

Galaxy Promise
Unique Identification Number: GHIHLIP25035V012425
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 Promise Unique Identification Number: GHIHLIP25035V012425	-						
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: Admission in Hospital beyond 24 hours	III (1)						
		Day Care Procedures/Treatment: All day care procedures/treatments are covered	III (2)						
		Pre- Hospitalisation Expenses: Medical Expenses incurred prior to hospitalisation as per the table given below	III (3)						
		<table><tr><td>Premier Plan</td><td>Elite Plan</td><td>Signature Plan</td></tr><tr><td>Not exceeding 30 days</td><td>Not exceeding 60 days</td><td>Not exceeding 90 days</td></tr></table>		Premier Plan	Elite Plan	Signature Plan	Not exceeding 30 days	Not exceeding 60 days	Not exceeding 90 days
		Premier Plan		Elite Plan	Signature Plan				
		Not exceeding 30 days	Not exceeding 60 days	Not exceeding 90 days					
		Post-Hospitalisation Expenses: Medical Expenses incurred after discharge from the hospital as per the table given below	III (4)						
		<table><tr><td>Premier Plan</td><td>Elite Plan</td><td>Signature Plan</td></tr><tr><td>Not exceeding 60 days</td><td>Not exceeding 90 days</td><td>Not exceeding 180 days</td></tr></table>		Premier Plan	Elite Plan	Signature Plan	Not exceeding 60 days	Not exceeding 90 days	Not exceeding 180 days
		Premier Plan		Elite Plan	Signature Plan				
		Not exceeding 60 days	Not exceeding 90 days	Not exceeding 180 days					
Road Ambulance: Expenses incurred as per the table given below in respect of the following are payable up to the limit specified in the policy, provided that the hospitalisation claim is admissible.	III (5)								
Air Ambulance (Applicable only for Elite and Signature Plan): Air ambulance expenses are payable up to the limit specified in the policy subject to an admissible hospitalisation claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service.	III (6)								
Treatment of Cataract: Expenses incurred on treatment of Cataract are payable up to the limit specified in the policy.	III (7)								

	AYUSH Treatment: Medical expenses for Inpatient Hospitalisation incurred on treatment under Ayurveda, Yoga, 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.	III (9)
	Domiciliary Hospitalisation: Coverage for medical treatment (Including AYUSH) for a period exceeding three days.	III (10)
	Modern Treatment: Covered either as In-patient Care or as part of Day Care up to the limit specified in the policy.	III (11)
	Organ Transplantation Expenses: Medical expenses incurred to the Insured Person for inpatient organ transplantation treatment, including the harvesting of the donated organ will be covered up to sum insured.	III (12)
	Organ Donor Expenses (Applicable only for Signature Plan): For Donor: Expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered. For Insured: If the Insured person donates organ, In-patient hospitalisation expenses incurred for organ transplantation are payable up to the sum insured. Premium waiver for Voluntary organ donor: This benefit gives a 2-year premium waiver on the renewal policy of an insured person who donates organs.	III (13 a & b)
	Health Check-up: Expenses incurred towards the cost of health check-up up to the limits mentioned in the policy.	III (14)
	Automatic Restoration (Applicable only for Elite and Signature Plan): The policy provides automatic restoration of sum insured.	III (15)
	A. Assisted Reproduction Treatment (Applicable only for Signature Plan): The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment covered up to the limit specified in the policy, for sub-fertility. B. Surrogacy (Applicable only for Signature Plan): Inpatient hospitalisation expenses covering post-partum delivery complications for a period of 36 months incurred for the Surrogate mother covered up to the limit specified in the policy. C. Oocyte Donor (Applicable only for Signature Plan): The company will indemnify the inpatient hospitalisation expenses for the complications arising out of Assisted Reproductive Treatment Procedures, for the Oocyte donor for a period of 12 months covered up to the limit specified in the policy.	III (16 a, b & c)
	In Utero Fetal Surgery/Intervention (Applicable only for Signature Plan): The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedures covered up to sum insured. Note: The waiting period will not apply for treatment related to congenital Internal disease / defects for the Unborn	III (17)
	Delivery Expenses (Applicable only for Signature Plan): Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and postnatal expenses) covered up to the limit specified in the policy.	III (18)
	Newborn Baby Cover: Hospitalisation expenses for treatment of new born is covered up to the limits (including for twins/ triplets/ quadruplets) specified in the policy incurred in a hospital/ nursing home for Any disease, illness or accidental injuries are payable.	III (19)

	Second Medical Opinion: The Insured Person can obtain a Second Medical Opinion from a Doctor in the company inhouse medical team	III (20)
	Emergency Domestic Medical Evacuation (Applicable only for Signature Plan): The Company will reimburse reasonable and necessary expenses incurred towards transportation of the insured person from the treating hospital to another hospital for treatment covered up to the limit specified in the policy.	III (21)
	Repatriation of Mortal Remains (Applicable only for Elite and Signature Plan): Following an admissible claim for hospitalisation, the Company shall reimburse up to the limits mentioned in the policy 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 (22)
	Treatment for Sleep disorders (Applicable only for Signature Plan): The Company will cover any condition that disrupts the normal sleep pattern, affecting the quality, timing, or duration of sleep is payable up to the limit specified in the policy.	III (23)
	Gala Fit - Pro Active Care: This program intends to promote, incentivize and to reward the Insured Persons' healthy lifestyle through various wellness activities.	III (24)
	Home Care Treatment (Applicable only for Signature Plan): The company will pay expenses up to the limit specified in the policy for treatment availed by the Insured Person at home, only for the specified conditions, which in normal course would require care and treatment at a hospital but is actually taken at home.	III (25)
	Treatment for Chronic severe Refractory Asthma (Applicable only for Signature Plan): In-patient hospitalisation / Day Care treatment / Home Care Treatment/ Out-patient treatment expenses incurred for treatment of Chronic Severe Refractory Asthma by Advanced Medicine, is payable up to the limits mentioned in the policy.	III (26)
	Compassionate Travel (Applicable only for Elite and Signature Plan): In the event of the insured person being hospitalised for a life-threatening emergency at a place away from his usual place of residence as recorded in the policy is payable up to the limit specified in the policy.	III (27)
	Treatment in Valuable Service Provider Network (Applicable only for Elite and Signature Plan): The company will pay lump sum amount as stated in the policy, in the event of hospitalisation in valuable service provider network.	III (28)
	Consumables (Applicable only for Signature Plan): If there is an admissible claim under the policy, due to inpatient / day care, then Items as per List I will become payable. In addition, the company will also cover Admission /Registration charges, Record charges and Insurance Processing charges	III (29)
	Bariatric Surgery: Expenses incurred on hospitalisation for bariatric surgical procedure and its complications thereof are payable up to the limits mentioned in the policy.	III (30)
	Rehabilitation and Pain Management (Applicable only for Elite and Signature Plan): The company will pay the medical expenses for Rehabilitation and Pain Management up to the limits mentioned in the policy. Rehabilitation: The company will pay the expenses for rehabilitation, if availed at authorized centers as an In-patient/Out-patient, and if there is an	III (31)

		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	
		Hospice Care (Applicable only for Signature Plan): The company will pay up to the limits mentioned the policy once in lifetime for each Insured person, if treatment is availed at our Networked facility mentioned in our website www.galaxyhealth.com .	III (32)
		Premium Promise (Applicable only for Signature Plan): Premium remains same until a claim is made or up to 55 years of age whichever is earlier.	III (33)
		Enhanced (Optional Covers)	
		Accidental Death and Permanent Total Disablement (Applicable only for Elite and Signature Plan)	III (34)
		Hospital Cash (Applicable only for Elite and Signature Plan)	III (35)
		Pre Existing Diseases (PED) Buy Back (Applicable only for Signature Plan)	III (36)
		Option to choose Aggregate Deductible (or) Per Claim Deductible (Applicable only for Elite and Signature Plan)	III (37) (a/b)
		Room Rent Enhancement (Applicable only for Elite and Signature Plan)	III (38)
		Insta Care Cover (Applicable only for Signature Plan)	III (39)
		Consumables (Applicable only for Elite Plan)	III (40)
		Premium Promise (Applicable only for Elite Plan)	III (41)
6	Exclusions (What the policy does not cover)	Exclusions – Standard Exclusions	
		Investigation & Evaluation – Code Excl 04	IV (4)
		Rest Cure, rehabilitation (except to the extent covered under Coverage Rehabilitation and Pain Management) and respite care – Code Excl 05	IV (5)
		Obesity/ Weight Control (Except to the extent covered under coverage Bariatric Surgery)– 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	IV (15)
		Unproven Treatments – Code Excl 16	IV (16)
		Sterility and Infertility (Except to the extent covered under Coverage Assisted Reproduction Treatment, Surrogacy and Oocyte) – Code Excl 17	IV (17)

	Maternity – Code Excl 18 (Except to the extent covered under Coverage Delivery Expenses)	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 (A19)
	Congenital External Condition / Defects / Anomalies- Code- Excl 20	IV (A20)
	Convalescence, general debility, run-down condition, Nutritional deficiency states - Code- Excl 21	IV (A21)
	Intentional self -injury- Code- Excl 22	IV (A22)
	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 (A23)
	Injury or disease caused by or contributed to by nuclear weapons/ materials - Code- Excl 25	IV (A24)
	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 (A25)
	Unconventional, Untested, Experimental therapies - Code- Excl 27	IV (A26)
	Autologous derived stromal vascular fraction, chondrocyte implantation, procedures using platelet rich plasma and Intra articular injection therapy - Code- Excl 28	IV (A27)
	Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. - Code- Excl 29	IV (A28)
	Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - Code- Excl 31	IV (A29)
	Cost of spectacles and contact lens, hearing aids, cochlear implants and procedures, walkers and crutches, wheelchairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. - Code- Excl 35	IV (A30)
	Any hospitalisation which are not medically necessary / does not warrant hospitalisation- Code-Excl 36	IV (A31)
	Other Excluded Expenses as detailed in the website www.galaxyhealth.com (Except to the extent covered under Coverage Consumables) - Code Excl 37	IV (A32)
	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 (A33)
	Specific Exclusions - Accidental Death and Permanent Total Disablement (Optional cover applicable only for Elite and Signature Plan)	-
	Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.	IV (B1)
	Any injuries/conditions which are Pre-existing conditions.	IV (B2)
	Any claim arising out of Accidents that the Insured Person has caused. intentionally or by committing a crime / involved in it or as a result of / in a state of drunkenness or addiction (drugs, alcohol)	IV (B3)

		Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.	IV (B4)
		Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.	IV (B5)
		Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.	IV (B6)
		Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from. a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel b. Nuclear weapons material c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof d. Nuclear, chemical and biological terrorism	IV (B7)
		Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons	IV (B8)
		Participation in Hazardous Sport / Hazardous Activities.	IV (B9)
		Persons who are physically challenge unless specifically agreed and endorsed in the policy.	IV (B10)
		Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.	IV (B11)
		Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule.	IV (B12)
		Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned In Table.	IV (B13)
		Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.	IV (B14)
		Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defence or to save human life.	IV (B15)
7	Waiting period Time period during which specified diseases /	1. 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)

treatments are not covered It is counted from the beginning of the policy coverage.	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 period mentioned in the below given table provided continuous coverage after the date of inception of the policy. This exclusion shall not be applicable for claims arising due to an accident.			
	Policy Term / Plan	Premier Plan	Elite Plan	Signature Plan
	One year	24 Months	24 Months	24 Months
	Two years	24 Months	24 Months	24 Months
	Three years	24 Months	24 Months	18 Months
	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			
	F. 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.			
	G. 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.			

IV (2)

	7. Desmoid Tumor, 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, Spermatocele, 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 - [except for Unborn in Coverage and Newborn in Coverage]. Note: Waiting period for the following benefits are as follows a. Delivery Expenses Cover (Applicable only for Signature Plan): Benefit under this section is subject to a waiting period of 2 years provided Both self and spouse should be covered under this policy for a minimum period of 2 years continuously without break either individual or floater sum insured (or) insured women alone should be covered under this policy for 3 years continuously without break. b. Assisted Reproduction Treatment (Applicable only for Signature Plan): A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person c. Newborn Baby Cover: This cover is available only if delivery expenses claim is paid under this policy or if insured women is covered under this policy for a continuous period of 12 months without break or if the insured women submits 12th and 20th week of ante natal scan at the time of pregnancy. d. Organ Transplantation: A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person e. Organ Donor Expenses (Applicable only for Signature Plan): A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person f. Treatment for Sleep disorders (Applicable only for Signature Plan): A waiting period of 24 months from the date of first inception of this policy with the Company. g. Bariatric Surgery: A waiting period of 24 months from the date of first inception of this policy with the Company. h. Hospice care (Applicable only for Signature Plan): A waiting period of 24 months from the date of first inception of this policy with the Company. i. Hospital Cash: If optional is cover opted, the above mentioned specified disease/procedure waiting period – Code Excl 02 is applicable.	
	3. Pre-Existing Diseases - Code- Excl 01: A. Applicable for 3-year policy term: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the period mentioned in the below given table provided continuous coverage after the date of inception of the first policy with insurer.	IV (1)

Applicable for 1 year and 2-year policy term: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer

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 extent IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

D. **Applicable for 3-year policy term:** Coverage under the policy after the expiry of the period mentioned in the below given table for any pre-existing disease is subject to the same being declared at the time of application and accepted by the Insurer.

Applicable for 1 year and 2-year policy term: Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

Waiting Period for Pre-Existing Diseases - Code- Excl 01

Policy Term / Plan	Premier Plan	Elite Plan	Signature Plan
One year	36 Months	36 Months	36 Months
Two years	36 Months	36 Months	36 Months
Three years	36 Months	36 Months	25 Months

8

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)

The policy will pay only up to the limits specified here under for the following covers/diseases/procedures.

1) Room, Boarding, Nursing Expenses all inclusive:

Sum Insured (Rs.)	Premier Plan	Elite Plan	Signature Plan
	Limit Per Day (Rs)		
3,00,000	Upto 1% of Sum Insured	Not Applicable	Not Applicable
4,00,000			
5,00,000	Upto 1% of Sum Insured maximum upto Rs.7,500/-	Up to Deluxe Room	Up to Deluxe Room
7,50,000			
10,00,000			
15,00,000	Maximum up to Rs.10,000/-	Any room	Any room
20,00,000			
25,00,000	Not Applicable	Not Applicable	Any room
50,00,000			
1,00,00,000			

III (1)

2. Road Ambulance

	Premier Plan	Elite Plan	Signature Plan
Limit Per Hospitalisation (Rs)	Upto Rs.2,500/-	Upto Rs.5,000/-	Actuals
Limit Per Policy Period (Rs)	Upto Rs.5,000/-	Upto Rs.10,000/-	

III (5)

3. Air Ambulance

Limit Per Policy Year		
Premier Plan	Elite Plan	Signature Plan
Not Applicable	Upto 10% of the Sum Insured or maximum upto Rs.2.5 Lakhs whichever is less	Upto 10% of the Sum Insured

III (6)

4. Treatment of Cataract

Limit per policy period (in Rs.)			
Sum Insured (Rs.)	Premier Plan	Elite Plan	Signature Plan
3,00,000	Upto 25,000	Not Applicable	Not Applicable
4,00,000	Upto 25,000		
5,00,000	Upto 35,000	Upto 60,000/-	Actuals
7,50,000	Upto 50,000	Upto 75,000	
10,00,000			
15,00,000			
20,00,000			
25,00,000			
50,00,000	Not Applicable	Not Applicable	
1,00,00,000			

III (7)

5. Modern Treatment

Limit Per Policy Year						
			Premier Plan		Elite Plan	Signature Plan
I	Robotic Surgeries	a	Total Knee Replacement & Total Hip Replacement	Maximum up to Rs.4,00,000/- or up to sum insured whichever is less, (Including the Costs of Implants)	Covered up to Sum Insured	Covered up to Sum Insured
		b	Radical Prostatectomy	Maximum up to Rs.5,00,000/- or up to sum insured whichever is less		
			Wipples Procedure			
			For treatment of Thoracic & Abdominal Malignancies			
			Complex Intra-Abdominal Surgeries			
		c	For treatment of Laryngeal & Pharyngeal Cancers	Maximum up to Rs.7,00,000/- or up to sum insured whichever is less		
			Staging Laparotomy (including			

III (11)

				the cost of instruments)					
				Cyto-reduction Surgeries					
		d		For all other Robotic procedures	Up to 30% sum insured				
	II	Immunotherapy – Monoclonal Antibody to be given as injection	a	For Cancer Treatment	Up to sum insured				
			b	Other than treatment of Cancer	Up to 30% sum insured				
	III	Stem Cell Therapy Hematopoietic stem cells for bone marrow transplant for hematological conditions	a	For Cancer Treatment	Up to sum insured				
			b	Other than treatment of Cancer	Up to 30% sum insured				
	IV	Intravitreal Injection	a	Allowed Maximum 3 injections per eye (6 injections both eyes) per policy period	Up to 30% sum insured				
	V	Deep Brain Stimulation	a	Maximum up to Rs.7,00,000/- or up to sum insured whichever is less					
	VI	Other Modern Treatments	a	Balloon Sinuplasty	Up to 30% sum insured				
			b	Bronchial Thermoplasty					
			c	IONM – (Intra Operative					

UIN: GHIHLIP25035V012425

			Rs.5,00,000/- whichever is less	
9. Emergency Domestic Medical Evacuation (Applicable only for Signature Plan)				III (21)
Sum Insured (Rs.)		Limit per policy year (Rs)		
5,00,000		7500		
7,50,000		7500		
10,00,000		7500		
15,00,000		7500		
20,00,000		10,000		
25,00,000		10,000		
50,00,000		10,000		
1,00,00,000		10,000		
10. Repatriation of Mortal Remains				III (22)
Limit Per policy Year				
Premier Plan	Elite Plan	Signature Plan		
Not Covered	Up to Rs.15,000/-	Up to Rs.25,000/-		
11. Treatment for Sleep disorders (Applicable only for Signature Plan)				III (23)
Sum Insured (Rs)		Limit Per Policy Year (Rs)		
5,00,000		10,000		
7,50,000		10,000		
10,00,000		15,000		
15,00,000		15,000		
20,00,000		15,000		
25,00,000		15,000		
50,00,000		25,000		
1,00,00,000		25,000		
12. Homecare Treatment				III (25)
Limit Per Policy Year				
Premier Plan	Elite Plan	Signature Plan		
Not Covered	Not Covered	Upto 10% of Sum Insured or maximum or upto Rs.5,00,000/- whichever is less in a policy year		
13. Treatment for Chronic severe Refractory Asthma (Applicable only for Signature Plan): Upto 10% of sum insured or maximum up to Rs.5,00,000/- whichever is less.				III (26)
14. Compassionate Travel				III (27)
Limit Per Policy Year				
Premier Plan	Elite Plan	Signature Plan		
Not Covered	Up to Rs.10,000/-	Up to Rs.25,000/-		
15. Treatment in Valuable Service Provider Network				III (28)
Limit Per Policy Year				
Premier Plan	Elite Plan	Signature Plan		
Not Covered	1% of Sum Insured or maximum of Rs.5,000/- whichever is less	1% of Sum Insured or maximum of Rs.5,000/- whichever is less		

16. Bariatric Surgery

Limit Per Policy Year (Rs.)			
Sum Insured	Premier Plan	Elite Plan	Signature Plan
3,00,000	2,00,000	Not Applicable	Not Applicable
4,00,000	2,00,000		
5,00,000	2,00,000	2,50,000	3,00,000
7,50,000	2,00,000	2,50,000	3,00,000
10,00,000	2,00,000	2,50,000	3,00,000
15,00,000	2,00,000	2,50,000	3,00,000
20,00,000	3,00,000	5,00,000	6,00,000
25,00,000	3,00,000	5,00,000	6,00,000
50,00,000	Not Applicable	5,00,000	6,00,000
1,00,00,000		Not Applicable	6,00,000

III (30)

17. Rehabilitation and Pain Management

Limit Per Policy Year		
Premier Plan	Elite Plan	Signature Plan
Not Covered	Covered up to Rs.25,000/-	Covered up to Sub-limit as per the table given below (or) maximum up to 20% of the sum insured, whichever is less

Pain Management - Limit Per Policy Year (Rs)				
S. No.	Name of the covered pain management treatment	Elite Plan	Signature Plan	
	Sum Insured (Rs.) (in Lakhs)	5/7.5/10/15/20/25/50	5/7.5/10/15/20	25/50/100
1	Lumbar and cervical medial branch block with RF ablation for lumbar and cervical facet joint arthritis	25,000	65,000	75,000
2	Caudal epidural injection for Discogenic pain	25,000	40,000	50,000
3	Lumbar and cervical selective nerve root block for Lumbar and Cervical radicular pain	25,000	50,000	60,000
4	Caudal Neuroplasty for Failed back spine surgery	25,000	85,000	1,00,000
5	Stellate ganglion ablation for upper limb CRPS	25,000	65,000	75,000
6	Occipital nerve Pulsed RF lesioning for Migraines, Cluster headache and cervicogenic headaches	25,000	65,000	75,000
7	Lumbar sympathetic chain RF ablation for lower limb CRPS, diabetic periphery painful	25,000	65,000	75,000

III (31)

		neuropathy and Ischaemic limb pain																											
	8	Gasserian ganglion ablation for Trigeminal neuralgia	25,000	65,000	75,000																								
	9	Intercostal nerve Ablation for post thoracotomy pain and Thoracic malignancy pain	25,000	65,000	75,000																								
	10	Coeliac plexus ablation for upper gastrointestinal malignancies pain	25,000	65,000	75,000																								
	11	Superior hypogastric plexus ablation for lower Gastrointestinal malignancies pain	25,000	65,000	75,000																								
	12	Ganglion impar ablation for perineal cancer pain and coccydynia	25,000	65,000	75,000																								
	13	Cooled RF ablation of genicular nerve for grade 1 and 2 osteoarthritis knee and hip	25,000	1,00,000	1,25,000																								
	14	Suprascapular nerve RF ablation for rotator cuff partial tear and peri arthritis shoulder pain	25,000	65,000	75,000																								
	15	Physiotherapy maximum 10 sessions will be allowed per policy period	25,000	50,000	60,000																								
18. Hospice Care																													
<table><tr><td colspan="3">Limit Per policy year</td><td rowspan="3">III (32)</td></tr><tr><td>Premier Plan</td><td>Elite Plan</td><td>Signature Plan</td></tr><tr><td>Not Covered</td><td>Not Covered</td><td>10% of the sum insured or maximum up to Rs.5,00,000/- whichever is less</td></tr></table>							Limit Per policy year			III (32)	Premier Plan	Elite Plan	Signature Plan	Not Covered	Not Covered	10% of the sum insured or maximum up to Rs.5,00,000/- whichever is less													
Limit Per policy year			III (32)																										
Premier Plan	Elite Plan	Signature Plan																											
Not Covered	Not Covered	10% of the sum insured or maximum up to Rs.5,00,000/- whichever is less																											
ii. Co-payment	Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder / insured): NIL					-																							
iii. Deductible	Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and Which will be deducted from total claim amount (if claim amount is more than the specified amount) Option to choose Deductible (Optional Cover Applicable for Elite and Signature Plan) Table 1 Aggregate Deductible <table><tr><td>Sum Insured (Rs.)</td><td>Deductible Option</td><td>Discount offered</td></tr><tr><td rowspan="3">Up to Rs.20,00,000/-</td><td>Rs.25,000/-</td><td>18%</td></tr><tr><td>Rs. 50,000/-</td><td>35%</td></tr><tr><td>Rs. 1,00,000/-</td><td>45%</td></tr><tr><td rowspan="3">Above Rs.20,00,000/-</td><td>Rs.25,000/-</td><td>13%</td></tr><tr><td>Rs. 50,000/-</td><td>25%</td></tr><tr><td>Rs. 1,00,000/-</td><td>40%</td></tr></table> (or) Table 2: Per claim Deductible <table><tr><td>Per Claim Deductible</td><td>Discount offered</td></tr><tr><td>Rs. 5,000/-</td><td>7.5%</td></tr><tr><td>Rs. 10,000/-</td><td>15%</td></tr></table>					Sum Insured (Rs.)	Deductible Option	Discount offered	Up to Rs.20,00,000/-	Rs.25,000/-	18%	Rs. 50,000/-	35%	Rs. 1,00,000/-	45%	Above Rs.20,00,000/-	Rs.25,000/-	13%	Rs. 50,000/-	25%	Rs. 1,00,000/-	40%	Per Claim Deductible	Discount offered	Rs. 5,000/-	7.5%	Rs. 10,000/-	15%	III (37)
Sum Insured (Rs.)	Deductible Option	Discount offered																											
Up to Rs.20,00,000/-	Rs.25,000/-	18%																											
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Per Claim Deductible	Discount offered																												
Rs. 5,000/-	7.5%																												
Rs. 10,000/-	15%																												

	iv. Any other limit (as applicable)	NIL	-
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalisation. For Cashless Treatment: - Call the 24 hour helpline for assistance – 18002030007. Senior Citizens may call at 18002030007 - Inform the ID number for easy reference - On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk - Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. (Insurers shall also provide pre-authorization to the policyholder through Digital mode). - The Treating Doctor will complete the hospitalisation/ treatment information, and the hospital will fill up the expected cost of treatment. This form is submitted to the Company - The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. - 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. - In case of emergency hospitalisation information to be given within 24 hours after hospitalisation - 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.	V (2B)
		For Reimbursement claims: - TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. - 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: - Network Hospital details: www.galaxyhealth.com - Helpline number: For assistance call 24 hours help-line / Toll Free No. / Senior Citizens may call at 18002030007 - Hospitals which are blacklisted or from where no claims will be accepted by the insurer: www.galaxyhealth.com - For Downloading/getting claim form	V (2C)

		- 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 Customer Care No. / Toll Free No. / Senior Citizens: 18002030007 E-Mail: support@galaxyhelath.com	V (22)
11	Grievances / Complaints	In case of any grievance the insured person may contact the Company through Website : www.galaxyhealth.com Toll free : 18002030007 Senior Citizens may call at 18002030007 E-mail : gro@galaxyhealth.com Ph. No. : 044 - 4001 7238 Courier : Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035. Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If the Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044 - 4001 7238 For updated details of grievance officer, kindly refer to the link https://www.galaxyhealth.com/grievance-redressal If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of insurance ombudsman of the respective area/region for redressal of grievance as per insurance ombudsman Rules 2017. For the details of insurance ombudsman, Refer Policy Wording page number 31-32. 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. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to - a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or - where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or - where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period	V (15)
		Renewal of Health Insurance policy: a) 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.	V (10)

		b) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years. c) An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case an increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured. d) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. e) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. f) Coverage is not available during the grace period. g) No loading shall apply on renewals based on individual claims experience	
		Migration in case of Indemnity policies: In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.	V (8)
		Portability in case of Indemnity Policies: a. A policyholder desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. Insurers are free to consider proposal for portability, but in all such cases acquiring insurer shall ensure that there is no break in policy. 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.	V (9)
		Revision of Sum Insured: Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.	V (26)
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments and deductibles as per the policy contract.	V (12)
13	Your Obligations	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	V (1)



Customer Information Sheet

		Disclosure of Information: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. Please disclose the medical history details sought in the proposal form.	
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ILLUSTRATION (Signature Plan, Zone B) (Excluding Tax)

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (in lakhs) (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (in lakhs) (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount*, (if any)	Premium After Discount (Rs.)	Sum Insured (in lakhs) (Rs.)

Illustration 1 (2A)

55	24,818	15	24,818	NIL	24,818	15	44,967	5,258	39,709	15
49	20,149	15	20,149		20,149	15				
Total Premium for all members of the family is Rs.44,967/- , when each member is covered separately. Sum insured available for each individual is Rs.15 lakhs				Total Premium for all members of the family is Rs.44,967 /- , when they are covered under a single policy. Sum insured available for each family member is Rs.15 lakhs			Total Premium when policy is opted on floater basis is Rs.39,709 /- , Sum insured of Rs.15 lakhs is available for the entire family (2A)			

Illustration 2 (2A+3C)

57	35,311	15	35,311	NIL	35,311	15	94,152	20,055	74,097	15
54	24,818	15	24,818		24,818	15				
21	11,341	15	11,341		11,341	15				
20	11,341	15	11,341		11,341	15				
19	11,341	15	11,341		11,341	15				
Total Premium for all members of the family is Rs. 94,152 /- , when each member is covered separately. Sum insured available for each individual is Rs.15 lakhs				Total Premium for all members of the family is Rs. 94,152 /- , when they are covered under a single policy. Sum insured available for each family member is Rs.15 lakhs			Total Premium when policy is opted on floater basis is Rs. 74,097/- , Sum insured of Rs.15 lakhs is available for the entire family (2A+3C)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any optional covers.

*Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured

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"