

Galaxy Top-Up

Unique Identification Number: GHIHLIP25039V012425
CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

S. No	Title	Descriptions (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Galaxy Top-Up Unique Identification Number: GHIHLIP25039V012425	-
2	Policy Number	Please refer to the policy schedule attached to this document.	-
3	Type of Insurance Product / Policy	Indemnity	-
4	Sum Insured (Basis) (Along with amount)	Please refer to the policy schedule attached to this document.	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of: In-patient Treatment: Admission in Hospital beyond 24 hours	III (1)
		Road Ambulance: Expenses incurred towards road ambulance Upto Rs.3,000/- per hospitalisation is payable, subject to the following conditions, provided there is an admissible hospitalisation claim.	III (2)
		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 Upto 10% of sum insured per year.	III (3)
		Pre- Hospitalisation Expenses: Medical expenses incurred upto 60 days immediately before the insured person is hospitalised.	III (4)
		Post-Hospitalisation Expenses: Medical expenses incurred upto 90 days immediately after the Insured Person is discharge from the hospital	III (5)
		Day Care Procedures/Treatment: All day care Procedures/Treatment are covered upto sum insured.	III (6)
		Delivery Expenses: Expenses for a Delivery including Normal Delivery or Caesarean section (Pre-natal and Postnatal expenses are also covered) up to 10% of Sum Insured or up to Maximum of Rs.50,000, whichever is less.	III (7)
		AYUSH Treatment: Medical expenses for Inpatient Hospitalisation incurred on treatment under Ayurveda, Yoga, Naturopathy, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured. Note: Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the Company.	III (8)
		Modern Treatment: Covered either as In-patient Care or as part of Day Care up to the sum insured.	III (9)
		Nanotechnology: The company will cover medical expenses incurred towards the hospitalisation of the insured person for surgical procedures or treatments involving	III (10)

		nanotechnology, upto 25% of sum insured.	
		Bariatric Surgery: Expenses incurred on hospitalisation including pre-hospitalisation and post hospitalisation for bariatric surgical procedure and its complications thereof are payable up to sum insured.	III (11)
		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 up to sum insured	III (12)
		Consumables: If there is an admissible claim under inpatient or day care under this policy, items listed in List I will be payable up to the sum insured. Additionally, the company covers admission/registration charges, record charges, and insurance processing charges up to the sum insured.	III (13)
		Gala Fit - Pro Active Care (Wellness Engaging Program): This program intends to promote, incentivize and to reward the Insured Persons' healthy lifestyle through various wellness activities.	III (14)
		Optional covers: (On payment of Additional Premium)	
		Premium Promise	III (15)
		Room Rent Enhancement	III (16)
		Durable Medical Equipment/CAPD	III (17)
6	Exclusions (What the policy does not cover)	Exclusions – Standard Exclusions	
		Investigation & Evaluation – Code Excl 04	IV (4)
		Rest Cure, rehabilitation and respite care – Code Excl 05	IV (5)
		Obesity/ Weight Control (except to the extent covered under Coverage 11) – Code Excl 06	IV (6)
		Change-of-Gender treatments – Code Excl 07	IV (7)
		Cosmetic or plastic Surgery – Code Excl 08	IV (8)
		Hazardous or Adventure sports – Code Excl 09	IV (9)
		Breach of law – Code Excl 10	IV (10)
		Excluded Providers – Code Excl 11	IV (11)
		Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – Code Excl 12	IV (12)
		Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons – Code Excl 13	IV (13)
		Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure – Code Excl 14	IV (14)
		Refractive Error – Code Excl 15	IV (15)
		Unproven Treatments – Code Excl 16	IV (16)
		Sterility and Infertility – Code Excl 17	IV (17)
		Maternity – Code Excl 18 (Except to the extent covered under Coverage 7)	IV (18)
		Specific Exclusions	
		Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA – Code Excl 19	IV (19)
		Congenital External Condition / Defects / Anomalies – Code Excl 20	IV (20)
		Convalescence, general debility, run-down condition, Nutritional deficiency states – Code Excl 21	IV (21)
		Intentional self -injury – Code Excl 22	IV (22)
		Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - Code- Excl 24	IV (23)

		Injury or disease caused by or contributed to by nuclear weapons/ materials – Code Excl 25	IV (24)
		Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion – Code Excl 26	IV (25)
		Unconventional, Untested, Experimental therapies – Code Excl 27	IV (26)
		Autologous derived stromal vascular fraction, chondrocyte implantation, procedures using platelet rich plasma and Intra articular injection therapy – Code Excl 28	IV (27)
		Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. – Code Excl 29	IV (28)
		All treatment/Interventions for Erectile Dysfunctions – Code Excl 30	IV (29)
		Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) – Code Excl 31	IV (30)
		Cost of spectacles and contact lens, hearing aids, cochlear implants and procedures, walkers and crutches, wheelchairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. (Except to the extent covered under Optional cover “Durable Medical Equipment/CAPD”) - Code Excl 35	IV (31)
		Any hospitalisation which are not medically necessary / does not warrant hospitalisation– Code Excl 36	IV (32)
		Other Excluded Expenses as detailed in the website www.galaxyhealth.com Code Excl 37 (Except to the extent covered under Coverage 13)	IV (33)
		Existing disease/s, disclosed by the insured and mentioned in the policy schedule under permanent exclusion (based on insured's consent), for specified ICD codes - Code Excl 38	IV (34)
		Expenses for venereal disease or any sexually transmitted disease except HIV/AIDS	IV (35)
		Dental Treatment, Diagnostics, Dental Procedures or Surgery of any kind unless requiring Hospitalisation as a result of accidental Injury.	IV (36)
7	Waiting period	1. 30-day waiting period – Code Excl 03(Not Applicable for Accidents)	IV (3)
	Time period during which specified diseases / treatments are not covered	- 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. - This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months - The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently	
	It is counted from the beginning of the policy coverage.	2. Specified disease/procedure waiting period – Code Excl 02 - Expenses related to the treatment of the listed conditions: surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. - In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. - 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. - The waiting period for listed conditions shall apply even if contracted after the policy inception or declared and accepted without a specific exclusion.	

		E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage. F. List of specific diseases/procedures 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast. 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology. 3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident]. 4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident). 5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including diseases of liver, Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi. 6. All types of Hernia. 7. Desmoid Tumour, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula. 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases. 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies. 10. Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele. 11. Fistula, Fissure in Ano, Haemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence 12. Varicose veins and Varicose ulcers. 13. All types of transplant and related surgeries. 14. Congenital Internal disease / defect. Note: Waiting period for the following benefits are as follows a. Delivery Expenses: Both self and spouse should be covered under this policy for a minimum period of 2 years continuously without break either individual or floater sum insured (or) insured women alone should be covered under this policy for 3 years continuously without break. b. Organ Transplantation Expenses: A waiting period of 12 months from the date of the first inception of this policy with the Company for the insured person c. Bariatric Surgery: A waiting period of 12 months from the date of first inception of this policy with the Company.	IV (2)
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		1. Pre-Existing Diseases - Code- Excl 01 A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer. B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage. D. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.	IV (1)
8	Financial limits of coverage	The policy will pay only up to the limits specified here under for the following covers/diseases/procedures.	-
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	1. Road Ambulance: Covered up to Rs. 3,000/- per hospitalization	III (2)
		2. Air Ambulance: Covered up to 10% of Sum Insured per year	III (3)
		3. Delivery Expenses: Covered up to 10% of Sum Insured or up to Maximum of Rs.50,000, whichever is less.	III (7)
		4. Nanotechnology: Covered up to 25% of Sum Insured	III (10)
		5. Durable Medical Equipment / CAPD: Covered up to 10% of sum insured or maximum of Rs. 1 lakh whichever is less	III (17)
	ii. Co-payment	Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder / insured): NIL	-
	iii. Deductible	Applicable as per the limit Chosen: Rs.3/4/5/10/15/20/25 Lakhs	-
	iv. Any other limit (as applicable)	NIL	-
9	Claims/Claim s Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalisation. For Cashless Treatment: - Call the 24 hour helpline for assistance – 18002030007. Senior Citizens may call at 18002030007 - Inform the ID number for easy reference - On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk - Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. (Insurers shall also provide pre-authorization to the policyholder through Digital mode). - The Treating Doctor will complete the hospitalisation/ treatment information, and the hospital will fill up the expected cost of treatment. This form is submitted to the Company - The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. - Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either	V (2B)

		approve or reject the request based on the merits. h) In case of emergency hospitalisation information to be given within 24 hours after hospitalisation i) Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.galaxyhealth.com or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document. KYC (Identity proof with Address) of the proposer, as per AML Guidelines. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents. Note: The Company reserves the right to call for additional documents wherever required. Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.	
		For Reimbursement claims: i. TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. i. TAT for cashless final bill authorization: Within 3 hours from the time of receipt of all necessary relevant documents. The details/web link for the following: i. Network Hospital details: www.galaxyhealth.com ii. Helpline number: For assistance call 24 hours help-line / Toll Free No. / Senior Citizens may call at 18002030007 iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer: www.galaxyhealth.com iv. For Downloading/getting claim form - For Cashless (Pre-Authorization Form): Please visit our website www.galaxyhealth.com - For Reimbursement: Please visit our website www.galaxyhealth.com	V (2C)
10	Policy Servicing	Details of the Company Official: Head – Customer Care Customer Care No. / Toll Free No. / Senior Citizens: 18002030007 E-Mail: support@galaxyhelath.com	V (22)
11	Grievance/ Complaints	In case of any grievance the insured person may contact the Company through Website : www.galaxyhealth.com Toll free : 18002030007 Senior Citizens may call at 18002030007 E-mail : gro@galaxyhealth.com Ph. No. : 044 - 4001 7238 Courier : Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035. Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If the Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044 - 4001 7238 For updated details of grievance officer, kindly refer to the link https://www.galaxyhealth.com/grievance-redressal If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of insurance ombudsman of the respective area/region for redressal of grievance as per insurance ombudsman Rules 2017. For the details of insurance ombudsman, Refer Policy Wording page number 35-38.	V (16)

		Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/	
12	Things to remember	Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to 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	V (15)
		Renewal of Health Insurance policy: a) A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate. b) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years. c) An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case an increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured. d) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. e) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. f) Coverage is not available during the grace period. g) No loading shall apply on renewals based on individual claims experience	V (10)
		Migration in case of Indemnity policies: In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.	V (8)
		Portability in case of Indemnity Policies: a. A policyholder desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. Insurers are free to consider proposal for portability, but in all such cases acquiring insurer shall ensure that there is no break in policy. b. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.	V (9)
		Revision of Sum Insured: Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.	V (26)

		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments and deductibles as per the policy contract.	V (12)
13	Your Obligations	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of Information: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. Please disclose the medical history details sought in the proposal form.	V (1)

BENEFIT ILLUSTRATION (Excluding Tax)										
Benefit Illustration in respect of policies offered on individual and family floater basis (Zone A) Aggregate deductible of Rs.5 Lakh)										
Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (in lakhs) (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (in lakhs) (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount*, (if any)	Premium After Discount (Rs.)	Sum Insured (in lakhs) (Rs.)
Illustration 1 (2A)										
44	2,862	10	2,862	Nil	2,862	10	5,644	1,637	4,007	10
40	2,782	10	2,782		2,782	10				
Total Premium for all members of the family is Rs.5,644/- , when each member is covered separately. Sum insured available for each individual is Rs.10 lakhs			Total Premium for all members of the family is Rs. 5,644/- , when they are covered under a single policy. Sum insured available for each family member is Rs.10 lakhs				Total Premium when policy is opted on floater basis is Rs 4,007/- , Sum insured of Rs.10 lakhs is available for the entire family (2A)			
Illustration 2 (2A+1C)										
48	3,707	10	3,707	Nil	3,707	10	8,564	2,006	6,558	10
45	2,862	10	2,862		2,862	10				
20	1,995	10	1,995		1,995	10				
Total Premium for all members of the family is Rs.8,564/- , when each member is covered separately. Sum insured available for each individual is Rs.10 lakhs			Total Premium for all members of the family is Rs. 8,564/- , when they are covered under a single policy. Sum insured available for each family member is Rs.10 lakhs				Total Premium when policy is opted on floater basis is Rs.6,558/- , Sum insured of Rs.10 lakhs is available for the entire family (2A+1C)			
Note: Premium rates specified in the above illustration are standard premium rates without considering any optional covers										

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

i. For product related documents including the Customer Information Sheet are available on our company website: www.galaxyhealth.com

ii. In case of any conflict, the term and conditions mentioned in the policy document shall prevail.

iii. Kindly mail us at cisacknowledgement@galaxyhealth.com or call us at 044 - 40017239 to acknowledge the receipt of this document "Customer Information Sheet".