GALAXY PROMISE

UIN: GHIHLIP25035V012425

POLICY WORDING

I Preamble

This Insurance contract between the Proposer and Galaxy Health Insurance Company Limited (hereinafter referred to as the 'Company') is based on the details contained in the Proposal given by the Proposer to the Company.

This insurance contract is drawn based on the material facts and particulars with regard to the health condition including the relevant diagnostic tests carried and observations made based on such test results as given with the Proposal. The Proposer confirms that the details contained in the Proposal are true and correct and that the Proposer has provided all the details about his/her/their health condition proposed for insurance and the policy is issued based on the principles of *uberrimae fidei*.

In consideration of receipt of premium and subject to the applicable laws and regulations of IRDAI in force and the policy terms and conditions, the Company will pay the claim reasonably and necessarily incurred up to the limits specified against the respective benefit in any Policy Year.

II Definitions

Standard Definitions

"Accident" means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

"Anyone Illness" means continuous period of Illness and it includes a relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

"Authority" means the Insurance Regulatory and Development Authority of India.

"AYUSH Day Care Centre" means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without In-patient services and must comply with all the following criterion;

i. Having qualified registered AYUSH Medical Practitioner(s) in charge.

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out.

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

"AYUSH Hospital" is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds.

ii. Having qualified AYUSH Medical Practitioner in charge round the clock.

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out.

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

"Ayush Treatment" refers to the medical and / or hospitalisation treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

"Break in policy" means the period of gap that occurs at the end of the existing policy term / instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

"Cashless facility" means a facility extended by the Insurer to the Insured where, the payments of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions are directly made to the network provider by the Insurer to the extent preauthorization approved.

"Condition Precedent" means a Policy term or conditions upon which the Insurer's liability under the Policy is conditional upon.

"Congenital Anomaly" refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly - Congenital Anomaly which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly.

b. External Congenital Anomaly - Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.

"Cumulative Bonus" means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in the premium.

"Day care Centre" means any institution established for day care treatment of Illness and / or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:

i. Has qualified nursing staff under its employment.

ii. Has qualified medical practitioner/s in charge.

iii. Has a fully equipped operation theatre of its own where surgical procedures are carried out.

iv. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

"Day Care treatment" means medical treatment, and / or surgical procedure which is:

i. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and.

ii. Which would have otherwise required a hospitalisation of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

"Deductible" means a cost-sharing requirement under a health insurance Policy that provides, that the Insurer will not be liable for a specified Rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

"Disclosure to information norm" means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

"Domiciliary hospitalisation" means medical treatment for an Illness/Disease/Injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

ii. The patient takes treatment at home on account of non-availability of room in a hospital.

"Emergency care" means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured person's health.

"Grace Period" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

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.

Availability of insurance coverage during grace period: If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

"Hospital" A hospital means any institution established for in-patient care and day care treatment of Illness and/ or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

i. Minimum 10 beds for multi-speciality and 5 beds for Single Speciality.

ii. 24 hours Medical Practitioner & Nursing Staffs.

iii. Medical Records Department (MRD).

iv. IT Solutions - Minimum System Requirements with internet facility.

v. Pollution Control Board Certificate or Any Government Registration certificate.

vi. Operation Theatre with basic Requirements - Surgical Facility

- ICU (or) HDU is Mandatory - Surgical facility
- Ventilator is Mandatory, if the number of beds is >50
- C-ARM is Mandatory for Orthopaedic Speciality
- All other facilities required as per Clinical Establishment Act

"Hospitalisation" means admission in a hospital for a minimum period of 24 consecutive "in-patient care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

"Illness" means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/ Injury which leads to full recovery.

b. **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:

1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests.
2. It needs ongoing or long-term control or relief of symptoms.
3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. It continues in definitely.
5. It recurs or is likely to recur.

"Injury" means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

"Inpatient care" means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.

"Intensive Care Unit" means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

"ICU (Intensive Care Unit) Charges" means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

"Maternity expense" means

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation).

b. Expenses towards lawful medical termination of pregnancy during the Policy period.

"Medical Advice" means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

"Medical expenses" means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

"Medical Practitioner" Medical Practitioner means a person who holds a valid registration from the Medical Council of any

State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

"Medically Necessary Treatment" means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

i) is required for the medical management of the illness or injury suffered by the insured.

ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.

iii) must have been prescribed by a medical practitioner.

iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

"Migration" means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

"Network Provider" means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a cashless facility.

"Newborn Baby" means baby born during the Policy Period and is aged upto 90 days.

"Non- Network Provider" means any hospital, day care centre or other provider that is not part of the network.

"Notification of claims" means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

"OPD treatment" means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

"Post-hospitalisation Medical Expenses" means Medical Expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and.

ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

"Portability" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for pre-existing diseases and specific waiting periods from one insurer to another insurer.

"Pre-existing Disease" means any condition, ailment, injury or disease:

a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

"Pre-hospitalisation Medical Expenses" means medical expenses incurred during predefined number of days preceding the hospitalisation of the Insured Person provided that:

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and.

b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

"Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

"Reasonable and Customary charges" means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

"Renewal" means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

"Room rent" means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.

"Specific waiting period" means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

"Subrogation" means the right of the insurer to assume the rights of the Insured person to recover expenses paid out under the Policy that may be recovered from any other source.

"Surgery" or "**Surgical Procedure**" means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

"Unproven/Experimental treatment" means the treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Specific Definitions

"Admission" means admission in a hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.

"Advanced Medicine" means targeted therapy with Monoclonal antibodies such as NUCALA (Mepoluzimab) which are Proven and are used to treat Chronic severe refractory asthma.

"Accidental Emergency" means a traumatic bodily injury which, if not immediately diagnosed and treated, could reasonably be expected to seriously jeopardize a person's health or result in loss of life.

"Any Room" any category room in a hospital.

"Age" or "Aged" shall mean the completed age as on last birthday, and which means completed years as at the Policy Start date.

"Altruistic Surrogacy" means the surrogacy in which no charges, expenses, fees, remuneration or monetary incentive of whatever nature, except the medical expenses incurred on surrogate mother are only indemnified.

"Assisted Reproduction Treatment" means Intra Uterine Insemination (IUI), Intra-Cytoplasmic Sperm Injection (ICSI), In-Vitro Fertilization (IVF) and TESA / TESE (Testicular / Epididymal Sperm Aspiration / Extraction).

"Assisted Reproductive Technology (ART) Act" means the Assisted Reproductive Technology (Regulation) Act, 2021 and its amendments.

"Assisted Reproductive Technology Clinic" means any premises equipped with requisite facilities and medical practitioners registered with the National Medical Commission for carrying out the procedures related to the assisted reproductive technology.

"Associated Medical Expenses" means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy, Consumables, Cost of implants, medical devices, Cost of diagnostics and ICU charges. Hence Proportionate deduction will not be applicable on these items.

"Commercial Surrogacy" means commercialization of surrogacy services or procedures or its component services or component procedures including selling or buying of human embryo or trading in the sale or purchase of human embryo or gametes or selling or buying or trading the services of surrogate motherhood by way of giving payment, reward, benefit, fees, remuneration or monetary incentive in cash or kind, to the surrogate mother or her dependents or her representative, except the medical expenses and such other prescribed expenses incurred on the surrogate mother and the insurance coverage for the surrogate mother.

"Company/Insurer"means Galaxy Health Insurance Company Limited.

"Commissioning Couple" means an infertile married couple who approach an assisted reproductive technology clinic or assisted reproductive technology bank for obtaining the services authorized of the said clinic or bank.

"Couple" means the legally married Indian man and woman above the age of 21 years and 18 years respectively.

"Contribution" is essentially the right of an insurer to call upon other insurers, liable to the same Insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

"Claim" means a demand made by Insured/Policyholders or on Insured/Policyholders behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

"Dependent Child" means a child (natural or legally adopted), who is unmarried, aged between 16 days and 25 years, financially dependent on the Insured and does not have his / her independent sources of income.

"Disease" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.

"Diagnostic Tests" Investigations, such as X-Ray or blood tests, to find the cause of symptoms and medical condition.

"Diagnosis" shall mean diagnosis by a Medical Practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and surgical evidence wherever applicable.

"Digital ICU (Intensive Care Unit)" is a healthcare delivery model that leverages advanced technologies, such as telemedicine, artificial intelligence, and data analytics, to remotely monitor, manage, and coordinate the care of critically ill patients in real-time. It enables remote intensivists and critical care specialists to collaborate with on-site clinicians to provide high-quality, evidence-based care.

"Disease of Spine" includes injuries to the spine and/or Infections to the spine and/or a blocked blood supply and/or compression by a fractured bone and/or a tumour resulting in neurological sequelae.

"Donor" means a person who gives an organ for use in another person.

"Emergency" shall mean a serious medical condition or symptom resulting from Injury or Illness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

"Family" includes Insured Person, Spouse, dependent children between 16 days and 25 years of age not exceeding 3 in number and Dependent Parent / Parents in law.

"Hazardous Sport / Hazardous Activities" means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

"Head Injury" If a person sustained traumatic injury to brain / skull with (or) without loss of consciousness.

"Home" means the Insured Person's place of residence.

"Home Care Treatment" means treatment availed by the Insured Person at home, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a) The Medical practitioner advice 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,

"Hospice Care" is defined as Care given for patients with terminal diseases, advanced Chronic Medical conditions who are estimated to live for few months, if the natural history of the disease follows its usual course. Hospice Care begins when curative treatment is no longer deemed possible for the terminally ill medical conditions Hospice Care benefits include access to a multidisciplinary treatment team specialized in end-of-life care, can be accessed at the company Network facility.

"Immediate Family" means spouse, dependent children and dependent parent(s) of the Insured.

"Insured Person" means the name/s of persons named in the schedule of the Policy.

"Instalment" means frequency of Premium amount paid through Monthly / Quarterly / Half-yearly/Annual/2 instalment/4 instalment/12 instalment mode by the Policy Holder/ Insured.

"In-Patient" means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

"Intending couple" means a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy.

"Intending woman" means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy.

"Limit of Coverage" means Sum Insured plus Cumulative bonus earned wherever applicable.

"Limit of Indemnity" The maximum amount the insurer will pay under a policy during the policy year.

"Oocyte" means naturally ovulating oocyte in the female genital tract.

"Oocyte donor" means a person who provides oocyte with the objective of enabling an infertile intending couple or intending woman to have a child.

"Oocyte retrieval" means a procedure of removing oocytes from the ovaries of a woman.

"Period of Insurance" means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by the Insured Person from the company and then, running concurrent to current Policy subject to continuous renewal of such Policy with us.

"Policy" means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available, what is excluded from the cover and the terms & conditions on which the Policy is issued.

"Policy period" means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.

"Policy Year" means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule.

"Policy term" means the period between the commencement date and expiry date specified in the schedule.

"Poly Trauma" If a person sustained two or more severe injuries/ fractures in two or more areas of the body.

"Polysomnography" is a comprehensive diagnostic test used to evaluate and diagnose sleep disorders. It involves recording multiple physiological parameters during sleep to provide a detailed assessment of sleep quality and various aspects of sleep health. The parameters typically monitored include: EEG, EOG, EMG, ECG, Respiratory monitoring, Saturation monitoring through pulse oximeter. The test conducted at a speciality hospital.

"Proportionate deductions" If the Insured Person is admitted in a room category/limit that is higher than the one that is specified in the Policy Schedule/ Product benefit table of this policy, then the Insured Person shall bear a ratable proportion of the total Associated medical expenses (including surcharges or taxes thereon) called proportionate deductions

"Rehabilitation" is defined as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment".

"Stroke" Any cerebrovascular incident producing permanent neurological sequelae.

"Sum Insured" Sum Insured means the Sum Insured Opted for and for which the premium is paid.

"Surrogacy" means a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth.

"Surrogacy Act" means the Surrogacy (Regulation) Act, 2021 and its amendments.

"Surrogacy clinic" means surrogacy clinic, centre or laboratory, conducting assisted reproductive technology services, invitro fertilization services, genetic counselling centre, genetic laboratory, Assisted Reproductive Technology Banks conducting surrogacy procedure or any clinical establishment, by whatsoever name called, conducting surrogacy procedures in any form.

"Surrogate mother" means a woman who agrees to bear a child (who is genetically related to the intending couple or intending woman) through surrogacy from the implantation of embryo in her womb and fulfils the conditions as specified in the surrogacy (regulation) act, 2021.

"Surrogacy procedures" means all gynecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy.

"Valuable Service provider" means organization, institution, or hospital that has been empaneled with the company to provide services specified under the benefits (including add-ons) to the Insured person. These shall also include all healthcare providers empaneled to form a part of network other than hospitals. The list of the Valuable Service Providers is available in the company website www.galaxyhealth.com and is subject to amendment from time to time.

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 and Chennai.

Zone C: Rest of India.

III. COVERAGE

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

The coverage provided varies among plan offerings and 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 Limit of Coverage stated in the Policy schedule.

1. **In-patient Treatment**

a. Room rent inclusive of boarding, nursing charges, Residential/Duty Medical Officer charges during Hospitalisation as charged by the Hospital where the Insured Person availed medical treatment as per the limits given below;

Sum Insured (Rs.)	Premier Plan – Per Day Limit (Rs)	Elite Plan– Per Day Limit (Rs)	Signature Plan – Per Day Limit (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 up to 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/-		
20,00,000			
25,00,000		Any room	Any room
50,00,000	Not Applicable		
1,00,00,000		Not Applicable	

Note: Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent.

b. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

c. 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.

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

3. **Pre-Hospitalisation Expenses:** Medical expenses incurred immediately before the insured person is hospitalized as per the table given below.

Premier Plan	Elite Plan	Signature Plan
Not exceeding 30 days	Not exceeding 60 days	Not exceeding 90 days

4. **Post - Hospitalisation Expenses:** Medical Expenses incurred in respect of the Insured Person immediately following the Insured Person's discharge from Hospital as per the table given below.

Premier Plan	Elite Plan	Signature Plan
Not exceeding 60 days	Not exceeding 90 days	Not exceeding 180 days

5. **Road Ambulance:** Expenses incurred as per the table given below in respect of the following are 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.

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.

	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/-	

6. **Air Ambulance:** Air ambulance expenses are payable subject to an admissible hospitalisation claim, the Insured Person(s) is/are eligible for reimbursement of expenses incurred towards the cost of air ambulance service as per the table given below, provided that.

a) It is for emergency care of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot be provided.

b) Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency.

c) It is prescribed by a Medical Practitioner and is Medically Necessary;

d) The insured person is in India and the treatment is in India only.

e) Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.

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

Note: The Company will not cover the following expenses:

a) Any transportation of the Insured Person from Hospital to the Insured Person's residence after he/she has been discharged from the Hospital.

b) Any transportation or Air Ambulance expenses incurred outside the geographical territory of India.

7. **Treatment of Cataract:** Expenses incurred on treatment of Cataract is subject to the limit as per the following table:

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		
1,00,00,000		Not Applicable	

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

8. a. **Cumulative Bonus:** The Company will provide a Cumulative Bonus at the end of each claim free year as per the table given below, if the Policy is continuously renewed with the Company.

Premier Plan	Elite Plan	Signature Plan
25% of the sum insured will be provided, if no claims are made in the first year of the policy. 10% of sum insured will be provided for every subsequent claim free year subject to maximum of 100%.	50% of the sum insured will be provided, if no claims are made in the first year of the policy. 25% of sum insured will be provided for every subsequent claim free year subject to maximum of 150%.	100% of the sum insured will be provided, if no claims are made in the first year of the policy. 25% of sum insured will be provided for every subsequent claim free year subject to maximum of 500%.

Conditions

1. The Cumulative bonus will be calculated on the expiring Sum Insured.
2. If the insured opts to reduce the sum insured at the subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.
3. **For Elite and Premier Plan:** In the event of a claim, such bonus so granted will be reduced at the same rate at which it has accrued.
4. **For Signature Plan:** Bonus will not be reduced untill the same is utilized in the event of Claim. During renewal, Cumulative bonus will be reduced only to the extent of utilised portion and the unutilised Cumulative bonus will be carried forward to the next policy year.

8. b. **No Claim Discount (in lieu of Cumulative Bonus):** Policy is eligible for no claim discount in lieu of no claim bonus as per the table given below:

Sum Insured in Lakhs (Rs.)	3	4	5	7.5	10	15 and above
Discount for Premier Plan	4%	4%	2%	2%	1%	1%
Discount for Elite Plan	NA		3%	3%	1%	1%
Discount for Signature Plan	NA		4%	4%	2%	2%

Note:

i. The customer should opt for either cumulative bonus or No claims discount during the first purchase of this policy as well as at the time of renewal of this policy.

ii. This discount will be provided on renewal premium of each claim free year and it is not cumulative in nature.

Illustration: If the insured opts for higher sum insured at the time of renewal, the discount shall be calculated on the previous year premium, and the same discounted amount shall be applied on the renewed premium. Illustration is given below for better understanding.

Policy Type	Fresh	
Sum Insured (Rs.)	5,00,000	
Family Size	2A	
Zone	A	
Plan	Signature	
Self and Spouse Age	36 and 31	
Base Premium (Rs.)	18,408	A
Add: GST at 18% (Rs.)	3,313	B = A * 18
Total Premium (Rs.)	21,721	C = A+B
During Renewal, Insured enhanced sum Insured to Rs.10,00,000/- and opted No Claim discount		
Policy Type	Renewal	
Sum Insured Enhanced to (Rs.)	10,00,000	
Family Size	2A	
Zone	A	
Plan	Signature	
Self and Spouse Age	37 and 32	
Base Premium (Rs.)	23,443	D
Less: No Claims Discount at 4% (Rs.)	736	E = A*4%
Sub-total (Rs.)	22,707	F = D-E
Add: GST at 18% (Rs.)	4087	G = F*18%
Total Premium (Rs.)	26,794	H = F+G

9. **AYUSH Treatment:** Medical expenses for Inpatient Hospitalisation incurred on treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable upto the sum insured.

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

10. **Domiciliary Hospitalisation:** Coverage for medical treatment (Including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances.

- The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or
- The patient takes treatment at home on account of non-availability of room/bed in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.

11. **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 as per the table given below (including Pre and Post hospitalisation expenses) during the policy year;

Limits Per Policy Year						
			Premier Plan		**Elite Plan**	**Signature Plan**
I	Robotic Surgeries	a	Total Knee Replacement & Total Hip Replacement	Maximum upto Rs.4,00,000/- or upto sum insured whichever is less, (Including the Costs of Implants)	Covered upto Sum Insured	Covered upto Sum Insured
		b	Radical Prostatectomy	Maximum upto Rs.5,00,000/- or upto 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 upto Rs.7,00,000/- or upto sum insured whichever is less		
			Staging Laparotomy (including the cost of instruments)			
			Cyto-reduction Surgeries			
		d	For all other Robotic procedures	Upto 30% sum insured		
II	Immunotherapy – Monoclonal Antibody to be given as injection	a	For Cancer Treatment	Upto sum insured		
		b	Other than treatment of Cancer	Upto 30% sum insured		
III	Stem Cell Therapy Hematopoietic stem cells for bone marrow transplant for haematological conditions	a	For Cancer Treatment	Upto sum insured		
		b	Other than Treatment of Cancer	Upto 30% sum insured		
IV	Intravitreal Injection	a	Allowed Maximum 3 injections per eye (6 injection both eyes) per policy period	Upto 30% sum insured		
V	Deep Brain Stimulation	a	Maximum upto Rs.7,00,000/- or upto sum insured whichever is less			
VI	Other Modern Treatment	a	Balloon Sinuplasty	Upto 30% sum insured		
		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			

12. **Organ Transplantation Expenses:** Hospitalisation medical expenses incurred to the Insured Person for inpatient organ transplantation treatment, including the harvesting of the donated organ will be covered upto sum insured subject to a waiting period of 24 months from the date of first inception of this policy with the Company.

Note : Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments there to.

13. a. **Organ Donor Expenses (This coverage is available only in Signature Plan):**

For Donor:

The expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered, subject to the following,

1. The donation confirms to the Transplantation of Human Organs Act 1994 and any amendments thereafter and the organ is for the use of the Insured Person.
2. The organ transplant is certified in writing by a Medical Practitioner as Medically Necessary Treatment for the Insured Person.
3. A waiting period of 24 months from the date of first commencement of this policy.

Note :

i. The coverage limit under this benefit is over and above the Limit of Coverage and upto the Sum Insured.

ii. This additional Sum Insured can be utilized by the Donor and not by the Insured.

For Insured:

If the Insured person donates organ, In-patient hospitalisation expenses incurred for organ transplantation are payable upto the sum insured, subject to the following,

a. The donation conforms to the Transplantation of Human Organs Act 1994 and any amendments thereafter and the organ is for the use of the Insured Person.

b. The organ transplant is certified in writing by a Medical Practitioner as Medically Necessary Treatment for the Insured Person.

c. A waiting period of 24 months from the date of first commencement of this policy.

The following are not covered (applicable for both Donor and Insured):

a. Stem cell donation is considered medically necessary treatment, except for bone marrow transplant.

b. Pre-hospitalisation or Post-hospitalisation Medical Expenses of the organ donor.

c. Screening or any other Medical Expenses related to the organ donor, which are not incurred during the duration of Insured Person's Hospitalisation for organ transplant.

d. Transplant of any organ/tissue where the transplant is Unproven / experimental treatment or investigational in nature.

e. Expenses related to organ transportation or preservation.

f. Any other medical treatment for the donor, which is directly or indirectly consequence to harvesting.

13. b. **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, subject to the following,

1. Upon confirmation by the company medical team and subject to admissible claim
2. Proof of donation should be submitted to avail the waiver of premiums

14. **Health Check-up:** Expenses incurred towards cost of health check-up is payable upto the limits mentioned in the table given below:

Upto the Limits per policy year						
Sum Insured (Rs.)	**Premier Plan**		**Elite Plan**		**Signature Plan**	
	Individual (Rs.)	Floater (Rs.)	Individual (Rs.)	Floater (Rs.)	Individual (Rs.)	Floater (Rs.)
3,00,000	750/-	1500/-	Not Applicable		Not Applicable	
4,00,000	750/-	1500/-				
5,00,000	750/-	1,500/-	1,500/-	2,500/-	1,500/-	2,500/-
7,50,000	1,500/-	2,500/-	2,000/-	5,000/-	2,000/-	5,000/-
10,00,000	1,500/-	2,500/-	2,000/-	5,000/-	2,000/-	5,000/-
15,00,000	1,500/-	2,500/-	4,000/-	8,000/-	4,000/-	8,000/-
20,00,000	1,500/-	2,500/-	5,000/-	10,000/-	5,000/-	10,000/-
25,00,000	1,500/-	2,500/-	5,000/-	10,000/-	5,000/-	10,000/-
50,00,000	Not Applicable		5,000/-	10,000/-	5,000/-	10,000/-
1,00,00,000			Not Applicable		8,000/-	15,000/-
	Available at network hospital for every block of **two claim free years**		Available at network hospital for **every claim free year** at the time of renewal.		Available at network hospital for **every year (irrespective of claims)** from first purchase of this policy.	

Note :

i. Any unutilized health check-up limit cannot be carried forward to the next Policy Year.

ii. Payment under this cover will not have an impact on Premium Promise and Cumulative Bonus/No Claim Discount.

15. **Automatic Restoration :** The policy provides automatic restoration of sum insured as per the table given below

Premier Plan	Elite Plan	Signature Plan
Not Covered	The sum insured will be reset one time of 100% sum insured during the policy period This reset sum insured can be utilized / for subsequent hospitalisation only for illness / disease unrelated to the illness / diseases for which claim/s was / were made.	The sum insured will be reset unlimited times for any illness/disease/injury This reset is allowed maximum up to 100% each time, which can be utilized for a subsequent hospitalisation for same illness and different illness, including modern treatments and accidents.

Conditions applicable for Elite Plan

a) Available immediately upon exhaustion of the limit of coverage, during the policy period.

b) Any unutilized Reset Benefit will not be carried forward to any subsequent Policy Years.

c) Modern treatment and accidents are not covered under this benefit

Conditions applicable for Signature Plan

a) Available immediately upon partial/ full utilization of the sum insured

b) On partial utilization of the Sum Insured, it will be reset up to extent of utilization.

c) On full utilization of the Sum Insured, it will be reset to 100%.

d) The maximum payable amount for a single claim under reset benefit shall not be more than the Sum Insured.

e) Any unutilized Reset Benefit will not be carried forward to any subsequent Policy Years.

Note: The Order of utilization is as follows:

a) Sum Insured

b) Cumulative Bonus

c) Automatic Restoration

Illustration 1: Automatic Restoration: Elite Plan			
		Scenario 1 (First Year)	**Scenario 2 (Renewal)**
	Sum Insured (SI)	Rs.10 Lakhs	Rs.10 Lakhs
	Cumulative Bonus (CB)	0	Rs.5 Lakhs
	Total Cover Available	Rs.10 Lakhs	Rs.15 Lakhs
1st Claim	1st Hospital Bill Amount	Rs.5 Lakhs	Rs.5 Lakhs
	Claim Settled	Rs.5 Lakhs	Rs.5 Lakhs
	Total Coverage available	Rs.5 Lakhs (Available from sum insured Rs.5 Lakhs)	Rs.10 Lakhs (Available from sum insured Rs.5 Lakhs + Bonus Rs.5Lakhs)
2nd Claim	2nd Hospital Bill Amount for different illness	Rs.10 Lakhs	Rs.15 Lakhs
	Claim Settled	Rs.5 Lakhs (Available Sum insured Rs.5 Lakhs)	Rs.10 Lakhs (Available Sum insured Rs.5 Lakhs + Bonus Rs.5 Lakhs)
	Total Coverage available	Rs.10 Lakhs (Automatic restoration will be triggered for subsequent unrelated hospitalisation)	Rs.10 Lakhs (Automatic restoration will be triggered for subsequent unrelated hospitalisation)

Illustration 1: Automatic Restoration: Elite Plan			
		Scenario 1 (First Year)	Scenario 2 (Renewal)
3 rd Claim	Hospital Bill Amount (For Same Illness)	Rs.5 Lakhs	Rs.5 Lakhs
	Will the restoration kick in? No, because claim for same illness is not payable	0	0
4th Claim	Hospital Bill Amount (For different illness)	Rs.5 Lakhs	Rs.5 Lakhs
	Claim settled	Rs.5 Lakhs	Rs.5 Lakhs
	Total Coverage available for next claim (Available for different illness)	Rs.5 Lakhs (Available from Automatic Restoration Rs.5 Lakhs)	Rs.5 Lakhs (Available from Automatic Restoration Rs.5 Lakhs)

Illustration 2: Automatic Restoration: Signature Plan			
		Scenario 1 (First Year)	Scenario 2 (Renewal)
	Sum Insured (SI)	Rs.10 Lakhs	Rs.10 Lakhs
	Cumulative Bonus (CB)	0	Rs.10 Lakhs
	Total Cover Available	Rs.10 Lakhs	Rs.20 Lakhs
1st Claim	Claim Settled	Rs.5 Lakhs	Rs.5 Lakhs
	Total Coverage available for next claim	Rs.10 Lakhs (Balance Sum Insured Rs.5 Lakhs + Automatic Sum Insured Rs.5 Lakhs)	Rs.20 Lakhs (Balance SI Rs.5 Lakhs + Automatic sum insured Rs.5 Lakhs + Bonus Rs.10 Lakhs)
2nd Claim	2nd Hospital Bill Amount (For same illness)	Rs.10 Lakhs	Rs.10 Lakhs
	Claim Settled	Rs.10 Lakhs (Balance Sum Insured Rs.5 Lakhs + Automatic Restoration Rs.5 Lakhs triggered for subsequent hospitalisation)	Rs.10 Lakhs (Balance SI Rs.5 Lakhs + Automatic restored SI Rs.5 Lakhs)
	Total Coverage available for next claim	Rs.10 Lakhs (Automatic restoration will be triggered for subsequent hospitalisation)	Rs.20 lakhs(Balance SI Rs. 5 Lakhs + Automatic restored sum Insured Rs.5 Lakhs + Bonus Rs.10 Lakhs)
3rd Claim	Hospital Bill Amount (For different illness)	Rs.5 Lakhs	Rs.5 Lakhs
	Claim Settled	Rs.5 Lakhs (From Automatic restoration)	Rs.5 Lakhs (Automatic Restored SI Rs. 5 Lakhs)
	Total Coverage available for next claim (Available for different illness)	Rs.10 Lakhs	Rs.20 lakhs (Balance SI Rs. 5 Lakhs + Automatic restored sum Insured Rs.5 Lakhs + Bonus Rs.10 Lakhs)
4th Claim	Hospital Bill Amount (For same illness)	Rs.8 Lakhs	Rs.8 Lakhs
	Claim Settled	Rs.8 Lakhs (From Automatic restoration)	Rs.8 Lakhs (Automatic restored SI Rs. 8 Lakhs)
	Total Coverage available for next claim (Available for different illness)	Rs.10 Lakhs	Rs.20 Lakhs (Balance SI Rs. 2 Lakhs + Auto restored sum insured Rs. 8 Lakhs + Bonus Rs. 10 Lakhs)
5th Claim	Hospital Bill Amount (For different illness)	Rs.9.50 Lakhs	Rs.11 Lakhs
	Claim Settled	Rs.9.50 Lakhs (From Automatic restoration)	Rs.11 Lakhs (Automatic Restored SI Rs. 10 Lakhs + Bonus 1 Lakh)
	Total Coverage available for next claim	Rs.10 Lakhs	Rs.19 Lakhs (Auto Restored sum insured Rs. 10 Lakhs + Balance Bonus Rs. 9 Lakhs)

16. a. **Assisted Reproduction Treatment (This cover is applicable only in Signature plan):** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment as per the table given below, where indicated, for sub-fertility subject to:

a) For the purpose of claiming under this benefit, in-patient treatment is not mandatory.

b) Automatic Restoration of Sum Insured shall not be applicable for this benefit.

c) 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.

d) Company will pay for one Assisted Reproduction Treatment cycle in a policy year.

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

16. b. **Surrogacy (This cover is applicable only in Signature plan):** The company will indemnify Inpatient hospitalisation expenses covering post-partum delivery complications for a period of 36 months incurred for the Surrogate mother upto the sub-limits specified under "Assisted Reproduction Treatment".

The cover will commence from the date of initiation of the treatment/procedure.

Miscarriage due to Accident for the Surrogate Mother (This cover is applicable only in Signature plan): The company will pay lump sum amount (once in lifetime) in case of "Miscarriage due to Accident" for surrogate mother as per table given below and waiting period mentioned under this cover is not applicable.

Sum Insured (Rs.)	Limit of liability (Rs.)
Up to 15,00,000/-	25,000/-
20,00,000/- and 25,00,000/-	35,000/-
50,00,000/- and 1,00,00,000/-	40,000/-

Note:

i. Pre & Post Natal Care and Delivery Expenses for Surrogate Mother are not payable.

ii. Intending couple, the Surrogate mother and the Surrogacy clinic must comply with Surrogacy Act and ART Act.

iii. Surrogacy and Oocyte donation should be carried out in recognized Centre registered with the National ART and Surrogacy Registry at https://registry.artsurrogacy.gov.in/

iv. Waiting periods mentioned under IV (1 and 2) are not applicable under Surrogacy Cover.

v. For coverage under III i.e., for treatments other than Surrogacy Cover, all waiting periods are applicable.

vi. Treatment under Day Care are not covered .

16.c. **Oocyte Donor(This cover is applicable only in Signature plan):** The company will indemnify the inpatient hospitalisation expenses for the complications arising out of

Assisted Reproduction Treatment Procedures, for the Oocyte donor upto the sub-limits specified under "Assisted Reproduction Treatment" for a period of 12 months. The cover will commence from the date of initiation of the treatment/procedure and coverage is applicable.

Note :

a) The Intending couple, the Oocyte donor and the ART Clinic must comply with Surrogacy Act and ART Act

b) Surrogacy and Oocyte donation should be carried out in recognized centres registered with the National ART and Surrogacy Registry at https://registry.artsurrogacy.gov.in/.

c) Waiting periods under IV (1 & 2) are not applicable under Oocyte Donor Cover.

d) For coverage under III i.e., for treatments other than Oocyte Donor Cover, all waiting periods are applicable.

Conditions applicable for Surrogacy Cover and Oocyte Donor Cover:

i. The Proposal for insurance must be made 30 days before the embryo transfer for the surrogate mother and /or 30 days before ovarian stimulation for oocyte donor.

ii. Proposer must be one of the intending couples.

iii. **For Surrogate Mother:** After completion of 36 months period, Surrogacy cover will be excluded for the Surrogate Mother and all other coverage under III (except Surrogacy cover) will continue.

iv. **For Oocyte Donor:** After completion of a 12-months period, Oocyte Donor cover will be excluded for the Oocyte Donor and all other coverage under III (except Oocyte cover) will continue.

Special Exclusions:

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

1. Pre and Post treatment expenses.
2. Sub-fertility services that are deemed to be unproven, experimental or investigational.
3. Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
4. Reversal of voluntary sterilization.
5. Treatment undergone for second or subsequent pregnancies except where the child from the first delivery / previous deliveries is/are not alive at the time of treatment.
6. Payment for services rendered to a surrogate.
7. Costs associated with cryopreservation and storage of sperm, eggs and embryos.
8. Selective termination of an embryo.
9. Services done at unrecognized centre.
10. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures.

17. **In-Utero Fetal Surgery/Intervention (This cover is applicable only in Signature plan):** The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedures covered upto the sum insured. The following surgeries / procedures only are covered.

Note: The waiting period will not apply for treatment related to congenital Internal disease / defects for the Unborn.

Types of In-Utero Surgeries covered

1) Open Fetal Surgery
2) Fetendo Fetal Surgery
3) Fetal Image-Guided Surgery (FIGS-IT)
4) EXIT procedure

Types of In-Utero Surgeries/Procedures covered

TYPE OF INTERVENTION	DESCRIPTION	SURGERIES
OPEN SURGERY	Hysterotomy	CPAM - Lobectomy
		SCT - Resection
		MMC – Repair
		Cervical Teratoma-Resection EXIT
		Tracheal occlusion
		Neck tumors
		CDH (EXIT to ECMO)
FETENDO	Fetoscopic Surgery	Balloon Occlusion of Trachea (for CDH)
		Laser Ablation of Vessels (for TTTS)
		Cord Ligation/Division
		Cystoscopic Ablation Valves (Urinary Obstruction)
		Amniotic Bands Release
FIGS	Fetal Image Guided Surgery	Amnioreduction/Infusion
		Fetal Blood Sampling
		RFA Anomalous Twins
		Vesico/Pleuro Amniotic Shunts
		Balloon Dilation Aortic Stenosis
EXIT procedure	Planned Specialized Delivery	CHAOS
		Removal of the CDH Tracheal Occlusion Balloon
		Pulmonary Sequestration
		CCAM

List of procedures covered under In-Utero Surgeries

a) Amniotic band syndrome

b) Bronchopulmonary sequestration of the lung

c) Congenital cystic adenomatoid malformation (CCAM) of the lung

d) Congenital diaphragmatic hernia (CDH)

e) Congenital high airway obstruction syndrome (CHAOS)

f) Fetal anemia

g) Lower urinary tract obstruction (LUTO)

h) Mediastinal teratoma

i) Neck mass

j) Sacrococcygeal teratoma (SCT)

k) Spina bifida (myelomeningocele)

l) Twin reversed arterial perfusion (TRAP) sequence

m) Twin-twin transfusion syndrome (TTTS)

18. **Delivery Expenses (This coverage is applicable only for Signature Plan):**

a) Expenses for a Delivery including Normal Delivery or Caesarean section (Pre-natal and Postnatal expenses are also covered) upto 10% of Sum Insured or upto Maximum of Rs.2 Lakhs, whichever is less.

b) **Antenatal Scan:** During pregnancy both 12th and 20th week of Antenatal scan are covered (Maximum 2 Scans per delivery) within the above mentioned delivery limit.

Note:

a) Maximum 2 deliveries are allowed in the lifetime.

b) Pre-hospitalisation and Post Hospitalisation expenses are not applicable for this cover.

c) 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.

d) There is no waiting period for subsequent deliveries.

19. **Newborn Baby cover:** Hospitalisation expenses for treatment of new born is covered up to the limits (including for twins/ triplets/ quadruplets) specified below incurred in a hospital/ nursing home for Any disease, illness or accidental injuries are payable as follows.

a) **For one year policy term:** The coverage for newborn baby starts from day-1 after its birth till the expiry date of the policy year, as per the table given below subject to availability of the sum insured.

b) **For Long term policies (For 2 years policy term and 3 years policy term):** The coverage for Newborn Baby starts from day-1 after its birth till the expiry date of the policy year. Further, newborn will be covered under this policy by paying additional premium for subsequent years.

Coverage for Newborn			
Premier Plan – limit per policy year (Rs)	**Elite Plan – limit per policy year (Rs)**	**Signature Plan**	
		Sum Insured (Rs.)	**Limit per policy year (Rs)**
Covered upto 10% of Sum Insured or maximum upto Rs.50,000/- whichever is less	Covered upto 10% of Sum Insured or maximum upto Rs.1,00,000/- whichever is less	5,00,000	Covered upto 10% of Sum Insured or maximum upto Rs.2,50,000/- whichever is less
		7,50,000	
		10,00,000	
		15,00,000	
		20,00,000	
		25,00,000	
		50,00,000	Covered upto 10% of Sum Insured or maximum upto Rs.5,00,000/- whichever is less
		1,00,00,000	
Waiting Period: Provided the insured women is under the policy for a continuous period of 12 months without break in this policy.	**Waiting Period:** Provided the insured women is under the policy for a continuous period of 12 months without break in this policy	**Waiting Period:** Provided this cover is available only if delivery expenses claim is paid under this policy **or** the insured women is under the policy for a continuous period of 12 months without break in this policy **or** if the insured women submits the Antenatal scan in 12th week and 20th week of the pregnancy, the newborn will be covered from day 1 (Subject to underwriting).	

Note:

1. Intimation about the birth of the Newborn Baby should be given to the company and policy has to be endorsed for this cover to commence.
2. Exclusion no. 3 initial waiting period (Code Excl 03) as stated under this policy shall not apply for the Newborn Baby.
3. All other terms, conditions and exclusions shall apply for the Newborn Baby.
4. The Exclusion No.1: Pre-Existing disease (Code Excl 01), Exclusion No.2: Specified disease (Code Excl 02), and the above-mentioned sub-limit will not apply for treatment related to Congenital Internal disease/defects for the newborn.

20. **Second Medical Opinion :** 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.
- Utilisation of this cover will not have an impact on Premium Promise and Cumulative Bonus / No Claim Discount.

21. **Emergency Domestic Medical Evacuation (This cover is applicable only in Signature plan):** The Company will reimburse reasonable and necessary expenses incurred

towards transportation of the insured person from the hospital where the insured person is currently undergoing treatment to another hospital for further treatment provided.

Sum Insured (Rs.)	Upto the Limit Per policy Year (Rs.)
5,00,000	7,500
7,50,000	7,500
10,00,000	7,500
15,00,000	7,500
20,00,000	10,000
25,00,000	10,000
50,00,000	10,000
1,00,00,000	10,000

Note:

a. The medical condition of the Insured Person is a life-threatening emergency.

b. Further treatment facilities are not available in the current hospital.

c. The Medical Evacuation is recommended by the treating Medical Practitioner.

d. Claim for Hospitalisation is admissible under the policy.

e. Payment under this benefit does not form part of the sum insured but will impact the Bonus.

22. **Repatriation of Mortal Remains :** Following an admissible claim for hospitalisation under the policy, the Company shall reimburse upto the limits mentioned in the below table 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.

Limit Per Policy Year		
Premier Plan	**Elite Plan**	**Signature Plan**
Not Covered	Upto Rs.15,000/-	Upto Rs.25,000/-

Note: Payment under this benefit does not form part of the sum insured but will impact the Bonus.

23. **Treatment for Sleep disorders (This cover is applicable only in Signature plan):** The Company will cover any condition that disrupts the normal sleep pattern, affecting the quality, timing, or duration of sleep as per the table given below.

Sum Insured (Rs.)	Upto the 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

Conditions :

a) Treatment for Sleep disorders such as Insomnia, Sleep apnea, narcolepsy, Circadian rhythm disorders are covered

b) Costs for Polysomnography are covered

c) The Medical practitioner advises the Insured person to undergo treatment

d) A waiting period of 24 months from the date of first inception of this policy with the Company for the insured person.

24. Gala Fit-Pro Active Care (Wellness Engaging 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 offer 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.

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 Company have the wellness program available based on the age. One is for adults and dependent child above 18 years and other one is for children above 7 years to below 18 years of age. The following table shows the discount on premium available under the Wellness Program, applicable for all plans viz Premier Plan, Elite Plan and Signature Plan. Both on Individual or Floater Plans available.

Gala Fit - Pro Active Care (Wellness Engaging Program)	
Wellness Coins Earned	**Discount in Premium**
Above 251- 400 Coins	4%
401-550 Coins	8%
551-700 Coins	12%
701- 850 Coins	16%
Above 850 Coins	20%

Distribution of discount can avail as per members in a floater policy

Family size	Weightage
2A - Self / Spouse	1:1
2A +1C - Self / Spouse / Dependent Children from 18 years of age	1:1:1
2A + 2C - Self / Spouse / Two Dependent Children above 7 years of age to below 18 years of age	1:1:1:1
2A +3C - Self / Spouse / Two Dependent Children above 7 years of age to below 18 years of age / one child below 7 years of age.	1:1:1:1:0

Note: In case of two-year policy, total number of wellness points earned in two-year period will be divided by two.

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

Gala Fit – Pro Active Care Program for Adults + Dependent child age from 18 years and above

S.No.	Activity - For Each Insured	Monthly Coins	Yearly Coins
1	Enrolling in Wellness Program, in mobile application by individual mobile number with ID proof		10
2	Register under organ donation plan (share details)		10
3	Sleep pattern - Having minimum of 7 hours of sleep / day -monitored monthly basis	5 / month	60
4	Blood donation (maximum twice per year allowed) (10 coins*2)		20
5	Participation in physical activities a) Wellness program (like Gym / Health club subscription) b) Marathon, cycling, Trekking and similar activities, Indoor and outdoor sports	5 / activity) * (2/ month)	120
6	Target Steps count / per day (monitored monthly basis) **Recognise with Galaxy team certificate via E-mail** ● >5,000 steps ● >8,000 steps	10 for 5000+ steps or 15 for 8000+ steps	180
7	Preventive check-up 1. ENT check-up (20 coins) 2. Eye check-up (including Glaucoma test for 40+years. members) (20 coins) 3. Dental check up with reports (10 coins)		50
8	Condition Management Program (CMP): (per policy period) – **To record BMI, general health checks up by physician (only 60 coins)** ● Member with Lifestyle disease – can provide once every four month (thrice a policy period) (3*60 coins) assessment records ● Wellness team analysis– if progression noted then coins credited		180
9	Only for members who have submitted wellness assistance last policy year. 1. Reduce in BMI from obese to normal compared to previous year reports (25 coins) 2. Sharing a success story (5 coins)		30
10	Submission of Vaccination ● 100 Coins – HPV ● 10 Coins - Other vaccine		100
11	Provide the standard medical test 1. Complete blood test with haemoglobin 2. Urine routine 3. USG abdomen 4. S.creatinine 5. ECG 6. HbA1C 7. Pulmonary function 8. Cholesterol 9. Thyroid profile 10. Bone density 11. (HHH) serology test (20 coins) 12. PSA (M) (20 coins) 13. Mammogram test (F) (20 coins) 14. PAP smear test (F) (20 coins) 15. ECHO (20 coins) 16. Cancer profile markers (20 coins)		220
12	Enrolling with program in Galaxy health app and successful completion of the program		20
	Total		1000

Additional benefits available in the wellness via app

- Domain for complete medical records of the members (Digital Vault)
- Access to health gadgets
- Water intake alarm
- Diet program including calories
- Location detectors for blood bank, hospital (with label for network and non-network), Rehabilitation centre, Pharmacy, diagnostic centre, physiotherapy centre and clinics

Under S.No 12 (wellness program – in app) - attending Counselling / workshop for the following

- Pregnancy
- Postpartum condition
- Emotional & Mental Health
- Menopausal syndrome
- Stress management
- Life balance management

The following list of activity for Dependent children

Gala Fit – Pro Active Care – Integrated Health Program for Dependent children above 7 to below 18 years of age			
S. No.	Activity	Monthly Coins	Yearly Coins
1.	Avail coins for Enrolling in Wellness Program, by parent's mobile number & Dependent Children photo proof		50
2.	Submission of Vaccination ● As per Indian government vaccination chart (50 coins) ● Preventive vaccines as per medical board suggestions (20 coins)		70
3.	**Engaging in mental enrichment program** ● Singing / dancing program / Story telling / drawing	(10 / activity) *(2 / month)	240
4.	**Engaging in physical activities** ● Indoor and outdoor sports, Swimming, Trekking and similar activities. ● Sharing certificate of participating in sports	(15 / activity) * (2/ month)	360
5.	Preventive check-up 1. ENT check-up (50 coins) 2. Eye check-up (50 coins) 3. Dental check up with reports once in every Six month (40*2 coins)	50 50 40*2	180
6.	Interactive program in Galaxy health app - *Two Programs minimum and maximum of 5 programs	20*5	100
	Total		1000

Additional benefits available in the wellness via app

- Domain for complete medical records of the members (Digital Vault)
- Access to health gadgets
- Water intake alarm
- Diet program including calories

Under S.No 6 (wellness program – in app) - attending Counselling / workshop for the following

- Emotional & Mental Health
- Child behaviour care
- Stress management
- Life balance management
- Drawing and Painting Competition
- Co-Curricular Activities Participation
- Participation in Quiz

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.

Register under organ donation plan

Organ donation involves a person to donate their organs for transplantation to someone in need. This registration of voluntary organ donation for Nobel cause is acknowledged by us. Once registered with a standard organ donor bank, the insured can share their registration details and upload the certificate to earn wellness coins.

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.

Blood donation

Blood donation is a vital process where individuals voluntarily have blood drawn to help those in need of transfusions or medical treatments. The insured can provide their blood donation certificate details every six months. For every submission, the insured will receive the coins.

Participation in physical activities

Engaging in physical activity is essential for health care, providing numerous benefits for both physical and mental well-being, and helping to prevent lifestyle diseases. The Company program includes a variety of activities such as trekking, marathons, cycling, and both indoor and outdoor sports. 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.

Target Steps count

Regular walking offers numerous benefits for both physical and mental health. Aiming for over 8,000 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. Achieving 8,000 or more steps per day for at least 25 days in a month will earn them 15 coins. Members who meet these targets for more than 20 days in a month will receive 80% of the monthly coins, i.e., 8 coins for surpassing 5,000 steps and 12 coins for surpassing 8,000 steps.

Preventive check-up

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

Submission of Vaccination certificate

There are two type coins provided under this activity.

One under adult activity and other one under children above 7 years of age to below 18 years of age.

Under adult

If the Insured Person submit the vaccine certificate as per the suggested list of vaccine guided by the Indian Ministry of Health. Coins will be awarded to acknowledge participation, with the coins varying based on the type of vaccine administered. For example, if the Insured Person receives the HPV vaccine (a three-stage vaccine), 100 coins will be given. While if, insured person administrated with Hepatitis B vaccine or any other list of vaccine guided by the Indian Ministry of Health, then 10 coins will be rewarded.

For the other type of coins provided in children wellness plan

The Company urge all parents and guardians to ensure their children participate in this vaccination program. Please administer the recommended vaccines, as advised by the Ministry of Health, to the Insured Person children and provide an updated list of completed vaccinations. In line with current medical advancements, if a physician recommends any additional preventive vaccines and the Insured Person child has received them, the Company will acknowledge those as well. As a token of appreciation for completing this activity, the Company will distribute coins.

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 16 test are optional.

Enrolling with program in Galaxy health app

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

Wellness for Kids

Three categories for children participating in the following categories

- Mental enrichment program
- Physical health activity
- Community interactive activities

The program is designed for children above 7 years of age below 18 years of age are eligible to participate in the following program to enhance their wellness.

Mental enrichment program

This aims to improve mental well-being and cognitive functioning through various activities. Participants earn coins based on the uploaded certificates, which can be uploaded up to two per month.

- Pottery, arts and Crafting, Drawing, Painting competitions
- Music therapy, playing musical instruments, Singing and dancing performances
- Cooking classes
- Participation in Role-playing in one act plays (drama), Quiz, skits on social issues,
- Storytelling / narrating, debate meet at zonal level or above.
- Creative Article writing, publications article in newspapers.
- Participation in Science exhibition competition (Science Olympiad, zonal level, State level & National level)

- Meditation sessions, vipassana, puzzle-solving, chess, abacus, motivation counselling, memory exercises.

Physical health activity

Engaging in physical activity helps children become more active and healthy individuals in the future. List of physical activity kids engaged will be eligible to avail these benefits.

- Team sports (Cricket, Football, Hockey, Basketball and Volleyball)
- Individual sports (Athletics, Swimming, Archery, Boxing, Gymnastics, Tennis, Badminton, Cycling)
- Enrolling in Gym/Yoga/ Health club subscription
- Trekking, Marathon and similar activities
- Traditional self-defence martial arts, Martial arts (Karate/ Taekwondo/Judo/ Kickboxing)

Community interactive activities

There are many engaging community activities that can bring younger citizens together and foster a sense of connection.

- Scouts & Guides
- NCC (National Cadet Corps) or NSS (National Service Scheme)
- Volunteer interactive activities (animal shelters, clean-ups in park, river, seashore and similar activities, food banks, natural calamities, old-age camp)
- Blood donation camps
- Health and wellness seminars (State level & National level)

Note: Points will be accumulated based on the submission of proof of Engaging or award/prize winning certification

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 two models proposed

- First for two adult model
- Second is for two adult and one child below 18 years of age.

S. No.	2A Model	61 years old (Male)	49 years old (Female)
1	Enrolling to Wellness Program	10	10
2	Register under organ donation plan	0	10
3	Sleep pattern	0	35
4	Blood donation	10	0
5	Participation in physical activities	0	60
6	Target Steps count	180	120
7	Preventive check-up	20	10
8	Condition Management Program (CMP)	180	60
9	Old participants	0	0
10	Submission of Vaccination certificate	10 (Hepatitis B)	100
11	Provide the standard medical test	0	100
12	Enrolling with program in Galaxy health app	10	20
	Total	**420**	**505**
	Note: cumulation of coins (420 + 505) /2 = 462 = 8% discount applicable during the renewal of the policy.		

S.No.	2A +1C Model	50 years old (Male)	41 years old (Female)	9 years old (Kid)
1	Enrolling to Wellness Program	10	10	50
2	Register under organ donation plan	10	10	N/A
3	Sleep pattern	50	0	N/A
4	Blood donation	10	0	N/A
5	Participation in physical activities	120	0	210
6	Target Steps count	100	120	N/A
7	Preventive check-up	40	40	90
8	Condition Management Program (CMP)	60	180	N/A
9	Old participants	30	0	N/A
10	Submission of Vaccination certificate	10	0	50
11	Provide the standard medical test	100	100	N/A
12	Enrolling with program in Galaxy health app	20	0	60
13	Participation in mental enrichment program	N/A	N/A	120
	Total	**560**	**460**	**580**
	Note: Cumulation of coins (560 + 460 + 580) /3 = 533 = 8% discount applicable during renewal of the policy.			

25. **Home Care Treatment (This cover is available only in Signature plan)**

The Company will pay for expenses towards treatment availed by the Insured Person at home upto 10% of Sum Insured or upto Rs.5,00,000/- whichever is less in a policy year. It is available only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home.

The below listed are covered

1. Fever and Infectious diseases which can be managed as In-patient.
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) (Coverage as per Treatment for Chronic severe Refractory Asthma sub-limit will apply).
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.

f. Insured claiming under this cover for Post CVA Care at Home after discharge, will not be eligible to claim under Rehabilitation and Pain Management for Stroke.

26. **Treatment for Chronic severe Refractory Asthma (This cover is applicable only in 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 upto 10% of sum insured or maximum upto Rs.5,00,000/- whichever is less.

Note: To avail this benefit, the treatment must be recommended by the treating Pulmonologist.

27. **Compassionate Travel:** In the event of the insured person being hospitalized for a life-threatening emergency at a place away from his usual place of residence as recorded in the policy, the Company will reimburse the transportation expenses by air and train incurred as per the table given below for one immediate family member and for travel towards the place where hospital is located.

Limit Per Policy Year		
Premier Plan	**Elite Plan**	**Signature Plan**
Not Covered	Upto Rs.10,000/-	Upto Rs.25,000/-

Note:

a) This benefit is payable if the claim for hospitalisation is admissible.

b) Payment under this benefit does not form part of the sum insured but will impact the Bonus.

28. **Treatment in Valuable Service Provider Network (VSP):** In the event of a medical contingency requiring hospitalisation, if the insured seeks advice from the Company. Further, the Company may suggest an appropriate hospital from the

network for treatment. Where the insured accepts the same and undergoes treatment in the suggested hospital, the amount mentioned below is payable as lump sum.

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

Note:

a) Payable only if there is an admissible claim for hospitalisation under the policy.

b) Claim is admissible, if a hospital is a part of the VSP list as on date of admission

c) Payment under this benefit does not form part of the sum insured but will impact the Bonus

d) The Company shall not be responsible for the quality of the treatment in the Valuable Service Providers Network.

e) For list of valuable service providers, please visit the company website: www.galaxyhealth.com

29. **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.

Note: This cover is available only in Signature plan as inbuilt. However, as optional cover under Elite plan.

30. **Bariatric Surgery:** Expenses incurred on hospitalisation including pre-hospitalisation and post-hospitalisation for bariatric surgical procedure and its complications thereof are payable subject to limits as per the table given below.

Upto the 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

Conditions:

a) This benefit is subject to a waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof with the Company

b) The minimum age of the insured at the time of surgery should be above 18 years

c) This benefit shall not apply where the surgery is performed for

i. Reversible endocrine or other disorders that can cause obesity

ii. Current drug or alcohol abuse

iii. Uncontrolled, severe psychiatric illness

iv. Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery

v. Bariatric surgery performed for Cosmetic reasons

d) The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.

e) To make a claim, the insured person should satisfy the following criteria as devised by NIH (National Institute of Health)

i. The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)

ii. The insured person is unable to lose weight through traditional methods like diet and exercise

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

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

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 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 neuropathy and Ischaemic limb pain	25,000	65,000	75,000
8	Gasserian ganglion ablation for Trigeminal neuralgia	25,000	65,000	75,000

Pain Management Treatment - Up to the 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
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 Gastro intestinal 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 session will be allowed per policy period	25,000	50,000	60,000

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.

32. **Hospice Care (This coverage is applicable only for Signature Plan)**: The Company will pay medical expenses upto 10% of the sum insured or maximum upto Rs.5,00,000/- whichever is less 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 :

a) Available after a waiting period of 24 months from the inception of this policy.

b) The admissibility of claim under Hospice Care is based on the decision of the medical panel by the company will be final.

33. **Premium Promise:** The insured premium is locked at entry when a policy is purchased. The same premium will be charged for subsequent renewals until a claim is paid or completion of age 55 years whichever is earlier.

Premium Promise		
Premier Plan	Elite Plan	Signature Plan
Not Applicable	Applicable as an Optional cover	Applicable as In-Built cover

Conditions

- This benefit will be available for those purchased this policy up to the entry age of 50 years.
- No additional premium will be charged in the middle of the tenure in case of claims. At the time of renewal (in case of a claim), the premium will be charged as per the current age of the insured at renewal.
- In case of multi tenure policies, the premium for the entire tenure will be charged as per the entry age.
- **Floater Plan:** During the renewal of this policy, If the insured adds a member to the floater plan, then the premium will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.
- **Individual Plan:** During the renewal of this policy, If the insured adds a member to an individual plan and convert it into a Floater plan, then the premium will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.
- If the eldest member is no longer part of the Floater plan, then the Floater premium will be calculated as per the original entry age of the eldest member amongst the remaining members during the renewal of this policy and lock the premium at that age, till a claim is paid.
- If a floater plan, splits into multiple policies, then the Company will carry forward the locked age at which the floater policies were taken by individuals in the policies carried forward, till a claim is paid.
- Once insured crosses the age of 55 years irrespective of claim, premium will be charged as per Insured's current age and the Company will continue to charge as per the age at renewal.
- In the event of price change due to product revision, the premium will be charged based on the original age slab of the revised product.
- Claims under Personal Accident and Hospital Cash optional covers will not have an impact on Premium Promise.

Enhanced (Optional Covers)

34. **Accidental Death and Permanent Total Disablement (Optional cover applicable only for Elite and Signature Plan)**

On payment of additional premium, at any time during the Period of Insurance, if the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means then the Company will pay as under:

1. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule
2. **Permanent Total Disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the "Table of Benefits – B1", depending upon the degree of disablement provided that:
   a) The disablement occurs within 12 Calendar months from the date of the Accident.
   b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Coverage for Accidental Death and Permanent Total Disablement	
Premier Plan	Elite Plan & Signature Plan
Not Applicable	Cover for Accidental Death and Permanent Total Disablement **Self:** Covered up to 2 times of health sum insured or maximum of Rs.1,00,00,000/- whichever is less
	Dependent Spouse: Covered up to 50% of primary insured or maximum of Rs.50,00,000/- whichever is less
	Dependent Children: Covered up to 25% of primary insured or maximum of Rs.25,00,000/- whichever is less
	If Spouse is a earning member, self PA sum insured can be given.

Condition:

1. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as per "Table – B2" will be made in respect of this prior disablement.
2. In the event of Permanent Total Disablement, the Insured Person will be under obligation:
   a) To have himself / herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
   b) To authorize doctors to provide treatments or give expert opinion and any other authority to supply the company with any information that may be required. If the obligations are not met with due to whatsoever reason, the Company shall be relieved of its liability to pay.
3. This optional cover is applicable for the person specifically mentioned in the Schedule.
4. Where a claim has been paid during the policy period the cover under this optional cover ceases until the expiry of the policy for the insured who made a claim under this optional cover. Upon renewal the cover applies to the person specifically chosen again. However, even if the sum insured under this optional cover is exhausted by way of claim, the coverage under health will continue until expiry of the policy period.
5. Any claim under health portion will not affect the Sum Insured under this optional cover.
6. Where there is an admissible claim for Accidental Death during the policy period, the health cover will continue for the remaining insured persons.
7. Where there is an admissible claim for Permanent Total Disability during the policy period, the health cover would continue until the expiry of the policy for all the insured persons covered including the person who has made a claim for Permanent Total Disability and renewal thereof.

Table of Benefits – B1	
Benefit	**Percentage of the Basic Sum Insured**
Accidental Death – Benefit 1	100%
Permanent Total Disablement – Benefit 2	100%
Total and Irrevocable loss of	
a. Sight of both eyes	100%
b. Physical separation of two entire hands	100%
c. Physical separation of two entire feet's	100%
d. One entire hand and one entire foot	100%
e. Sight of one eye and loss of one hand	100%
f. Sight of one eye and loss of one entire foot	100%
g. Use of two hands	100%
h. Use of two feet's	100%
i. Use of one hand and one foot	100%
j. Sight of one eye and use of one hand	100%
k. Sight of one eye and use of one foot	100%

Table – B2			
Physical function already impaired prior to accident			**Percentage Of Sum Insured Deducted**
1	Loss of toes	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than		
	One toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75
	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
	Two phalanges	Two phalanges	8
	One phalanx	One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges	4
		Two phalanges	3
		One phalanx	2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor

8. **Geographical Scope:** This optional cover applies Worldwide.
9. Claims under this optional cover will not have an impact on Premium Promise and Cumulative Bonus / No Claim Discount.

35. Hospital Cash (Optional Cover Applicable only for Elite and Signature Plan)

On payment of additional premium, Subject to an admissible Hospitalisation claim, Cash Benefit up to the limits mentioned in the table below for each completed day of Hospitalisation for a maximum of 10 days per occurrence is payable.

a) This Benefit is available for a maximum of 120 days during the entire policy period.
b) This benefit is subject to an excess of first 24 hours of Hospitalisation for every claim.
c) Claims under this optional cover will not reduce the Sum Insured.

Limit Per day (Rs.)			
Sum Insured (Rs)	**Premier Plan**	**Elite Plan**	**Signature Plan**
3,00,000	Not Applicable	Not Applicable	Not Applicable
4,00,000			
5,00,000		1000	1000
7,50,000		1500	1500
10,00,000		1500	1500
15,00,000		2000	2000
20,00,000		2000	2000
25,00,000		2500	2500
50,00,000		3000	3000
1,00,00,000		Not Applicable	3000

Note:
i) Claims under this optional cover are valid only if the claim is admissible either under this policy or any other insurance policy.

ii) Claims only under this optional cover, without claims on the base cover will not affect the Premium Promise, Cumulative Bonus/ No Claim Bonus.

36. **Pre Existing Diseases (PED) Buy Back (Optional Cover applicable only for Signature Plan)**

On payment of additional premium, at the time of inception of the first policy the Insured Person has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months or 24 months. This optional cover cannot be opted during mid-term of the policy/at the time of renewal/at the time of portability.

37. a. **Option to choose Aggregate Deductible (Optional Cover applicable only for Elite and Signature Plan)**

If the insured person chooses any of the following deductible, the Company will provide a discount on premium as per the tables given below:

The insured is allowed to choose either an aggregate deductible (As per Table 1) or Per claim deductible (as per Table 2) option. Opt in/Opt out of deductible will be subject to underwriting discretion.

Table 1: Aggregate Deductible (for both Elite and Signature Plans)

Sum Insured (Rs.)	Deductible Option	Discount offered
Up to 20,00,000/-	Rs.25,000/-	18%
	Rs. 50,000/-	35%
	Rs. 1,00,000/-	45%
Above 20,00,000/-	Rs. 25,000/-	13%
	Rs. 50,000/-	25%
	Rs. 1,00,000/-	40%

Note: This deductible is applied on aggregate basis for every policy year i.e., The combined maximum limit of amount deducted on the eligible claims during the policy year, beyond which claim will be paid.

(or)

37.b. **Table 2: Per claim Deductible (for both Elite and Signature Plans)**

Per Claim Deductible	Discount offered
Rs. 5,000/-	7.5%
Rs. 10,000/-	15%

Note: This deductible is applied on each claim for every policy year.

38. **Room Rent Enhancement (Optional cover applicable only for Elite & Signature Plan for sum insured options Rs.5 lakhs to Rs.20 lakhs):** Room rent including boarding, nursing charges, Residential/Duty Medical Officer charges during Hospitalisation as charged by the Hospital. The Insured Person has option to choose **Any Room by paying an additional premium at time of purchasing of the policy or during renewal.**

39. **Insta Care cover from 31st Day (Optional cover applicable only for Signature Plan):** If Insured Person has Pre-Existing Disease (PED) related to the list of Diseases/illnesses/Conditions mentioned below at the time of issuance of first Policy with the Company, then by choosing this Optional cover by paying an additional premium , the applicable Pre-Existing Disease (PED) waiting period shall be waived off and coverage will be available from 31st Day under In-patient / Day Care Treatment. This optional cover cannot be opted during mid-term of the policy/ at the time of renewal / at the time of Portability.

List of diseases/illnesses/conditions covered under this optional cover:

(i) Asthma - Asthma is a Chronic condition that affects the airways (bronchi) of the lungs, causing them to constrict (become narrow) when exposed to certain triggers which results in the symptoms of wheezing, coughing, tight chest and shortness of breath.

(ii) Blood pressure (Hypertension) is the term used to describe a persistent elevated blood pressure, commonly referred to as high blood pressure, and if this chronic disease is not treated appropriately, is a major risk factor for heart disease, stroke, kidney disease and even eye diseases.

(iii) Cholesterol (Hyperlipidaemia)- Hyperlipidaemia is a chronic disease that refers to an elevated level of lipids (fats), including cholesterol and triglycerides, in the blood and if not treated appropriately, it is a major risk factor for increased risks of heart disease, heart attacks, strokes and other incidents of disease.

40. **Consumables (Optional cover applicable only for Elite Plan)**

If there is an admissible claim under inpatient / day care under this policy, then Items as per List I will become payable. Further, the Company also cover Admission /Registration charges, Record charges and Insurance Processing charges will become payable. This can be opted either at the time of first policy or during renewal by paying an additional premium.

41. **Premium Promise (Optional cover applicable only for Elite Plan):** Please refer coverages, terms and conditions as mentioned under III (33). This can be opted either at the time of first policy or during renewal by paying an additional premium.

List of Benefits which are part of sum insured and in addition to Sum Insured

S.No	Coverage	Premier Plan	Elite Plan	Signature Plan
1	Room rent including boarding, nursing charges, Residential /Duty Medical Officer charges, 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/In addition to Sum Insured**		
		Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
2	Road Ambulance	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured

List of Benefits which are part of sum insured and in addition to Sum Insured				
S.No	Coverage	Premier Plan	Elite Plan	Signature Plan
3	Air Ambulance	Not applicable	Forming part of Sum Insured	Forming part of Sum Insured
4	Pre & Post Hospitalisation	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
5	Day Care Procedures	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
6	Cataract	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
7	Premium Promise	Not Applicable	Not Applicable	Not Applicable
8	Cumulative Bonus	In addition to Sum Insured	In addition to Sum Insured	In addition to Sum Insured
9	No Claim Discount	Not Applicable	Not Applicable	Not Applicable
10	Automatic Restoration	Not Applicable	In addition to Sum Insured	In addition to Sum Insured
11	Health Check-up	In addition to Sum Insured	In addition to Sum Insured	In addition to Sum Insured
12	Domiciliary Hospitalisation	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
13	Delivery Expenses	Not Applicable	Not Applicable	Forming part of Sum Insured
14	Newborn Baby Cover	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
15	AYUSH	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
16	Organ Transplantation	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
17	Organ Donor Expenses	Not Applicable	Not Applicable	Insured: Forming part of Sum Insured Donor: In addition to Sum Insured
18	Second Medical Opinion	Not Applicable	Not Applicable	Not Applicable
19	Emergency Domestic Medical Evacuation	Not Applicable	Not Applicable	In addition to Sum Insured
20	Repatriation of Mortal Remains	Not Applicable	In addition to Sum Insured	In addition to Sum Insured
21	Assisted Reproduction Treatment	Not Applicable	Not Applicable	Forming part of Sum Insured
22	Surrogacy	Not Applicable	Not Applicable	Forming part of Sum Insured
23	Oocyte Donor	Not Applicable	Not Applicable	Forming part of Sum Insured
24	Treatment for sleep disorders: Sleep study test-Polysomnography	Not Applicable	Not Applicable	Forming part of Sum Insured
25	Modern Treatments	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
26	Gala Fit-Pro Active Care	Not Applicable	Not Applicable	Not Applicable
27	Home care treatment	Not Applicable	Not Applicable	Forming part of Sum Insured
28	In Utero Fetal Surgery/Intervention	Not Applicable	Not Applicable	Forming part of Sum Insured
29	Treatment for Chronic Severe Refractory Asthma	Not Applicable	Not Applicable	Forming part of Sum Insured
30	Compassionate Travel	Not Applicable	In addition to Sum Insured	In addition to Sum Insured
31	Treatment in Valuable service provider's network	Not Applicable	In addition to Sum Insured	In addition to Sum Insured
32	Consumables	Not Applicable	Optional Cover: Forming part of Sum Insured	Forming part of Sum Insured
33	Bariatric Surgery	Forming part of Sum Insured	Forming part of Sum Insured	Forming part of Sum Insured
34	Rehabilitation and Pain Management	Not Applicable	Forming part of Sum Insured	Forming part of Sum Insured
35	Hospice Care	Not Applicable	Not Applicable	Forming part of Sum Insured
36	Personal Accident	Not Applicable	Optional Cover: In addition to Sum Insured	Optional Cover: In addition to Sum Insured
37	Hospital Cash	Not Applicable	Optional Cover: In addition to Sum Insured	Optional Cover: In addition to Sum Insured
38	PED buy back	Not Applicable	Not Applicable	Optional Cover: Forming part of Sum Insured
39	Option to choose Aggregate Deductible	Not Applicable	Not Applicable	Not Applicable
40	Per Claim Deductible	Not Applicable	Not Applicable	Not Applicable
41	Room rent Enhancement	Not Applicable	Optional Cover: Forming part of Sum Insured	Optional Cover: Forming part of Sum Insured
42	Insta Care cover from 31st day	Not Applicable	Not Applicable	Optional Cover: Forming part of Sum Insured

IV. EXCLUSIONS

Standard Exclusions

1. **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.

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 extant 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 as per the table given below for any pre-existing disease is subject to the same being declared at the time of application and accepted by 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

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 first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

Waiting Period for Specified disease/procedure – Code Excl 02			
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 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, 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 transplants and related surgeries.
14. Congenital Internal disease / defect - [except for Unborn Coverage (16) and Newborn Coverage (18)].

Note: Waiting period for the following benefits are as follows

a. **Delivery Expenses Cover(Applicable only for Signature Plan):** Both self and spouse are covered under this policy for a period of 2 years continuously without break either under Individual or floater sum insured (or) if insured women alone 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(Applicable for Premier, Elite and Signature Plan):** 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 (Applicable for Premier, Elite and Signature Plan):** 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 (Applicable for Premier, Elite and Signature Plan):** 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. **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 Coverage 31) 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 (except to the extent covered under Coverage 30)– 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**

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 (Except to the extent covered under Coverage 16) – 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 Excl 18 (Except to the extent covered under Coverage 18)**

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

A. 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**
28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. - **Code- Excl 29**
29. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons) -**Code- Excl 31**
30. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. -**Code- Excl 35**
31. Any hospitalisation which are not medically necessary / does not warrant hospitalisation-**Code-Excl 36**
32. Other Excluded Expenses as detailed in the website www.galaxyhealth.com (**Except to the extent covered under Coverage 29 and 40) - Code Excl 37.**
33. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under permanent exclusion (based on insured's consent), for specified ICD codes -**Code- Excl 38**

B. Specific Exclusions – Accidental Death and Permanent Total Disablement (Optional cover applicable only for Elite and Signature Plan)

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any injuries/conditions which are Pre-existing conditions.
3. Any claim arising out of Accidents that the Insured Person has caused.
   i. intentionally or
   ii. by committing a crime / involved in it or
   iii. as a result of / in a state of drunkenness or addiction (drugs, alcohol)
4. 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.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
6. 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.
7. 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
8. 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.
9. Participation in Hazardous Sport / Hazardous Activities.
10. Persons who are physically challenge unless specifically agreed and endorsed in the policy.
11. 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.
12. 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.
13. 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.

14. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

15. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defence or to save human life.

V. 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).

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 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 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. **For Accidental Death Claims:**

i. Claim Intimation
ii. Claim Form duly filled and signed
iii. Death Certificate
iv. Death Summary
v. Post-mortem Certificate, if conducted
vi. First Information Report (FIR) / Spot Panchanama / Inquest Panchanama (wherever applicable)
vii. Police Investigation report (wherever applicable)
viii. Viscera Sample Report (wherever applicable)
ix. Forensic Science Laboratory report (wherever applicable)
x. Legal Heir Certificate (in case nomination has not been filled by deceased)
xi. Succession Certificate (wherever applicable)

F. For Permanent Total Disablement Claims:

i. Claim Intimation
ii. Claim Form duly filled and signed
iii. Police Investigation report (wherever applicable)
iv. Photograph of the Insured with reflecting disablement
v. Medical Certificate from treating doctor
vi. Investigation reports
vii. First Information Report (FIR)/Spot Panchanama/Inquest Panchanama (wherever applicable)
viii. Certificate from Government doctor confirming the disability and its percentage
ix. Leave certificate from the employer
x. Treatment Papers.

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. **Provision for Penal Interest**

i) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

ii) ln the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. ln such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv) ln case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim

v) "Bank rate" shall mean the rate fixed by the Reserve Bank of lndia (RBI) at the beginning of the financial year in which claim has fallen due.

4. **Complete Discharge:** Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. **Claims in respect of multiple Policies held by policyholders:**

a) Indemnity Policies:

A policyholder can file for claim settlement as per his/her choice under any policy. The Insurer of that chosen policy shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder.

b) Benefit based Policies:

On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

6. **Fraud:** lf any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true.

b) the active concealment of a fact by the insured person having knowledge or belief of the fact.

c) any other act fitted to deceive and

d) any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. **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: Not with standing 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.

iii. Incase of long term policies the refund will be given after adjusting the long term discount/instalment loading availed by the insured/ policyholder.

8. **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.

9. **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.

10. **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.

11. **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.

12. **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.

13. **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Annually or Half Yearly or Quarterly or Monthly or two or four or twelve instalments as mentioned in the policy 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/annual/2/4/12 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.

14. **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.

15. **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 thirty 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.

16. **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/

17. **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

18. 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.

19. All claims under this policy shall be payable in Indian currency.

20. The premium under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a conditions precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

21. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalisation when and as often as the same may reasonably be required on behalf of the Company at Company's cost.

22. **Notice and Communication:** Any notice, direction or instruction given under this Policy by the policy holder / claimant shall be in writing and delivered by hand, post or / email to Galaxy Health Insurance Company Limited, "Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035. Toll Free No.18002030007, E-Mail: support@galaxyhealth.com

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery or e-mail.

23. **Territorial Limit:** All investigations/treatments under this policy shall have to be taken in India.

24. **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, Limit of Coverage and plus *Automatic restoration Sum Insured.

Note: Applicable for Elite plan.

25. **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.

26. **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.**

27. **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.

28. **Important Note**

a) Where the policy is issued for more than 1st year, the Sum Insured including sublimits, automatic restoration benefit (if applicable) is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3rd years cannot be utilized in the 1st year itself. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year

b) Where the policy is issued on floater basis, The Sum Insured, cumulative bonus and other related benefits floats amongst the insured members.

c) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws.

d) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.

e) The attention of the policy holder is drawn to the company website www.galaxyhealth.com for anti-fraud policy of the company for necessary compliance by all stake holders.

29. **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.

30. **Midterm Inclusion :** Midterm inclusion of Newly Married Spouse, legally adopted child and New Born baby is Permissible on payment of proportionate premium subject to the following:

i. The cover for newborn commences from 16th day of its birth.

ii. Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married spouse, new born baby, legally adopted child.

iii. Such midterm inclusion will be subject to underwriter's approval.

List of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 ● Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 ● Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL: Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR: Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455/2596003 ● Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH: Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 ● Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 ● Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI : Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504/46013992 ● Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 ● Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD: Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Fax: 040 - 23376599 ● Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 ● Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM: Insurance Ombudsman, Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 ● Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 ● Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW: Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	**Districts of Uttar Pradesh :** Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow,Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gor khpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

Office Details	Jurisdiction of Office Union Territory, District
MUMBAI: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 ● Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA : Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 ● Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 ● Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 ● Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE : Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane - 400604. ● Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.
For the details of Insurance Ombudsman, please visit: https://cioins.co.in/Complaint/Online	

List I — Items
This cover is available only in Signature plan as inbuilt. However, as optional cover under Elite plan.)

S.No.	ITEM	S.No.	ITEM
1	BABY FOOD	26	BIRTH CERTIFICATE
2	BABY UTILITIES CHARGES	27	CERTIFICATE CHARGES
3	BEAUTY SERVICES	28	COURIER CHARGES
4	BELTS/ BRACES	29	CONVEYANCE CHARGES
5	BUDS	30	MEDICAL CERTIFICATE
6	COLD PACK/HOT PACK	31	MEDICAL RECORDS
7	CARRY BAGS	32	PHOTOCOPIES CHARGES
8	EMAIL / INTERNET CHARGES	33	MORTUARY CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	34	WALKING AIDS CHARGES
10	LEGGINGS	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
11	LAUNDRY CHARGES	36	SPACER
12	MINERAL WATER	37	SPIROMETRE
13	SANITARY PAD	38	NEBULIZER KIT
14	TELEPHONE CHARGES	39	STEAM INHALER
15	GUEST SERVICES	40	ARMSLING
16	CREPE BANDAGE	41	THERMOMETER
17	DIAPER OF ANY TYPE	42	CERVICAL COLLAR
18	EYELET COLLAR	43	SPLINT
19	SLINGS	44	DIABETIC FOOT WEAR
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
22	TELEVISION CHARGES	47	LUMBO SACRAL BELT
23	SURCHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
24	ATTENDANT CHARGES	49	AMBULANCE COLLAR
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	50	AMBULANCE EQUIPMENT
		51	ABDOMINAL BINDER
		52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES

List I — Items This cover is available only in Signature plan as inbuilt. However, as optional cover under Elite plan.)			
S.No.	ITEM	S.No.	ITEM
53	SUGAR FREE TABLETS	60	MASK
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical) pharmaceuticals	61	OUNCE GLASS
55	ECG ELECTRODES	62	OXYGEN MASK
56	GLOVES	63	PELVIC TRACTION BELT
57	NEBULISATION KIT	64	PAN CAN
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	65	TROLLY COVER
59	KIDNEY TRAY	66	UROMETER, URINE JUG
		67	AMBULANCE
		68	VASOFIX SAFETY

List II — Items that are to be subsumed into Room Charges			
S.No.	ITEM	S.No.	ITEM
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	20	LUXURY TAX
2	HAND WASH	21	HVAC
3	SHOE COVER	22	HOUSE KEEPING CHARGES
4	CAPS	23	AIR CONDITIONER CHARGES
5	CRADLE CHARGES	24	IM IV INJECTION CHARGES
6	COMB	25	CLEAN SHEET
7	EAU-DE-COLOGNE / ROOM FRESHNERS	26	BLANKET/WARMER BLANKET
8	FOOT COVER	27	ADMISSION KIT
9	GOWN	28	DIABETIC CHART CHARGES
10	SLIPPERS	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
11	TISSUE PAPER	30	DISCHARGE PROCEDURE CHARGES
12	TOOTHPASTE	31	DAILY CHART CHARGES
13	TOOTHBRUSH	32	ENTRANCE PASS / VISITORS PASS CHARGES
14	BED PAN	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
15	FACE MASK	34	FILE OPENING CHARGES
16	FLEXI MASK	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
17	HAND HOLDER	36	PATIENT IDENTIFICATION BAND / NAME TAG
18	SPUTUM CUP	37	PULSEOXYMETER CHARGES
19	DISINFECTANT LOTIONS		

List III — Items that are to be subsumed into Procedure Charges			
S.No.	ITEM	S.No.	ITEM
1	HAIR REMOVAL CREAM	12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
2	DISPOSABLES RAZORS CHARGES (for site preparations)	13	SURGICAL DRILL
3	EYE PAD	14	EYE KIT
4	EYE SHEILD	15	EYE DRAPE
5	CAMERA COVER	16	X-RAY FILM
6	DVD, CD CHARGES	17	BOYLES APPARATUS CHARGES
7	GAUSE SOFT	18	COTTON
8	GAUZE	19	COTTON BANDAGE
9	WARD AND THEATRE BOOKING CHARGES	20	SURGICAL TAPE
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	21	APRON
11	MICROSCOPE COVER	22	TORNIQUET
		23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment			
S.No.	ITEM	S.No.	ITEM
1	ADMISSION/REGISTRATION CHARGES	10	HIV KIT
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
5	BIPAP MACHINE	14	VACCINATION CHARGES
6	CPAP/ CAPD EQUIPMENTS	15	ALCOHOL SWABES
7	INFUSION PUMP— COST	16	SCRUB SOLUTION/STERILLIUM
8	HYDROGEN PEROXIDE\SPIRIT/ DISINFECTANTS ETC	17	GLUCOMETER & STRIPS
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	18	URINE BAG

Schedule of Benefits – Premier Plan

S. No.	Sum Insured (Rs.) (in Lakhs)	3	4	5	7.5	10	15	20	25
1	Room, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home as per the limits	1% of Sum Insured	1% of Sum Insured	1% of Sum Insured maximum up to Rs.7,500	1% of Sum Insured maximum up to Rs.7,500	1% of Sum Insured maximum up to Rs.7,500	Maximum up to Rs.10,000	Maximum up to Rs.10,000	Maximum up to Rs.10,000
2	Pre & Post Hospitalisation	30 days & 60 days	30 days & 60 days	30 days & 60 days	30 days & 60 days	30 days & 60 days	30 days & 60 days	30 days & 60 days	30 days & 60 days
3	Road Ambulance	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year	Covered up to Rs.2,500/- per hospitalisation, Rs.5,000/- per policy year
4	Day Care Procedures	All day care procedures are covered.	All day care procedures are covered.	All day care procedures are covered.	All day care procedures are covered.	All day care procedures are covered.	All day care procedures are covered.	All day care procedures are covered.	All day care procedures are covered.
5	Cataract	25,000	25,000	35,000	50,000	50,000	50,000	50,000	50,000
6.A	Cumulative Bonus	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%	25% of sum insured after completion of first claim free year,10% of sum insured for every claim free year subject to maximum of 100%
					or				
6.B	No Claim Discount	4%	4%	2%	2%	1%	1%	1%	1%
7	Gala Fit - Pro Active Care (Wellness Discount)	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%
8	Health Check-Up	Individual: Rs. 750/- Floater: Rs. 1,500/-	Individual: Rs. 750/- Floater: Rs.1,500/-	Individual: Rs. 750/- Floater: Rs.1,500/-	Individual: Rs. 1,500/- Floater: Rs.2,500/-	Individual: Rs. 1,500/- Floater:Rs.2,500/-	Individual: Rs. 1,500/- Floater:Rs.2,500/-	Individual: Rs. 1,500/- Floater:Rs.2,500/-	Individual: Rs. 1,500/- Floater:Rs.2,500/-
9	Second Medical Opinion	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
10	AYUSH	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals
11	Domiciliary Hospitalisation	Covered up to the Sum Insured	Covered up to the Sum Insured	Covered up to the Sum Insured	Covered up to the Sum Insured	Covered up to the Sum Insured	Covered up to the Sum Insured	Covered up to the Sum Insured	Covered up to the Sum Insured
12	Modern Treatments	Sub-limits applicable	Sub-limits applicable	Sub-limits applicable	Sub-limits applicable	Sub-limits applicable	Sub-limits applicable	Sub-limits applicable	Sub-limits applicable
13	Bariatric Surgery	Rs.2 Lakhs	Rs.2 Lakhs	Rs.2 Lakhs	Rs.2 Lakhs	Rs.2 Lakhs	Rs.2 Lakhs	Rs.3 Lakhs	Rs.3 Lakhs
14	Organ Transplantation	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient
15	Newborn Baby Cover	10% of Sum Insured or max up to Rs.50,000/- whichever is lower	10% of Sum Insured or max up to Rs.50,000/- whichever is lower	10% of Sum Insured or max up to Rs.50,000/- whichever is lower	10% of Sum Insured or max up to Rs.50,000/- whichever is lower	10% of Sum Insured or max up to Rs.50,000/- whichever is lower	10% of Sum Insured or max up to Rs.50,000/- whichever is lower	10% of Sum Insured or max up to Rs.50,000/- whichever is lower	10% of Sum Insured or max up to Rs.50,000/- whichever is lower

Schedule of Benefits – Elite Plan

S. No.	Sum Insured (Rs.) (in Lakhs)	5	7.5	10	15	20	25	50
1	Room, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home as per the limits	Up to Deluxe room	Up to Deluxe room	Up to Deluxe room	Up to Deluxe room	Up to Deluxe room	Any room	Any room
2	Pre & Post Hospitalisation	60 days & 90 days	60 days & 90 days	60 days & 90 days	60 days & 90 days	60 days & 90 days	60 days & 90 days	60 days & 90 days
3	Road Ambulance:	Covered up to Rs.5,000/- per hospitalisation. Maximum Rs.10,000/- per policy year	Covered up to Rs.5,000/- per hospitalisation. Maximum Rs.10,000/- per policy year	Covered up to Rs.5,000/- per hospitalisation. Maximum Rs.10,000/- per policy year	Covered up to Rs.5,000/- per hospitalisation. Maximum Rs.10,000/- per policy year	Covered up to Rs.5,000/- per hospitalisation. Maximum Rs.10,000/- per policy year	Covered up to Rs.5,000/- per hospitalisation. Maximum Rs.10,000/- per policy year	Covered up to Rs.5,000/- per hospitalisation. Maximum Rs.10,000/- per policy year
4	Air Ambulance	10% of the Sum Insured during the entire policy year maximum Rs.2.5 Lakhs	10% of the Sum Insured during the entire policy year maximum Rs.2.5 Lakhs	10% of the Sum Insured during the entire policy year maximum Rs.2.5 Lakhs	10% of the Sum Insured during the entire policy year maximum Rs.2.5 Lakhs	10% of the Sum Insured during the entire policy year maximum Rs.2.5 Lakhs	10% of the Sum Insured during the entire policy year maximum Rs.2.5 Lakhs	10% of the Sum Insured during the entire policy year maximum Rs.2.5 Lakhs
5	Day Care Procedures	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered
6	Cataract	Up to 60,000/-	Up to 75,000/-	Up to 75,000/-	Up to 75,000/-	Up to 75,000/-	Up to 75,000/-	Up to 75,000/-
7.A	Cumulative Bonus	50% of SI after completion of first claim free year,25% of Sum insured for every claim free year subject to a maximum of 150%	50% of SI after completion of first claim free year,25% of Sum insured for every claim free year subject to a maximum of 150%	50% of SI after completion of first claim free year,25% of Sum insured for every claim free year subject to a maximum of 150%	50% of SI after completion of first claim free year,25% of Sum insured for every claim free year subject to a maximum of 150%	50% of SI after completion of first claim free year,25% of Sum insured for every claim free year subject to a maximum of 150%	50% of SI after completion of first claim free year,25% of Sum insured for every claim free year subject to a maximum of 150%	50% of SI after completion of first claim free year,25% of Sum insured for every claim free year subject to a maximum of 150%
				or				
7.B	No Claim Discount	3%	3%	1%	1%	1%	1%	1%
8	Gala Fit - Pro Active Care (Wellness Discount)	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%
9	Automatic Restoration of Sum Insured	100% of Sum Insured. Applicable for different illness once in a policy year	100% of Sum Insured. Applicable for different illness once in a policy year	100% of Sum Insured. Applicable for different illness once in a policy year	100% of Sum Insured. Applicable for different illness once in a policy year	100% of Sum Insured. Applicable for different illness once in a policy year	100% of Sum Insured. Applicable for different illness once in a policy year	100% of Sum Insured. Applicable for different illness once in a policy year
10	Health check-up	Individual: Rs.1,500/- Floater: Rs.2,500/-	Individual: Rs.2,000/- Floater: Rs.5,000/-	Individual: Rs.2,000/- Floater: Rs.5,000/-	Individual: Rs.4,000/- Floater: Rs.8,000/-	Individual: Rs.5,000/- Floater: Rs.10,000/-	Individual: Rs.5,000/- Floater: Rs.10,000/-	Individual: Rs.5,000/- Floater: Rs.10,000/-
11	Second Medical Opinion	Covered	Covered	Covered	Covered	Covered	Covered	Covered
12	AYUSH	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals
13	Domiciliary Hospitalisation	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured
14	Modern Treatments	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured
15	Bariatric Surgery	Rs.2.5 Lakhs	Rs.2.5 Lakhs	Rs.2.5 Lakhs	Rs.2.5 Lakhs	Rs.5 Lakhs	Rs.5 Lakhs	Rs.5 Lakhs
16	Organ Transplantation	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient
17	Newborn Baby Cover	10% of Sum Insured or max up to Rs.1 Lakh, whichever is lower	10% of Sum Insured or max up to Rs.1 Lakh, whichever is lower	10% of Sum Insured or max up to Rs.1 Lakh, whichever is lower	10% of Sum Insured or max up to Rs.1 Lakh, whichever is lower	10% of Sum Insured or max up to Rs.1 Lakh, whichever is lower	10% of Sum Insured or max up to Rs.1 Lakh, whichever is lower	10% of Sum Insured or max up to Rs.1 Lakh, whichever is lower
18	Compassionate Travel	Up to Rs. 10,000/-	Up to Rs. 10,000/-	Up to Rs. 10,000/-	Up to Rs. 10,000/-	Up to Rs. 10,000/-	Up to Rs. 10,000/-	Up to Rs. 10,000/-
19	Rehabilitation and Pain Management	Covered up to Rs. 25,000/- per policy year	Covered up to Rs. 25,000/- per policy year	Covered up to Rs. 25,000/- per policy year	Covered up to Rs. 25,000/- per policy year	Covered up to Rs. 25,000/- per policy year	Covered up to Rs. 25,000/- per policy year	Covered up to Rs. 25,000/- per policy year
20	Repatriation of Mortal Remains	Up to Rs.15,000/- Per Policy Year	Up to Rs.15,000/- Per Policy Year	Up to Rs.15,000/- Per Policy Year	Up to Rs.15,000/- Per Policy Year	Up to Rs.15,000/- Per Policy Year	Up to Rs.15,000/- Per Policy Year	Up to Rs.15,000/- Per Policy Year
21	Treatment in Valuable service provider's network	1% of Sum Insured max of Rs.5,000/- per policy Period	1% of Sum Insured max of Rs.5,000/- per policy Period	1% of Sum Insured max of Rs.5,000/- per policy Period	1% of Sum Insured max of Rs.5,000/- per policy Period	1% of Sum Insured max of Rs.5,000/- per policy Period	1% of Sum Insured max of Rs.5,000/- per policy Period	1% of Sum Insured max of Rs.5,000/- per policy Period

Schedule of Benefits – Optional Covers Applicable for Elite Plan

S. No.	Sum Insured (Rs.) (in Lakhs)	5	7.5	10	15	20	25	50
1	Room Rent Enhancement	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room
2	Consumables	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
3	Hospital Cash (Per Day)	Rs. 1000/-	Rs. 1500/-	Rs. 1500/-	Rs. 2000/-	Rs. 2000/-	Rs. 2500/-	Rs. 3000/-
4.A (or)	Option to Choose Aggregate Deductible	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 13%, Deductible Rs.50,000/- Discount 25%, Deductible Rs. 1 Lakh - 40% Discount	Deductible Rs.25,000/- Discount 13%, Deductible Rs.50,000/- Discount 25%, Deductible Rs. 1 Lakh - 40% Discount
4.B	Per Claim Deductible	Rs. 5,000 : 7.5% Discount Rs.10,000 : 15% Discount	Rs. 5,000 : 7.5% Discount Rs.10,000 : 15% Discount	Rs. 5,000 : 7.5% Discount Rs.10,000 : 15% Discount	Rs. 5,000 : 7.5% Discount Rs.10,000 : 15% Discount	Rs. 5,000 : 7.5% Discount Rs.10,000 : 15% Discount	Rs. 5,000 : 7.5% Discount Rs.10,000 : 15% Discount	Rs. 5,000 : 7.5% Discount Rs.10,000 : 15% Discount
5	Premium Promise	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier
6	Personal Accident	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement

Schedule of Benefits - Signature Plan

S. No.	Sum Insured (Rs.) (in Lakhs)	5	7.5	10	15	20	25	50	100
1	Room, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home as per the limits	Up to deluxe room	Up to deluxe room	Up to deluxe room	Up to deluxe room	Up to deluxe room	Any room	Any room	Any room
2	Pre & Post Hospitalisation	90 days & 180 days	90 days & 180 days	90 days & 180 days	90 days & 180 days	90 days & 180 days	90 days & 180 days	90 days & 180 days	90 days & 180 days
3	Road Ambulance	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals
4	Air Ambulance	10% of the Sum Insured during the entire policy year	10% of the Sum Insured during the entire policy year	10% of the Sum Insured during the entire policy year	10% of the Sum Insured during the entire policy year	10% of the Sum Insured during the entire policy year	10% of the Sum Insured during the entire policy year	10% of the Sum Insured during the entire policy year	10% of the Sum Insured during the entire policy year
5	Day Care Procedures	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered	All day care procedures are covered
6	Cataract	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals
7.A (or)	Cumulative Bonus	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.	100% of SI after completion of first claim free year, 25% of Sum insured for next every claim free year subject to maximum of 500%.
7.B	No Claim Discount	4%	4%	2%	2%	2%	2%	2%	2%
8	Gala Fit - Pro Active Care (Wellness Discount)	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%	Premium discount available up to 20%

Schedule of Benefits - Signature Plan

S. No.	Sum Insured (Rs.) (in Lakhs)	5	7.5	10	15	20	25	50	100
9	Automatic Restoration of Sum Insured:	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)	Unlimited Sum Insured, can be used for all subsequent claims (Applicable for same disease/different disease also)
10	Health Check-up	Individual: Rs.1500 Floater:Rs.2500	Individual: Rs.2000 Floater:Rs.5000	Individual: Rs.2000 Floater:Rs.5000	Individual: Rs.4000 Floater:Rs.8000	Individual: Rs.5000 Floater: Rs.10000	Individual: Rs.5000 Floater: Rs.10000	Individual: Rs.5000 Floater: Rs.10000	Individual: Rs.8000 Floater: Rs.15000
11	Second Medical Opinion	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
12	AYUSH	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals
13	Domiciliary Hospitalisation	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured
14	Modern Treatments	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured
15	Bariatric Surgery	Rs.3 Lakhs	Rs.3 Lakhs	Rs.3 Lakhs	Rs.3 Lakhs	Rs.6 Lakhs	Rs.6 Lakhs	Rs.6 Lakhs	Rs.6 Lakhs
16	Organ Transplantation	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient	**For Insured:** Covered (Actuals) if insured is recipient
17	Organ Donor Expenses	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission	**For Insured:** Covered (Actuals) if insured donates organ **For Donor:** Additional SI up to Basic SI for the Complica-tions (if any) that necessitate a Redo Surgery/ ICU admission
18	Treatment for sleep disorders: Sleep study test - Polysomnography	Rs.10,000/-	Rs.10,000/-	Rs.15,000/-	Rs.15,000/-	Rs.15,000/-	Rs.15,000/-	Rs.25,000/-	Rs.25,000/-
19	Assisted Reproduction Treatment:	Max up to Rs.1 Lakh	Max up to Rs.2 Lakhs	Max up to Rs.2 Lakhs	Max up to Rs.2 Lakhs	Max up to Rs.2 Lakhs	Max up to Rs.2 Lakhs	Max up to Rs.5 Lakhs	Max up to Rs.5 Lakhs
20	Surrogacy	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits	In-patient hospitalisation expenses for post-partum delivery complications for a period for 36 months up to Assisted Reproduction Treatment limits
21	Oocyte Donor	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months	Company will indemnify the complications arising out of Assisted Reproductive procedure for 12 months
22	In Utero Fetal Surgery / Intervention	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured	Covered up to Sum Insured
23	Delivery Expenses	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)	10% of Sum Insured or up to Maximum of Rs.2 Lakh, whichever is lower (including C-sec & Normal delivery)

Schedule of Benefits - Signature Plan

S. No.	Sum Insured (Rs.) (in Lakhs)	5	7.5	10	15	20	25	50	100
24	New Born Baby Cover	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.2.5 Lakhs, whichever is lower.	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.2.5 Lakhs, whichever is lower.	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.2.5 Lakhs, whichever is lower.	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.2.5 Lakhs, whichever is lower.	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.2.5 Lakhs, whichever is lower.	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.2.5 Lakhs, whichever is lower.	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.5 Lakhs, whichever is lower.	Insured women must be in this policy for 1 year: 10% of Sum Insured or Max up to Rs.5 Lakhs, whichever is lower.
25	Home care treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment	Upto 10% of Sum Insured, maximum of Rs.5 Lakhs in a policy year including Multi-drug resistance TB treatment
26	Treatment for Chronic Severe Refractory Asthma	10% of sum insured maximum up to Rs.5 Lakhs per policy period	10% of sum insured maximum up to Rs.5 Lakhs per policy period	10% of sum insured maximum up to Rs.5 Lakhs per policy period	10% of sum insured maximum up to Rs.5 Lakhs per policy period	10% of sum insured maximum up to Rs.5 Lakhs per policy period	10% of sum insured maximum up to Rs.5 Lakhs per policy period	10% of sum insured maximum up to Rs.5 Lakhs per policy period	10% of sum insured maximum up to Rs.5 Lakhs per policy period
27	Emergency Domestic Medical Evacuation	Rs. 7,500/-	Rs. 7,500/-	Rs. 7,500/-	Rs. 7,500/-	Rs. 10,000/-	Rs. 10,000/-	Rs. 10,000/-	Rs. 10,000/-
28	Compassionate Travel	Up to Rs. 25,000/-	Up to Rs. 25,000/-	Up to Rs. 25,000/-	Up to Rs. 25,000/-	Up to Rs. 25,000/-	Up to Rs. 25,000/-	Up to Rs. 25,000/-	Up to Rs. 25,000/-
29	Rehabilitation and Pain Management	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year	Sub-limit (or) maximum up to 20% of the sum insured whichever is less, per policy year
30	Hospice Care	10% of the sum insured maximum up to Rs.5 Lakhs	10% of the sum insured maximum up to Rs.5 Lakhs	10% of the sum insured maximum up to Rs.5 Lakhs	10% of the sum insured maximum up to Rs.5 Lakhs	10% of the sum insured maximum up to Rs.5 Lakhs	10% of the sum insured maximum up to Rs.5 Lakhs	10% of the sum insured maximum up to Rs.5 Lakhs	10% of the sum insured maximum up to Rs.5 Lakhs
31	Repatriation of Mortal Remains	Up to Rs.25,000/- Per Policy Year	Up to Rs.25,000/- Per Policy Year	Up to Rs.25,000/- Per Policy Year	Up to Rs.25,000/- Per Policy Year	Up to Rs.25,000/- Per Policy Year	Up to Rs.25,000/- Per Policy Year	Up to Rs.25,000/- Per Policy Year	Up to Rs.25,000/- Per Policy Year
32	Treatment in Valuable service provider's network	1% of Sum Insured max of Rs.5000/- per policy Period	1% of Sum Insured max of Rs.5000/- per policy Period	1% of Sum Insured max of Rs.5000/- per policy Period	1% of Sum Insured max of Rs.5000/- per policy Period	1% of Sum Insured max of Rs.5000/- per policy Period	1% of Sum Insured max of Rs.5000/- per policy Period	1% of Sum Insured max of Rs.5000/- per policy Period	1% of Sum Insured max of Rs.5000/- per policy Period
33	Consumables	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
34	Premium Promise	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier	Premium remains same until claims made or Up to 55 years whichever is earlier

Schedule of Benefits – Optional Covers Applicable for Signature Plan

S. No.	Sum Insured (Rs.) (in Lakhs)	5	7.5	10	15	20	25	50	100
1	Insta Care Cover	Asthma, Blood Pressure & Cholesterol covered from 31st day	Asthma, Blood Pressure & Cholesterol covered from 31st day	Asthma, Blood Pressure & Cholesterol covered from 31st day	Asthma, Blood Pressure & Cholesterol covered from 31st day	Asthma, Blood Pressure & Cholesterol covered from 31st day	Asthma, Blood Pressure & Cholesterol covered from 31st day	Asthma, Blood Pressure & Cholesterol covered from 31st day	Asthma, Blood Pressure & Cholesterol covered from 31st day
2	PED Buy Back	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24	Reduce PED waiting period from 36 months to 12 months (or) Reduce PED waiting period from 36 months to 24
3	Room Rent Enhancement	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room	Insured has an option to modify the room rent eligibility to any room
4	Hospital Cash (Per Day)	Rs.1,000/-	Rs.1,500/-	Rs.1,500/-	Rs.2,000/-	Rs.2,000/-	Rs.2,500/-	Rs.3,000/-	Rs.3,000/-
5A	Option to Choose Aggregate Deductible	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 18%, Deductible Rs.50,000/- Discount 35%, Deductible Rs. 1 Lakh - 45% Discount	Deductible Rs.25,000/- Discount 13%, Deductible Rs.50,000/- Discount 25%, Deductible Rs. 1 Lakh -40% Discount	Deductible Rs.25,000/- Discount 13%, Deductible Rs.50,000/- Discount 25%, Deductible Rs. 1 Lakh -40% Discount	Deductible Rs.25,000/- Discount 13%, Deductible Rs.50,000/- Discount 25%, Deductible Rs. 1 Lakh -40% Discount
					or				
5B	Per Claim Deductible	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount	Rs.5,000: 7.5% Discount Rs.10,000: 15% Discount
6	Personal Accident	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement	Cover for Accidental Death and Permanent Total Disablement

GALAXY HEALTH INSURANCE COMPANY LIMITED

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