
15,00,000	50,000	60,000																																				
20,00,000																																						
25,00,000																																						
	Recovery and Enrichment Care : A. Assisted Living (Optional Cover): Any diseases / condition resulting in loss of independent living and requiring trained skilful assistance, covered upto the limits mentioned in the table given below, provided there is an admissible claim under the policy and the condition shall be certified by the treating Medical Practitioner. <table><tr><th>Sum Insured (Rs.)</th><th>Individual limit per policy year (Rs.)</th><th>Floater limit per policy year (Rs.)</th></tr><tr><td>5,00,000</td><td>10,000</td><td>15,000</td></tr><tr><td>10,00,000</td><td>20,000</td><td>30,000</td></tr><tr><td>15,00,000</td><td>30,000</td><td>45,000</td></tr><tr><td>20,00,000</td><td>40,000</td><td>60,000</td></tr><tr><td>25,00,000</td><td>50,000</td><td>75,000</td></tr></table> B. Nursing at Home(Optional Cover): The company will pay the expenses incurred, up to the limits mentioned in the table below post Hospitalization for the medical services of a Qualified Nurse at the insured residence, provided that the engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner provided there is an admissible claim under the policy. <table><tr><th>Sum Insured (Rs.)</th><th>Individual limit per policy year (Rs.)</th><th>Floater limit per policy year (Rs.)</th></tr><tr><td>5,00,000</td><td>3,500</td><td>5,000</td></tr><tr><td>10,00,000</td><td>8,000</td><td>10,000</td></tr><tr><td>15,00,000</td><td>10,000</td><td>12,500</td></tr><tr><td>20,00,000</td><td>12,500</td><td>15,000</td></tr><tr><td>25,00,000</td><td>15,000</td><td>20,000</td></tr></table>	Sum Insured (Rs.)	Individual limit per policy year (Rs.)	Floater limit per policy year (Rs.)	5,00,000	10,000	15,000	10,00,000	20,000	30,000	15,00,000	30,000	45,000	20,00,000	40,000	60,000	25,00,000	50,000	75,000	Sum Insured (Rs.)	Individual limit per policy year (Rs.)	Floater limit per policy year (Rs.)	5,00,000	3,500	5,000	10,00,000	8,000	10,000	15,00,000	10,000	12,500	20,00,000	12,500	15,000	25,00,000	15,000	20,000	III (B) (17)
Sum Insured (Rs.)	Individual limit per policy year (Rs.)	Floater limit per policy year (Rs.)																																				
5,00,000	10,000	15,000																																				
10,00,000	20,000	30,000																																				
15,00,000	30,000	45,000																																				
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Sum Insured (Rs.)	Individual limit per policy year (Rs.)	Floater limit per policy year (Rs.)																																				
5,00,000	3,500	5,000																																				
10,00,000	8,000	10,000																																				
15,00,000	10,000	12,500																																				
20,00,000	12,500	15,000																																				
25,00,000	15,000	20,000																																				
ii. Co-payment	Co-payment: This policy is subject to 25% co-payment for all claims. Note: Co-payment is not applicable on sublimits wherever available.	III (A) (11)																																				
iii. Deductible	Voluntary Aggregate Deductible: The insured person has option to choose Voluntary Aggregate Deductible and can avail discount on premium as given in the table below. In case Voluntary Aggregate Deductible is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Deductible amount.	III (B) (15)																																				

		<table><tr><td>Deductible Option</td><td>Discount offered</td></tr><tr><td>Rs.25,000/-</td><td>10%</td></tr><tr><td>Rs. 50,000/-</td><td>15%</td></tr><tr><td>Rs. 1,00,000/-</td><td>20%</td></tr></table> Note: i. Voluntary Aggregate Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year which fall under basic cover. ii. Voluntary Aggregate Deductible if chosen by the Insured Person(s) shall be applicable to all Base Covers under the Policy except Gala Fit-Pro Active Care (Engaging Wellness Program).	Deductible Option	Discount offered	Rs.25,000/-	10%	Rs. 50,000/-	15%	Rs. 1,00,000/-	20%	
Deductible Option	Discount offered										
Rs.25,000/-	10%										
Rs. 50,000/-	15%										
Rs. 1,00,000/-	20%										
	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). 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. 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.	V (2)(B)								
		For Reimbursement claims:	V (2) (C)								

		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	
10	Policy Servicing	Details of the Company Official: Head – Customer Care Any notice, direction or instruction given under this Policy by the policy holder / claimant shall be in writing and delivered by hand, post or / email to Galaxy Health Insurance Company Limited, <u>Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, , Chennai – 600035,</u> Customer Care No. / Toll Free No. / Senior Citizens: 18002030007 E-Mail: support@galaxyhealth.com	V (22)
11	Grievance/ 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 Phone 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 officer at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the Grievance redressal officer (GRO) at corporate office - <u>044 - 4001 7238</u> For updated details of grievance officer, kindly refer the link https://www.galaxyhealth.com/grievance-redressal If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per insurance Ombudsman Rules 2017. For the details of Insurance Ombudsman, please visit: Refer Policy Wording page number 16-17 Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/	V (16)
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.	V (15)

		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.	
		Renewal of Health Insurance policy: a) A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate. b) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years. c) An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case 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	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. 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	V (9)

		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	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.	V (1)



GALAXY HEALTH INSURANCE COMPANY LIMITED

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Nandanam, Chennai-600035. I T: 044 – 4001 7227 | Website: www.galaxyhealth.com
CIN: U65120TN2023PLC165765 | IRDAI Reg. No.:167

BENEFIT ILLUSTRATION (Excluding Tax)										
Benefit Illustration in respect of policies offered on individual and family floater basis (Zone A)										
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 Premiur for all members of of family (Rs.)	Floater Discount*, (if any)	Premium After Discount (Rs.)	Sum Insured (in lakhs) (Rs.)
Illustration 1 (2A)										
65	24811	5	24811	Nil	24811	5	44782	3845	40938	5
55	19972	5	19972	Nil	19972	5				
Total Premium for all members of the family is Rs.44783/- , 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. 44783/- , 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.40938/- , Sum insured of Rs.5 lakhs is available for the entire family (2A)			
Illustration 2 (2A)										
65	30958	10	30958	Nil	30958	10	55674	4594	51080	10
55	24716	10	24716		24716	10				
Total Premium for all members of the family is Rs.55674/- -when each member is covered separately. Sum insured available for each individual is Rs.10 lakhs			Total Premium for all members of the family is Rs. 55674/- , when they are covered under a single policy. Sum insured available for each family member is Rs.10 lakhs				Total Premium when policy is opted on floater basis is Rs.51080/- , Sum insured of Rs.10 lakhs is available for the entire family (2A)			
Note: Premium rates specified in the above illustration are standard premium rates without considering any optional covers										



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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".