

Galaxy Privilege

UIN: GHIHLIP26044V012526

- ❖ **Galaxy Privilege** is a distinguished product designed to cater the needs of the elderly people with unique features such as AYUSH treatment, Home care treatment, Second Medical Opinion (Domestic), Wellness program along with extensive range of optional covers like Consumables, Rehabilitation and Pain management, Assisted Living etc.
- ❖ **Eligibility:**
 - **Individual:** 60 years to 75 years
 - **Floater:** 60 years to 75 years.
 - Note:** However, Spouse can be covered from 50 years.
- ❖ **Family Size:** 1 Adult & 2 Adults
- ❖ **Zones:**
 - **Zone A:** Gujarat, Haryana, Rajasthan, Punjab, Chandigarh, NCR of Delhi, Mumbai, Thane, Ghaziabad and Noida.
 - **Zone B:** Hyderabad including K V Ranga Reddy and Medchal Malkajgiri, Secunderabad, Patna, Goa, Himachal Pradesh, Bengaluru, Thiruvananthapuram, Ernakulam, Bhopal, Indore, Pune, Nashik, Chennai, Lucknow and Kolkata.
 - **Zone C:** Rest of India.
- ❖ **Policy Term:** 1 Year
- ❖ **Sum Insured Options (Rs. in Lakhs):**
5,10,15,20 and 25
- ❖ **Instalment Option and Loading percentage:** Monthly: 3%/ Quarterly: 2%/ Half-yearly: 1%
- ❖ **Pre-acceptance medical screening:** Applicable
- ❖ **Discounts:**
 - **Online Discount:** 5% on first purchase & their renewals.
 - **Galafit Pro-Active care (Engaging Wellness Program):** 10% applicable on renewal premium.
 - **Option to choose Voluntary Aggregate Deductible:**

Deductible Option	Discount offered
Rs.25,000/-	10%
Rs. 50,000/-	15%
Rs. 1,00,000/-	20%
- **Modification of Co-payment (Optional cover):**
 - i. Decrease of Co-payment: From 25% to 20% - 5% loading is applicable
 - ii. Increase of Co-payment: From 25% to 30% - 5% discount is applicable
- ❖ **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
 - The maximum risk loading for an individual will not exceed 125% per diagnosis/medical condition, with an overall cap of 250% per insured person.

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- This loading applies from the policy's commencement date, including any subsequent renewals with the company.
- The company will notify the insured of the applicable risk loading or exclusion, or both, through a counter offer.
- The insured must respond to the company with their consent and any additional premium (if required) within 7 days of receiving the counter offer.
- The company will issue the policy, and coverage will start only after receiving the insured's consent and full premium.

❖ **Coverages**

A. Base Cover:

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

The coverage provided only applies to the relevant covers opted by the insured person, as specified in the policy schedule and if during the period stated in the Policy Schedule the insured person sustains bodily injury or contracts any disease or suffer from any illness requiring Hospitalisation and incurs expenses at any Nursing Home / Hospital in India as an In-patient, the Company will indemnify the Insured Person such expenses as are reasonably and necessarily incurred under the heads given below but not exceeding the Sum Insured stated in the Policy schedule.

1. Inpatient 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/- per day.
- c. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees covered upto 35% of the Sum Insured per hospitalisation
- 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.

2. 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.

- i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons or
- ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment or

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- iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner

- 3. 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/-.

- 4. Day Care Procedures/Treatment:** All day care Procedures/Treatment are covered upto sum insured.

- 5. 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.

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

- 6. Modern Treatment:** The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 50% of Sum Insured (including Pre and Post hospitalisation expenses) during the policy year.

Procedures/Treatments	
I	Robotic Surgeries
II	Immunotherapy – Monoclonal Antibody to be given as injection
III	Stem Cell Therapy Hematopoietic stem cells for bone marrow transplant for haematological conditions
IV	Intravitreal Injection - Allowed Maximum 3 injections per eye (6 injection both eyes) per policy period
V	Deep Brain Stimulation
VI	Other Modern Treatment a. Balloon Sinuplasty b. Bronchial Thermoplasty c. IONM – (Intra Operative Neuro Monitoring) d. Stereotactic Radio Surgeries e. Vaporisation of Prostate f. Oral Chemotherapy g. Uterine Artery Embolization & High-Intensity Focussed Ultrasound

- 7. 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 up to the sum insured.

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

- 8. Second Medical Opinion (Domestic):** To avail this service, the insured must provide complete medical records. Upon receiving the request, the company inhouse medical team will review the information and advise the member on their medical condition. The medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded through Post/Courier.

Note:

- This should be specifically requested by the Insured Person
- This opinion is given based only on the medical records submitted without examining the patient.
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not be considered as a claim.
- Medical Records / Documents submitted for utilizing this facility will not prejudice the company's right to reject a claim in terms of policy.

9. 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.

10. 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 upto Rs.1,00,000/- whichever is less. It is available only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home.

The below listed are covered:

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

Note:

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

11. Co-payment: This policy is subject to 25% co-payment for all claims.

Note: Co-payment is not applicable on sublimits as follows.

- a. **Cataract**
- b. **Repatriation of Mortal Remain**
- c. **Home care treatment**
- d. **Sub-limits on the Major Diseases/surgeries and All other Major Surgeries**
- e. **Supportive Care (Optional cover)**
- f. **Recovery and Enrichment Care (Optional Cover)**

12. Sub-limits on the Major Diseases/Surgeries and All other Major Surgeries: The expenses incurred towards the listed diseases / conditions are payable upto the amount specified in table given below;

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	All other major surgeries
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
10,00,000	6,00,000	5,00,000
15,00,000	7,00,000	5,50,000
20,00,000	8,00,000	6,00,000
25,00,000	9,00,000	7,00,000

13. Gala Fit - Pro Active Care: (Engaging Wellness Program)

The Company insurance program integrates a comprehensive wellness initiative. Unlike traditional wellness programs that focus solely on exercise and regular health check-ups to earn rewards and discounts, the company program goes a step further. The Company promote interactive care that seamlessly integrates into the insured person daily activities, recognizing even the smallest efforts towards a healthier lifestyle. This wellness program offers a diverse range of activities designed to enhance physical health, provide psychological enrichment, encourage social engagement, and foster community building. Additionally, improve the Insured Person overall lifestyle.

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The Company recognize and reward the Insured Person activities with certificates and coins. These activities are tracked and monitored by the Company, and the accumulated reward coins can be used to receive discounts on policy renewals for the following year. By enrolling and connecting the Insured Person health gadgets with the company mobile application, the Company promote healthy lifestyles through preventive care coverage. These initiatives aim to help insured individuals reduce the risk of chronic and lifestyle diseases. The company program is designed to be interactive and motivating, encouraging the Insured Person to always maintain best health.

This Wellness Program is enabled and administered online through Galaxy Health Mobile Applications. The following table shows the discount on premium available under the Wellness Program. Both on Individual and Floater Plans are available.

Wellness Coins Earned	Discount in Premium
Above 251- 400 Coins	2%
401-550 Coins	4%
551-700 Coins	6%
701- 850 Coins	8%
Above 850 Coins	10%

Distribution of discount can avail as per members in an individual / floater policy size with Weightage	1A - Self	1: 0
	2A - Self / Spouse	1:1

Please refer the illustrations to understand the weightage and calculation of discount in premium

Galaxy Privilege - Gala Fit Galaxy – Pro Active Program			
No	Activity - For Each Insured	Monthly coin	Yearly
1	To enrol in the Wellness Program using the mobile app, enter your personal mobile number and upload a valid ID proof		20
2	Sleep pattern - Having minimum of 7 hrs of sleep / day -monitored monthly basis	5 / month	60
3	Target Steps count / per day (monitored monthly basis) > 5,000 for crossing 25 days / month	10 / month	120
4	community engaging activity - Enrolling for yoga / spiritual programs/ health clubs on monthly basis certificate can be uploaded to considered for coins	10 / month	120
5	Condition Management Program (CMP): To record BMI, general health checks up by physician (only 70 coins) ▪ Member with Lifestyle disease – can provide quarterly (3*70 coins) assessment records		210
6	Preventive check-up I. ENT check-up (40) II. Eye check-up (40) III. Dental check up with reports (40)		140
7	Standard medical test – Complete any 8 out of the first 10 standard medical tests to earn 80 coins. Optional test from 11 to 17		240
	1. Complete blood test with haemoglobin 2. Urine routine 3. USG abdomen 4. S. Creatinine 10. Bone density 11. Vitamin B 12 and Vitamin D (20C) 12. (HHH) serology test (20 C) 13. PSA (M) (20 C)		

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	5. ECG 6. HbA1C 7. Pulmonary function 8. Cholesterol 9. Thyroid profile	14. Mammogram test (F) (20 C) 15. PAP smear test (F) (20 C) 16. ECHO (20 C) 17. Cancer profile markers (20 C)		
8	Only for members who have submitted proof of wellness utilisation during last policy year. (10) Also Sharing a success story (90)			100
9	Watching the video program through the Galaxy Health app - With attendance above 80%			10
			Total coins	1000
	Additional benefits available in the wellness via app - Access to health gadgets integration - Alarm to take drinking water or for medication Video content type as follows, - Awareness on the food types and diet - Emotional & Mental Health - Engaging with Grandchild care or new generations, to overcome commutation issues - Lifestyle disease management (Asthma, Blood pressure. Cholesterol, diabetes) - All basic videos on health			

• Enrolling to Wellness Program

To enrol in the wellness program, participants must provide a photo ID proof and policy details via the mobile application. Upon activation, they will receive coins for the program, which ends on the policy expiring date of the current year.

• Sleep pattern

Sleep is crucial for physical and mental health, enhancing emotional wellbeing, hormonal balance, physical health, and brain function. A minimum of 7 hours of sleep per day is required, and members who achieve 25 days of over 7 hours of sleep receive monthly coins. The cumulation of monthly points is used at the end for discount during policy renewal.

• Target Steps count

Regular walking offers numerous benefits for both physical and mental health. Aiming for over 5,000 steps per day can significantly contribute to maintaining good health. The Company program, available at monthly, rewards members who meet specific step targets. If a member walks 5,000 or more steps per day for at least 25 days in a month, they can earn 10 coins. Members who meet this target for 20 days in a month will receive 80% of the monthly coins, i.e., 8 coins for surpassing 5,000 steps.

• Community engaging activities

Engaging in Community activities is essential for health care, providing numerous benefits for both physical and mental well-being, and helping to prevent lifestyle diseases and stress. This program includes a variety of activities such as yoga / spiritual programs/ health clubs / community engaging activities. Participants who have engaged in these activities are required to submit valid certificates. One or two activity certificates per month can be uploaded via the mobile application to earn coins.

• Preventive check-up

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Basic medical consultation for ENT, Eye and Dental. The insured persons must undergo checkup under these specific specialists and provide the OP consultation papers to avail coins.

• **Condition Management Program (CMP)**

This is categorised as basic plan and chronic disease management plan

The basic plan includes a general physician conducting a routine health check-up of the insured, covering BMI, blood pressure, and other vital signs. The results of this check-up can be recorded and shared with the company via the Company mobile application. As an incentive, members will receive coins for completing this one-time activity.

• **For the chronic disease management plan.**

Individuals diagnosed with lifestyle diseases, or any other medical conditions are eligible to participate in this three-part integrated activity. Participants must undergo consultations and medical evaluations related to their diagnosed conditions. Activity reports must be uploaded once every four months.

Participants are required to follow prescribed treatments and engage in lifestyle programs and activities to improve their health. Progress is monitored every four months through follow-up doctor visits and relevant medical investigations. Based on the consolidation of these three reports, coins may be granted based on health progression.

Example 1: -

If a member is suffering from uncontrolled hypertension, they must provide the first consultation paper, along with the requested investigations suggested by the treating doctor, during the first month of the current policy period (e.g., April). These records should be uploaded to the system.

After four months, a second set of records, including the consultation taken (e.g., August) and the corresponding investigations, should be uploaded via the mobile application. This is the second part of the activity. Then after another four months, the third part of the activity is taken, a third set of documents, including the consultation form (e.g., December) and the suggested investigations, should be uploaded.

The Company will evaluate the uploaded documents to assess any progression or reduction in the member's health condition. If there is a noted improvement, the insured will be awarded coins. Additionally, the medical team will review the consultation papers to check for any progression in the insured's condition. If no progression is noted, they will guide the insured to subscribe to certain wellness programs.

• **BMI management: -**

This activity is for insured individuals who participated last year and requires them to provide their current BMI. If their BMI is within the healthy range, they will receive coins. Participants are also encouraged to submit a feedback video sharing their success with the wellness program. Coins are also available for this activity.

S. No.	Name of the Ailment	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Reducing BMI by three points and maintaining the same BMI in policy year
2.	Overweight (If BMI is between 25 and 29)	Reducing BMI by two points and maintaining the same BMI in policy year

• **Provide the standard medical test**

The Company wellness program offers a variety of diagnostic tests to evaluate the health status of the insured and screen for age-related diseases. Participants can choose from a basic list of tests and have the option to select additional specific tests. Wellness coins are awarded based on their selections. Any 8 tests from first 10 tests are required to accumulate the coins under this activity. From 11 test to 17 test are optional.

Only for members who have submitted proof of wellness utilisation during last policy year.

Members who enrolled in the wellness program last year, if they can be able to provide the proof for the same, then they can be able to avail 10 coins

Sharing a success story

Members who enrolled in the wellness program last year and are sharing their success stories should submit a video recording featuring clear visuals of their face and audible content. The video should be between 60 to 90 seconds in duration

Enrolling with program in Galaxy health app

The Company mobile application features an interactive wellness program with activities for disease prevention, psychological enhancement and social awareness. The program is gender and age-based, and insured participants receive coins to add to their wellness bucket.

Important Note:

- Member must download the application within 30 days from the inception date of the policy.
- The investigation requested and OPD consultation and preventive health check-up must be made from registered diagnostic laboratories and physician
- The Participants in the Interactive program must complete the program, to get the monthly coin,
- The app based pre recordings must be seen without skipping the videos
- To get coins, for monthly basis, minimum 25 days in a month must be achieved the target step count.
- If the member completes 20 days can avail partial coins for that month.
- The uploaded certificates and reports are validated and then only the coins are added.
- The reward coins are not carried forward to next year (for annual renewal of policy).
- The wellness coins are not transferable to other members in the policy.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential.
- There will not be any cash redemption against the wellness reward points.
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within one month of undertaking such activity/test.
- For services that are provided through empanelled service provider, Galaxy Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
- Insured should consult his/her doctor before availing/taking the medical advice/services. The decision to utilize these advice/services is solely at Insured person's discretion.
- The Company reserve the right to remove the wellness reward points if found to be achieved in unfair manner.
- Galaxy Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.
- Services offered are subject to guidelines issued by IRDAI from time to time.

Illustration of benefits a models proposed - For two adult model

S. No.	2A Model	62 years old (Male)	56 years old (Female)
1	Enrolling to Wellness Program	20	Not enrolled
2	Sleep pattern	40	0

3	Target Steps count	68	0
4	Enrolling engaging activity	60	0
5	Preventive check-up	0	0
6	Condition Management Program (CMP)	140	0
7	Provide the standard medical test	80	0
8	Old participants	120	0
9	Enrolling with program in Galaxy health app	0	0
	Total	528	0
Note - cumulation of coins $(528 + 0) / 2 = 264 = 2\%$ discount applicable during the renewal of the policy.			

B. Optional Covers:

The following optional covers can be opted on payment of additional premium / discount on premium.

14. Consumables: If there is an admissible claim under inpatient / day care under this policy, then Items as per List I will become payable upto sum insured. Further, the Company also covers Admission/Registration charges, Record charges and Insurance Processing charges will be payable upto the sum insured.

15. Voluntary Aggregate Deductible: The insured person has option to choose Voluntary Aggregate Deductible and can avail discount on premium as per the table given below. In case Voluntary Deductible is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Deductible amount:

Deductible Option	Discount offered
Rs.25,000/-	10%
Rs. 50,000/-	15%
Rs. 1,00,000/-	20%

Note:

- Voluntary Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year which fall under basic cover.
- Voluntary 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).

16. Supportive Care:

A. Rehabilitation and Pain Management: The company will pay the medical expenses for Rehabilitation and Pain Management as per the table given below,

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		

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

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

Pain Management Treatment – Up to the limit as mentioned above	
S.No.	Name of the covered pain management treatment
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis
2	Caudal epidural injection for Discogenic pain
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain
4	Caudal Neuroplasty for Failed back spine surgery
5	Stellate ganglion ablation for upper limb CRPS
6	Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches
7	Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful neuropathy and Ischaemic limb pain
8	Gasserian ganglion ablation for Trigeminal neuralgia
9	Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain
10	Coeliac plexus ablation for upper gastrointestinal malignancies pain
11	Superior hypogastric plexus ablation for lower Gastro intestinal malignancies pain
12	Ganglion impar ablation for perineal cancer pain and coccydynia
13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip
14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain
15	Physiotherapy maximum 10 session will be allowed per policy period

Important Note:

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

B. Hospice Care: 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.
- iii. If any balance limit is available, the same cannot be carried forward.

17. Recovery and Enrichment Care:

A. Assisted Living: Any diseases / condition resulting in loss of independent living and requiring trained skilful assistance covered up to the limits mentioned in the table given below,

Sum Insured (Rs.)	Individual Limit per policy year (Rs.)	Floater Limit per policy year (Rs.)
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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

The Indication and necessity of this cover will be evaluated by our medical practitioner and this benefit is provided if the following conditions are satisfied: -

1. There must be an admissible claim under the policy for the condition, for which assisted living benefit is sought for.
2. The Medical condition should have resulted in loss of independent living requiring skilful assistance for performing daily tasks.
3. The Justification and need for Assisted living shall be certified by the treating Medical Practitioner.

B. Nursing at Home: 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.

Sum Insured (Rs.)	Individual per policy year (Rs.)	Floater 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

Note: Claim under this optional cover will be payable only if there is an admissible claim under the policy.

18. Modification of Co-payment: The insured person has option to reduce / increase the co-payment under base cover and can avail loading / discount on the premium as per the table given below. In case Co-payment modification is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Co-payment percentage of admissible claim amount of each and every claim amount.

Modification of Co-payment	Discount / loading percentage on premium
Decrease of Co-payment (from 25% to 20%)	5% Loading on premium
Increase of Co-payment (from 25% to 30%)	5% Discount on premium

Note: Modification of Co-payment, if chosen by the Insured Person(s) shall be applicable on Base Covers except Gala Fit-Pro Active Care (Engaging Wellness Program).

List of Benefits which are part of sum Insured and in addition to Sum Insured		
S.No	Coverage	Forming part of Sum Insured/In addition to Sum Insured

1	Room rent inclusive of boarding, nursing charges, Residential/Duty Medical Officer charges, ICU charges including Digital ICU, Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Digital ICU, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, investigation test, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses With regard to coronary stenting, medicines, Implants and other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.	Forming part of Sum Insured
2	Other Medical expenses	Forming part of Sum Insured
3	Road Ambulance	Forming part of Sum Insured
4	Pre & Post Hospitalisation	Forming part of Sum Insured
5	Day Care Procedures	Forming part of Sum Insured
6	Cataract (per member)	Forming part of Sum Insured
7	Modern Treatments	Forming part of Sum Insured
8	AYUSH Treatment	Forming part of Sum Insured
9	Second Medical Opinion (Domestic)	Not Applicable
10	Repatriation of mortal remains	In addition to Sum Insured
11	Home Care Treatment	Forming part of Sum Insured
12	Gala Fit Proactive care (Engaging Wellness Program)	Not Applicable
13	Sub-limits on the Major Diseases / Surgeries and All other Major Surgeries	Forming part of Sum Insured
14	Consumables	Forming part of Sum Insured
15	Deductible	Not Applicable
16	Supportive Care a. Rehabilitation and Pain Management b. Hospice Care	Forming part of Sum Insured
17	Recovery and Enrichment Care a. Assisted Living b. Nursing at Home	Forming part of Sum Insured
18	Modification of Co-payment	Not Applicable

❖ EXCLUSIONS

A.Standard Exclusions

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

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- 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.

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
 - 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 benefits are as follows

- a. **Hospice care (Optional cover 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.
4. **Investigation & Evaluation – Code Excl 04**
 - a. Expenses related to any admission, primarily for diagnostics and evaluation purposes only are excluded
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
5. **Rest Cure, rehabilitation (except to the extent covered under Optional Cover 16 A) and respite care – Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. **Obesity/ Weight Control – Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions
 - i. Surgery to be conducted is upon the advice of the Doctor
 - ii. The surgery/Procedure conducted should be supported by clinical protocols
 - iii. The member must be 18 years of age or older and
 - iv. Body Mass Index (BMI)
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments – Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery – Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports – Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law – Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers– Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – **Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons – **Code Excl 13**

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14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure – **Code Excl 14**
15. **Refractive Error – Code Excl 15** Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.
16. **Unproven Treatments – Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility – Code Excl 17:** Expenses related to sterility and infertility. This includes.
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
18. **Maternity – Code Excl18**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy.
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

B. Specific Exclusions

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA -**Code- Excl 19**
20. Congenital External Condition / Defects / Anomalies -**Code- Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states -**Code- Excl 21**
22. Intentional self -injury-**Code- Excl 22**
23. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) -**Code- Excl 24**
24. Injury or disease caused by or contributed to by nuclear weapons/ materials -**Code- Excl 25**
25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion -**Code- Excl 26.**
26. Unconventional, Untested, Experimental therapies -**Code- Excl 27**
27. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy -**Code- Excl 28**

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28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. - **Code- Excl 29**
29. All treatment/Interventions for Erectile Dysfunctions – **Code – Excl 30**
30. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) -**Code- Excl 31**
31. 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**
32. Any hospitalisation which are not medically necessary / does not warrant hospitalisation-**Code-Excl 36**
33. Other Excluded Expenses as detailed in the website www.galaxyhealth.com (**Except to the extent covered under Optional Cover 14**) - **Code Excl 37**
34. 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**
35. Expenses for venereal disease or any sexually transmitted disease except HIV/AIDS
36. 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](#)

❖ **CONDITIONS**

Standard Conditions

1. **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.

2. **Claim Settlement**
 - A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy
 - B. **For Cashless Treatment:**
 - a. Call the 24 hour help-line for assistance – 18002030007. Senior Citizens may call at 18002030007.
 - b. Inform the ID number for easy reference.
 - c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk.
 - d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. (Insurers shall also provide pre-authorization to the policyholder through Digital mode).

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

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

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

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

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

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

- D. **Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents in original and submitted within the prescribed time limit.
- i. Duly filled in claim forms with treating doctor signature.
 - ii. Pre/Post Hospitalisation investigations and treatment papers.
 - iii. All investigations reports including Radiological films (Xray, CT scan, MRI and USG) and Biopsy during hospitalisation.
 - iv. Discharge Summary from the hospital
 - v. Cash receipts from hospital, chemists
 - vi. Cash receipts and reports for tests done
 - vii. Receipts from doctors, surgeons, anaesthetist
 - viii. Certificate from the attending doctor regarding the diagnosis.
 - ix. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
 - x. Copy of PAN Card

- xi. NEFT documents of the Proposer viz., Customer name, Bank Account No., Name of the Bank, IFSC code
- xii. CKYC No. of the proposer (if available)
- xiii. Legal heir/succession certificate, wherever applicable

E. Documents for Assisted Living and Nursing at Home (Optional cover 17 A and 17 B)

- 1. Discharge summary
- 2. Certificate from treating doctor on diagnosis
- 3. Cash receipts for the payment to assistant / Nursing in charge

Note:

- i. Call the 24 hour help-line for assistance - 18002030007. Senior Citizens may call at 18002030007.
- ii. The Company authorized doctor may examine the insured if required
- iii. The Company reserves the right to call for additional documents wherever required.

3. Cancellation

- i. The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall
 - a) refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.
 - b) refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Note:

- i. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

4. 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.

5. 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

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not earlier than 60 days from the due date for renewal. Insurers are free to consider proposal for portability, but in all such cases acquiring insurer shall ensure that there is no break in policy.

- b) The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.

6. Renewal of Health Insurance policy:

- a. A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate.
- b. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- c. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- d. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- e. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
- f. Coverage is not available during the grace period.
- g. No loading shall apply on renewals based on individual claims experience

7. Withdrawal of policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

- 8. 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.

- 9. Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly or Monthly instalments as mentioned in the policy

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Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. The grace period of 15 days (where premium is paid on a monthly instalments) and 30 days (where premium is paid in quarterly/half yearly instalments) is available on the premium due date, to pay the premium. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
 - ii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, Waiting Periods for Pre-Existing Diseases, Moratorium Period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.
 - iii. No interest will be charged if the instalment premium is not paid on due date.
 - iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
 - v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
 - vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
10. **Possibility of Revision of Terms of the Policy including the Premium Rates:** The Company may revise or modify the terms of the policy including the premium rates with the extant guidelines. The insured person shall be notified three months before the changes are effected.
11. **Free Look Period :** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

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

Website : www.galaxyhealth.com

Toll free : 18002030007

Senior Citizens may call at 18002030007

E-mail : gro@galaxyhealth.com

Phone No. : 044 - 4001 7238

Courier : Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.

Insured person may also approach the Grievance officer at any of the company's branches with the details of grievance.

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

For updated details of grievance officer, kindly refer the link
<https://www.galaxyhealth.com/grievance-redressal>

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

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

13. **Nomination:**

- a. The policyholder shall give his nomination for the purpose of payment of claims. In the event of death of the policyholder, the claim proceeds will be paid to the nominee.
- b. Nomination can be changed any time during the term of the policy.

Specific Conditions

14. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
15. **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events
 - Upon the death of the Insured Person. This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
 - Upon exhaustion of the Sum Insured.
16. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
17. **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.**
18. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

19. **Customer Service** If at any time the Insured Person requires any clarification or assistance, the insured may contact Galaxy Health Insurance Company Limited, Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035, during business hours of normal working days.
20. **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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 premium for all members 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										