

TELE COUNSELLING

A HEALTH INSURANCE THAT KEEPS YOU HEALTHY, EVERY DAY.

INTRODUCING HEALTH ABSOLUTE



WELLNESS CONTENT





FITNESS TRACKING

GENERALI Central INSURANCE



CHOOSE A HEALTH INSURANCE THAT WORKS FOR YOU EVERY DAY.

A health insurance plan covers your physical health. But what about your every day wellness? While staying protected is important, your physical and mental wellness is even more. That's why get a health insurance that helps you stay healthy every day. Presenting Health Absolute, a comprehensive health insurance plan that covers hospitalization and also offers a wide range of benefits like annual health check-ups, consultations regarding mental health, guides towards a healthier lifestyle and also rewards for it.

WHY SHOULD YOU CHOOSE HEALTH ABSOLUTE?

- **Diagnostic & fitness tracking**
- **Physical & mental health coverage**
- **Teleconsultation & wellness content**
- **Discount on fitness & health brands**

SCHEDULE OF BENEFITS

PLANS		CLASSIC	PLATINUM	SIGNATURE
ELIGIBILITY	Sum Insured (In ₹)	3 L, 5 L, 10 L	15 L, 20 L, 25 L, 30 L, 35 L	50 L, 75 L, 1 Crore
	Minimum Entry Age	Child - 1 Day, Adult -18 years	Child - 1 Day, Adult - 18 years	Child - 1 Day, Adult - 18 years
	Maximum Entry Age	Child - 25 years, Adult - No limit	Child - 25 years, Adult - No limit	Child - 25 years, Adult - No limit
	Maximum Renewal Age	Lifelong	Lifelong	Lifelong
	Cover Type	Individual / Non-Floater / Family floater	Individual / Non-Floater / Family floater	Individual / Non-Floater / Family floater
	Family Definition	Individual / Non Floater – S + SP / LP + 3 C (Up To 25 Years) + 2 P Family Floater – Self + SP / LP + 3 C (Up To 25 Years)	Individual / Non Floater – *Extended Family Up To 15 Members #Family Floater - S + SP / LP + C + 2 P + 2 PIL	Individual / Non Floater – *Extended Family Up To 15 Members #Family Floater - S + S / LP + C + 2 P + 2 PIL
HOSPITALIZATION BENEFITS	Hospitalization Medical Expenses	Up To Sum Insured	Up To Sum Insured	Up To Sum Insured
	Day Care Treatment Expenses	Up To Sum Insured	Up To Sum Insured	Up To Sum Insured
	Pre-Hospitalization Medical Expenses	60 Days	60 Days	60 Days
	Post-Hospitalization Medical Expenses	90 Days	120 Days	180 Days
	Restoration of Sum Insured	Available	Available	Available
		Equal to 100% of the base Sum Insured excluding Cumulative Bonus, if any. Available for the particular Policy year for a second claim irrespective of the Sum Insured and Cumulative Bonus (if any) is completely or partially exhausted.		
	Maternity Expenses - Normal Delivery	3 L S.I - ₹25,000 5 L, 10 L S.I – ₹30,000	15 L S. I - ₹40,000 20 L, 25 L, 30 L, 35 L S. I – ₹ 50,000	50 L, 75 L, 1 Cr S.I – ₹1,00,000
		In case of birth of a girl child, the maternity sublimit will be enhanced by additional ₹10,000 per Policy Year, subject to maternity claim being admissible.		
	Maternity Expenses - Caesarean Delivery	3L S.I – ₹25,000 5L S.I – ₹35,000 10L S.I – ₹50,000	15 L S.I - ₹60,000 20 L, 25 L, 30L, 35L S.I - ₹1,00,000	50 L, 75 L, 1 Cr S.I – ₹2,00,000
		In case of birth of a girl child, the Maternity sublimit will be enhanced by additional ₹10,000 per Policy Year, subject to maternity claim being admissible.		
	Pre-Natal Hospitalization (Within Maternity Limits)	30 Days	60 Days	90 Days
	Post-Natal Hospitalization (Within Maternity Limits)	45 Days	45 Days	45 Days

PLANS		CLASSIC	PLATINUM	SIGNATURE
HOSPITALIZATION BENEFITS	New Born Baby Expenses	Not Applicable	Automatic Cover Within Mother's / Floater Sum Insured Up To Expiry Date Of Policy Year	Automatic Cover Within Mother's / Floater Sum Insured Up To Expiry Date Of Policy Year
	Newborn Baby Expenses: Reasonable Vaccination Benefits	Not Applicable	Maximum ₹5,000, Up To 1 Year Of Age	Maximum ₹10,000, Up To 1 Year Of Age
	Infertility Expenses (Over And Above Maternity Limit) - Covered After Waiting Period Of 3 Years	Not Applicable	Maximum Up To ₹50,000 Per Policy Year Lifetime Indemnity Limit Of ₹1,00,000	Maximum Up To ₹1,00,000 Per Policy Year Lifetime Indemnity Limit Of ₹2,00,000
	Organ Donor Expenses	Up To Sum Insured	Up To Sum Insured	Up To Sum Insured
	Patient Care (Above 60 Years) - Per Day Benefit	Maximum Up To ₹350/Day	Maximum Up To ₹500/Day	Maximum Up To ₹1,000/Day
		Limited To 10 Days Per Hospitalization And 30 Days Per Policy Year.		
	Accompanying Person (Up To 12 Years)	₹500/Day; Maximum Of 30 Days	₹750/Day; Maximum Of 30 Days	₹1,000/Day; Maximum Of 30 Days
	Accidental Hospitalization	Covered	Covered	Covered
		In Case Of Accidental Hospitalization Increase In - 25% Of Available Balance Sum Insured, Subject To Maximum Of ₹10 Lakh		
	Home Health Care Expenses	Covered	Covered	Covered
		Maximum Up To 20% Of Sum Insured		
	Alternative Treatments	Covered On Reimbursement Basis Only	Covered On Reimbursement Basis Only	Covered On Reimbursement Basis Only
	Modern Treatment Method and Advancement in Technologies	Up To Sum Insured	Up To Sum Insured	Up To Sum Insured



PLANS	CLASSIC	PLATINUM	SIGNATURE
MEDICAL TREATMENT ABROAD	Not Applicable	Not Applicable	Covered After Waiting Period 3 Years
ROAD AMBULANCE CHARGES (REIMBURSEMENT UP TO A MAXIMUM OF ₹)	₹1,500 Per Hospitalization	₹2,000 Per Hospitalization	₹5,000 Per Hospitalization
EMERGENCY MEDICAL EVACUATION (REIMBURSEMENT – MAXIMUM UP TO 5% OF SUM INSURED))	Not Applicable	Covered	Covered
E-OPINION FOR ILLNESS / INJURY (MAXIMUM 2 PER POLICY YEAR)	Available	Available	Available
OPD TREATMENT (REIMBURSEMENT UP TO A MAXIMUM OF ₹)	• ₹3,000 Per Person for a Policy Issued on Individual/ Non-Floater Basis • ₹5,000 Per Policy Issued On Family Floater Basis • Will cover consultations, diagnostics and medications related to Mental / Psychiatric Illness only • All Diagnostics are restricted to 70% of admissible bills • Our Liability for prescribed drugs / medicines will be restricted to 80% of admissible bills • There will be no reinstatement of OPD Limit under this plan	• ₹5,000 Per Person for a Policy Issued on Individual/ Non-Floater Basis • ₹10,000 Per Policy Issued On Family Floater Basis • Dental Consultations and all Diagnostics, restricted to 70% of admissible bills. Our liability for prescribed drugs / medicines will be restricted to 80% of admissible bills • On Complete Exhaustion of, OPD Limit, the OPD Limit will be reins tated for future claims related to mental illness. Such reins tatement can happen only once during the Policy Year	• ₹15,000 Per Person For A Policy Issued on Individual/ Non-Floater Basis • ₹30,000 Per Policy Issued On Family Floater Basis • Dental Consultations and all Diagnostics, restricted to 70% of admissible bills • Our Liability for prescribed drugs / medicines will be restricted to 80% of admissible bills • On Complete Exhaustion of OPD Limit, the OPD Limit will be reins tated for future claims related to mental illness Such reins tatement can happen only once during the Policy Year

PLANS	CLASSIC	PLATINUM	SIGNATURE
CHILD VACCINATION BENEFITS - FOR CHILD AGED 12 YEARS OR LESS (REIMBURSEMENT UP TO A MAXIMUM) (IN ₹)	Not Applicable	Not Applicable	₹5000 per annum
WELLNESS BENEFITS	Available	Available	Available
CLAIM FREE DISCOUNT	Available	Available	Available
FAMILY DISCOUNT OF 10% (APPLICABLE ONLY WHEN 2 OR MORE MEMBERS ARE COVERED IN THE SINGLE POLICY ON NON-FLOATER BASIS)	Available	Available	Available
VOLUNTARY DEDUCTIBLE (APPLICABLE ON ANNUAL AGGREGATE BASIS)	Available	Available	Available

PLANS		CLASSIC	PLATINUM	SIGNATURE
WAITING PERIODS		PRE-EXISTING DISEASE WAITING PERIOD		
	Pre-Existing Disease Waiting Period	2 Years	2 Years	2 Years
	General Waiting Periods			
	30-Days	Applicable	Applicable	Applicable
	2-Years - For Listed Conditions	Applicable	Applicable	Applicable
	3 Years - For Listed Conditions	Applicable	Applicable	Applicable
Compulsory Co-Pay - 20% Co-Payment Where Entry Age Is 61 years And Above		Applicable	Applicable	Applicable
SUB LIMITS	Cataract	10% Of SI, Maximum Of ₹75,000/- Per Eye.	10% Of SI, Maximum Of ₹1, 50,000/- Per Eye.	10% Of SI, Maximum Of ₹2, 00,000/- Per Eye.
	Lasik Covered After Waiting Period Of 3 Years	Covered Up To ₹30,000 For Both Eyes	Covered Up To ₹50,000 For Both Eyes	Covered Up To ₹1 L For Both Eyes
		Covered After Waiting Period Of 3 Years Only Once During The Entire Tenure Of Policy With Us		
	Bariatric Surgery	Up To 50% SI, Max Up To ₹5 L	Up To 50% SI, Max Up To ₹7.5 L	Up To 50% SI, Max Up To ₹10 L

All benefits are given within the base Sum Insured except Accidental Hospitalization and Restoration of Sum Insured.

SI: Sum insured, S: Self, Sp: Spouse, LP: Live-in partner, C: Child, P: Parent, PIL: Parents in law

#As per family definition, there is no restriction on the number of children covered under Signature and Platinum plan.

*Extended family – Self, spouse/Live-in partner, natural or legally adopted child/children, parents and parents in law, siblings, daughter in law, son in law, grandparents and grandchildren.



PRE-INSURANCE MEDICAL EXAMINATION

FOR ANY INDIVIDUAL IS APPLICABLE AS BELOW:

- Insured is eligible for 100% reimbursement of pre-insurance medical tests charges, subject to policy issuance and 64 VB compliance.
- All pre-insurance medical tests will have to be done at our empaneled diagnostic centres only.
- The test reports would be valid for a period of 30 days from the date of test conducted.
- Underwriting loading on the standard premium rates will be applicable based on health status of the proposed Insured person.

  It will take into consideration the adverse health conditions declared on the proposal form and findings of medical tests conducted.
- Underwriting loading of premium will be applicable on the particular Insured's premium in case of Individual policy and Floater policy.





CUMULATIVE BONUS

Cumulative Bonus will be increased by 50% for every claim-free policy year (where no claims are reported) with the exception of any claim under OPD treatment and Wellness Benefits, provided the policy is renewed with us without a break subject to maximum of 100% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, Sum Insured will be maintained and will not be reduced in the policy year.

FREE-LOOK PERIOD

(applicable on new Individual Health Insurance policies only)

1. The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy

   and to return the same if not acceptable.
2. If the insured has not made any claim during the free look period, the insured shall be entitled to:

   i. A refund of the premium paid after deducting any expenses incurred by the Insurer on medical examination of the insured persons 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 policyholder, a deduction towards the proportionate risk premium for period on cover or;

   iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

NOTES:

a. In case where the policy is on individual / Non-Floater basis, the Cumulative Bonus (CB) shall be added and available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same insured person.

b. In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.

c. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.

d. If the Insured Persons on the expiring policy are covered on an individual / Non-Floater basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule, then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons.

e. In case of floater policies where Insured Persons renew their expiring policy by splitting the sum insured into two or more floater policies/ individual policies, or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such renewed policies in the proportion to the sum insured of each renewed policy.

f. If the sum insured has been reduced at the time of renewal, the applicable CB shall be reduced in the same proportion to the sum insured in current policy.

g. If the sum insured under the Policy has been increased at the time of renewal, the CB shall be calculated on the sum insured of the last completed Policy Year.

h. If a claim is made in the expiring Policy Year, and is notified to us after the acceptance of Renewal premium any awarded CB shall be withdrawn.





RENEWAL

1. The premiums, as per the age slabs/ sum insured, are given in the brochure and the same would be charged as per the completed age at every renewal.

2. Any change in premium will be done with the approval of the **IRDAI**.
   - Revised premium will be applicable for all new proposals.
   - Revised premium will be intimated to renewals starting with new plan tenure at least 3 months in advance.
   - The existing rates will continue to be applicable for policyholders till the end of ongoing plan tenure.

3. In the likelihood of this Policy being withdrawn in future, we will intimate the insured about the same 3 months prior to expiry of the Policy.

EXCLUSIONS

1. Expenses related to pre-existing disease shall be excluded until the expiry of 24 months.

2. Any disease contracted during the first 30 days from the commencement of the policy, except due to accidental injury.

3. Joint replacement Surgery due to degenerative condition shall be covered after a waiting period of 36 months.

4. Diseases like Cataract, Benign Prostatic Hypertrophy, Hernia and Tumors shall be covered after a waiting period of 24 months.

5. Change of Gender treatments.

6. Hazardous or Adventure sports.

7. All expenses related to Sexually Transmitted Diseases other than HIV/AIDS.

The above content indicates a brief description on wellness benefits. For more details, please refer to Policy Wordings in https:// www.generalicentralinsurance.com/customer-service/downloads



WELLNESS BENEFITS

The Insured Person will be eligible for “Wellness Benefits” as per the Plan in force under the Policy. These wellness benefits will include value-added services and wellness reward points. These services would be conducted through our wellness partner and can be availed from our GC Insure App. All insured above 18 years are eligible to avail the wellness benefits. The insured would have to register into the GC Insure App with his/her unique mobile number and the policy number for availing the benefits. While availing the wellness benefits, each Insured Person expressly agrees that:

a) All decisions regarding availing the wellness benefit, are to be solely made by the Insured Person.

b) We do not provide/assume responsibility for the wellness benefits or make any representation as to the adequacy or accuracy or quality of the same; any actual or alleged errors, omissions or representations whatsoever made by any of our wellness partners or for any consequences of any action taken or not taken in reliance thereon by the Insured Person or any other person.

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- Access to day to day wellness features
- Earn wellness reward points
- Get exciting discounts on health and fitness brands



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A. VALUE-ADDED SERVICES



Telecounselling



Webinars



Health content



Vouchers
(Fitness / Sports memberships, Wellness centers, Diagnostic centers etc)



Health check-up

Plan	Tests covered under health check-up are listed as below:
Classic	Complete Blood Count (CBC), Glycosylated Hemoglobin(HbA1C), Electrocardiogram (ECG reported by an MD Physician),Serum Creatinine, Low Density Lipoproteins(LDL), Serum Triglycerides, High Density Lipoproteins (HDL), Serum Cholesterol, Medical examination report including Blood Pressure and BMI (Body Mass index), Uric Acid, Total Protein, Pulmonary Function Test.
Platinum	Complete Blood Count (CBC), Glycosylated Hemoglobin(HbA1C), Electrocardiogram (ECG reported by an MD Physician),Serum Creatinine, Low Density Lipoproteins (LDL), Serum Triglycerides, High Density Lipoproteins (HDL), Serum Cholesterol, Medical examination report, including Blood Pressure and BMI (Body Mass index), Serum Glutamic Oxaloacetic Transaminase (SGOT), Serum Glutamic Pyruvic Transaminase (SGPT), Serum Calcium, Uric Acid, Total Protein, Pulmonary Function Test, USG (abdomen).
Signature	Complete Blood Count (CBC), Glycosylated Hemoglobin (HbA1C), Electrocardiogram (ECG reported by an MD Physician), Serum Creatinine, Low Density Lipoproteins (LDL), Serum Triglycerides, High Density Lipoproteins (HDL), Serum Cholesterol, Medical examination report including Blood Pressure and BMI (Body Mass index), Serum Glutamic Oxaloacetic Transaminase (SGOT), Serum Glutamic Pyruvic Transaminase (SGPT),Vitamin D, Thyroid function (T3,T4,TSH), Serum Calcium, Uric Acid, Total Protein, Pulmonary Function Test, USG (abdomen).

B. WELLNESS REWARDS POINTS

Insured will be eligible for Reward Points under the Policy. This benefit will help Insured to assess their health status and improve their overall well-being. Insured would have to earn these points by performing an array of wellness activities listed below. These activities done by Insured will determine the points that can be earned. Conditions for earning the reward points:

- Age Eligibility - Everyone from 18 years onwards is eligible.
- There will be no limitation to the number of programmes one can enroll; however, maximum rewards that one can earn in a single Policy Year will be limited to 200 per insured.
- Conditions for earning Reward Points, wherever offered, will be the same for all the customers irrespective of plan opted.

Details of reward points that can be accrued are listed below:

Criteria	Frequency allowed	Max. Points
Enrollment to Wellness (Signing up on the App)	On App download	15
Stress & Happiness Index score	2 times/year	20
Expert Wellness Assessment	Once/year	40
Participation in GCICL organized events (as and when organized) and viewing of GCICL Content around wellness	As planned by GCICL	20
Lifestyle disease monitor • Hypertension – Blood pressure • Obesity – BMI • Diabetes – Hb A1C • Cardiac Health- Sr. Cholesterol, Triglycerides	Once/year	45
Fitness/ Healthy Lifestyle tracking- (Any one activity) • Daily Step tracking (monthly average of 10,000 steps/day) • Burning average of 300 calories per day in a month • Submission of monthly Gym /yoga membership detail • Participation in Marathon, Cyclathon etc.	Monthly	60
Total points		**200**

The points earned in a year will be equal to certain percentage of the applicable insured premium as per table below:

Points earned per member per year	% value of points earned
185 - 200	5%
150 -184	4%
100 -149	3%
15 – 99	2%

Conditions applicable for burning of points:

- The points earned will float among all members of the family irrespective of the persons who have contributed towards earning them.
- Points earned in first year can be carried forward to 2nd or 3rd year in case of long-term policies.
- The points can be burned for utilization of following benefits
  1. Any unutilized reward points shall be applied as discount in premium at the time of renewal of the Policy or allowed to encash the points through vouchers under wellness Programs.
  2. Availing out-patient consultations through the Wellness Partner network clinics.
  3. Diagnostic tests, preventive tests through the Wellness Partner network clinics.
  4. Purchase of prescribed medicines through online pharmacy having tie up with Our Wellness Partner.
  5. Reimbursement of non-medical expenses in case of claim under hospitalization medical expenses.

The above content indicates a brief description on wellness benefits. For more details, please refer to Policy Wordings.

Other features:

There will be **no loading on premium** for adverse claims experience.

Portability and Migration can be offered as per the guidelines.

Option for payment of premium via **instalments is available.**

Premium paid by any mode other than cash and demand draft is eligible for tax relief as provided under **Section 80-D of the Income Tax Act.**

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- Access to day to day wellness features
- Earn wellness reward popints
- Get exciting discounts on health and fitness brands



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BASIS OF CLAIMS PAYMENT

a) We shall make payment in Indian Rupees only.

b) The product includes the following sub limits:



1. Claims related to surgery for cataracts

Our obligation to make payment in respect of surgery for cataracts (after the expiry of the two years period), shall be restricted to 10% of the sum insured for each eye, subject to a maximum of the amount as per the plan opted.



2. Co-Payments Applicable under the Policy:

Any Insured Person aged 61 years and above, being covered for the first time in a Health Absolute Policy shall bear 20% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.

The co-payment shall be applicable for claims under all Benefits other than OPD Treatment and Wellness Benefits.



3. Claims related to Lasik surgery:

Our obligation to make payment for Lasik surgery (after the expiry of the three-year period) will be restricted only for refractive error more than or equal to 7.5 diopters. Our liability to pay for any claims towards Lasik surgery, under the applicable plan will be restricted up to the sub limit as specified in the Schedule of Benefits.



4. Claims related to bariatric surgery:

Our obligation to make payment for bariatric surgery (after the expiry of the four-year waiting period), shall be restricted to 50% of the sum insured, up to the amount mentioned in the schedule of benefits per Policy Year.
Claims related to bariatric surgery shall be payable only for expenses related to the surgical treatment of obesity that fulfil below conditions:

1) Surgery to be conducted is upon the doctor's advice.
2) The surgery/Procedure conducted should be supported by clinical protocols.
3) The member has to be 18 years of age or older.
4) Body Mass Index (BMI):

a) Greater than or equal to 40 or

b) 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:

i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe sleep apnea
iv. Uncontrolled type 2 diabetes

DISCOUNTS AND OTHER OFFERS:

(i) Individual SI Option – 10% family discount if more than one insured is covered under the same policy.

(ii) Renewal Discount - Any unutilized reward points earned under wellness benefit shall be applied as a renewal discount in premium at the time of policy renewal.

(iii) Long-term discount (applicable in case of single payment for policy term of more than one year)

Number of years	Discount
1 year	Nil
2 years	7.5%
3 years	10%

(iv) **Voluntary Deductibles**

a) If a voluntary deductible has been opted for and is in force under the Policy, Our liability would be over and above the voluntary deductible amount on aggregate basis for all claims made under the policy except for claims under the policy other than OPD treatment and Wellness Benefits, including claims related to any illness.

b) Wherever co-payments are applicable, the same would be applied on the admissible claim amount after the application of voluntary deductible, if any.

CLASSIC		PLATINUM		SIGNATURE	
Deductible	Discounts	Deductible	Discounts	Deductible	Discounts
₹10,000	8%	₹50,000	15%	₹1,00,000	15%
₹25,000	15%	₹75,000	20%	₹2,50,000	20%
₹50,000	20%	₹100,000	25%	₹5,00,000	25%

(v) **Instalment Loading:** In case of policies which are on long-term basis, facility of installment available. Given below are the loadings applicable on standard premiums in case of instalments.

Instalment frequency	Loading on standard premiums
Monthly	5%
Quarterly	4%
Semi - annually	3%
Annually	0%

DISCOUNTS AND OTHER OFFERS:

vi) **Zone Classification:**

Zone Classification	Areas Covered
Zone A	Mumbai (including Thane and Navi Mumbai), Delhi & NCR, Bangalore, Ludhiana, Gandhinagar, Vadodara, Anand, Surat, Indore and Ahmedabad
Zone B	Rest of India

Zonal Co-payment

If the treatment is in higher zone than the policyholder's selected zone (for which policy holder has paid the premium), co-payment will be applicable as per below:

If the Policy is in force for Zone A, then no copayment shall be applicable for taking treatment in both Zones. If the Policy is in force for Zone B, then no co-payment shall be applicable for taking treatment in Zone B but if treatment is taken in Zone A, 15% co-payment shall be applicable.

PREMIUM TABLES

(exclusive of Goods and Services Tax)

A. INDIVIDUAL PREMIUM

Premium for individuals who enter the policy for the first time at the age 60 years or below											
Zone A	**3 L**	**5 L**	**10 L**	**15 L**	**20 L**	**25 L**	**30 L**	**35 L**	**50 L**	**75 L**	**1 Cr**
0-17	8,525	10,859	13,992	15,344	15,856	17,660	19,535	21,611	28,423	34,136	38,235
18-25	9,156	11,731	15,175	19,109	19,786	21,746	23,784	26,042	34,247	40,447	44,890
26-30	9,472	12,181	15,804	19,486	20,182	22,246	24,393	26,771	34,871	41,402	46,079
31-35	9,697	12,479	16,158	19,973	20,686	22,806	25,011	27,454	35,752	42,460	47,265
36-40	10,330	13,323	17,282	21,094	21,849	24,133	26,506	29,136	37,727	44,946	50,116
41-45	11,338	14,661	19,061	22,907	23,735	26,271	28,909	31,831	40,929	48,948	54,691
46-50	14,469	18,830	24,620	27,864	28,909	32,248	35,717	39,564	49,528	60,073	67,616
51-55	22,776	29,374	38,153	40,784	42,206	47,287	52,570	58,427	70,830	86,872	98,346
56-60	29,624	38,484	50,288	53,110	55,017	61,841	68,934	76,797	92,627	1,14,159	1,29,555
61-65	53,296	69,835	91,889	95,696	99,249	1,11,980	1,25,217	1,39,889	1,67,714	2,07,882	2,36,588
66-70	75,167	98,859	1,30,471	1,35,053	1,40,138	1,58,377	1,77,339	1,98,360	2,37,197	2,94,734	3,35,844
71-75	92,616	1,22,019	1,61,256	1,66,454	1,72,762	1,95,395	2,18,926	2,45,011	2,92,637	3,64,030	4,15,038
76-80	1,10,065	1,45,176	1,92,037	1,97,853	2,05,384	2,32,411	2,60,510	2,91,657	3,48,073	4,33,321	4,94,226
>81	1,14,385	1,50,907	1,99,654	2,05,624	2,13,458	2,41,572	2,70,799	3,03,201	3,61,798	4,50,472	5,13,825

At the time of claims, 15% co-pay is considered for customers with insured city in Zone B but treatment city in Zone A

PREMIUM TABLES

(exclusive of Goods and Services Tax)

Premium for individuals who enter the policy for the first time at the age 60 years or below											
Zone B	**3 L**	**5 L**	**10 L**	**15 L**	**20 L**	**25 L**	**30 L**	**35 L**	**50 L**	**75 L**	**1 Cr**
0-17	8,148	10,379	13,373	14,665	15,155	16,878	18,671	20,655	27,165	32,626	36,543
18-25	8,751	11,211	14,503	18,264	18,911	20,784	22,732	24,890	32,732	38,658	42,904
26-30	9,053	11,642	15,105	18,624	19,289	21,262	23,314	25,586	33,328	39,570	44,040
31-35	9,267	11,926	15,443	19,089	19,770	21,797	23,905	26,240	34,170	40,581	45,173
36-40	9,873	12,733	16,518	20,160	20,882	23,066	25,334	27,847	36,058	42,957	47,898
41-45	10,837	14,012	18,217	21,894	22,684	25,109	27,630	30,423	39,118	46,782	52,271
46-50	13,828	17,997	23,531	26,631	27,630	30,821	34,137	37,813	47,336	57,415	64,624
51-55	21,768	28,075	36,465	38,979	40,338	45,195	50244	55,841	67,695	83,028	93,995
56-60	29,085	37,784	49,373	52,145	54,016	60,717	67,680	75,400	90,942	1,12,083	1,27,199
61-65	52,327	68,565	90,218	93,956	97,444	1,09,944	1,22,941	1,37,346	1,64,664	2,04,103	2,32,286
66-70	73,801	97,062	1,28,099	1,32,597	1,37,590	1,55,497	1,74,114	1,94,753	2,32,885	2,89,375	3,29,738
71-75	90,932	1,19,800	1,58,324	1,63,428	1,69,620	1,91,843	2,14,946	2,40,556	2,87,317	3,57,411	4,07,492
76-80	1,08,064	1,42,536	1,88,545	1,94,255	2,01,650	2,28,186	2,55,773	2,86,354	3,41,744	4,25,442	4,85,240
>81	1,12,305	1,48,163	1,96,024	2,01,885	2,09,577	2,37,180	2,65,875	2,97,688	3,55,220	4,42,282	5,04,483

PREMIUM TABLES

(exclusive of Goods and Services Tax)

Premium for individuals who enter the policy for the first time after the age of 60 years											
Zone A	**3 L**	**5 L**	**10 L**	**15 L**	**20 L**	**25 L**	**30 L**	**35 L**	**50 L**	**75 L**	**1 Cr**
0-17	8,525	10,859	13,992	15,344	15,856	17,660	19,535	21,611	28,423	34,136	38,235
18-25	9,156	11,731	15,175	19,109	19,786	21,746	23,784	26,042	34,247	40,447	44,890
26-30	9,472	12,181	15,804	19,486	20,182	22,246	24,393	26,771	34,871	41,402	46,079
31-35	9,697	12,479	16,158	19,973	20,686	22,806	25,011	27,454	35,752	42,460	47,265
36-40	10,330	13,323	17,282	21,094	21,849	24,133	26,506	29,136	37,727	44,946	50,116
41-45	11,338	14,661	19,061	22,907	23,735	26,271	28,909	31,831	40,929	48,948	54,691
46-50	14,469	18,830	24,620	27,864	28,909	32,248	35,717	39,564	49,528	60,073	67,616
51-55	22,776	29,374	38,153	40,784	42,206	47,287	52,570	58,427	70,830	86,872	98,346
56-60	29,624	38,484	50,288	53,110	55,017	61,841	68,934	76,797	92,627	1,14,159	1,29,555
61-65	43,195	56,426	74,064	77,517	80,359	90,548	1,01,138	1,12,879	1,35,619	1,67,764	1,90,738
66-70	60,691	79,648	1,04,931	1,09,002	1,13,072	1,27,667	1,42,837	1,59,656	1,91,209	2,37,248	2,70,146
71-75	74,653	98,176	1,29,560	1,34,124	1,39,174	1,57,282	1,76,108	1,96,979	2,35,563	2,92,687	3,33,504
76-80	88,612	1,16,701	1,54,186	1,59,245	1,65,272	1,86,896	2,09,375	2,34,298	2,79,915	3,48,123	3,96,857
>81	92,068	1,21,289	1,60,281	1,65,464	1,71,732	1,94,226	2,17,610	2,43,532	2,90,898	3,61,847	4,12,541

PREMIUM TABLES

(exclusive of Goods and Services Tax)

Premium for individuals who enter the policy for the first time after the age of 60 years											
Zone B	**3 L**	**5 L**	**10 L**	**15 L**	**20 L**	**25 L**	**30 L**	**35 L**	**50 L**	**75 L**	**1 Cr**
0-17	8,148	10,379	13,373	14,665	15,155	16,878	18,671	20,655	27,165	32,626	36,543
18-25	8,751	11,211	14,503	18,264	18,911	20,784	22,732	24,890	32,732	38,658	42,904
26-30	9,053	11,642	15,105	18,624	19,289	21,262	23,314	25,586	33,328	39,570	44,040
31-35	9,267	11,926	15,443	19,089	19,770	21,797	23,905	26,240	34,170	40,581	45,173
36-40	9,873	12,733	16,518	20,160	20,882	23,066	25,334	27,847	36,058	42,957	47,898
41-45	10,837	14,012	18,217	21,894	22,684	25,109	27,630	30,423	39,118	46,782	52,271
46-50	13,828	17,997	23,531	26,631	27,630	30,821	34,137	37,813	47,336	57,415	64,624
51-55	21,768	28,075	36,465	38,979	40,338	45,195	50,244	55,841	67,695	83,028	93,995
56-60	29,085	37,784	49,373	52,145	54,016	60,717	67,680	75,400	90,942	1,12,083	1,27,199
61-65	42,409	55,400	72,717	76,108	78,898	88,901	99,300	1,10,826	1,33,153	1,64,714	1,87,270
66-70	59,588	78,200	1,03,023	1,07,020	1,11,016	1,25,346	1,40,240	1,56,753	1,87,732	2,32,934	2,65,234
71-75	73,295	96,391	1,27,205	1,31,685	1,36,644	1,54,423	1,72,906	1,93,398	2,31,280	2,87,365	3,27,440
76-80	87,000	1,14,579	1,51,383	1,56,349	1,62,267	1,83,497	2,05,568	2,30,038	2,74,825	3,41,793	3,89,641
>81	90,394	1,19,084	1,57,367	1,62,456	1,68,610	1,90,695	2,13,653	2,39,104	2,85,609	3,55,268	4,05,040

Note

1. Premium indicated in the above tables are in INR and on annual basis.
2. *Mandatory co-payment of 20% will be applicable for the insured persons entering into the Policy for the first time after the age of 60 years. This will be applicable for all subsequent renewals as well.
3. Individual / Non-Floater Discount – 10% Family discount in case of more than one insured covered under the same policy.
4. Long-term discount (applicable in case of single payment for policy term of more than one year.)

B. FLOATER DISCOUNT:

Applicable discount is as per following table:

Age Bands	Floater Discount
0-17	60%
18-25	55%
26-30	50%
31-35	45%
36-40	45%
41-45	40%
46-50	40%

Age Bands	Floater Discount
51-55	40%
56-60	35%
61-65	35%
66-70	35%
71-75	35%
76-80	25%
>=81	25%

*Premiums exclusive of Goods & Services Tax.
**Age in completed years
*** For Family Floater, premium applicable for the primary insured will be the standard individual premiums. For the remaining dependent members, floater discounts will be applicable on their respective premiums.
**** Insured has an option to change the plan and sum insured at the time of renewal of the policy, subject to underwriting.
***** The premiums above are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 (in ₹)	Sum insured (in ₹)	Premium (in ₹)	Discount, if any (in ₹)	Premium after discount (in ₹)	Sum insured (in ₹)	Premium or consolidated premium for all members of family (in ₹)	Floater discount, if any (in ₹)	Premium after discount (in ₹)	Sum insured (in ₹)
50 years	18,830	5,00,000	18,830	1,883	16,947	5,00,000	18,830	7,532	11,298	
42 years	14,661	5,00,000	14,661	1,466	13,195	5,00,000	14,661	5,864	8,797	
17 years	10,859	5,00,000	10,859	1,086	9,773	5,00,000	10,859	6,515	4,344	
20 years	11,731	5,00,000	11,731	1,173	10,558	5,00,000	11,731	6,452	5,279	
27 years	12,181	5,00,000	12,181	1,218	10,963	5,00,000	12,181	6,091	6,091	
27 years	12,181	5,00,000	12,181	1,218	10,963	5,00,000	12,181	6,091	6,091	
32 years	12,479	5,00,000	12,479	1,248	11,231	5,00,000	12,479	5,616	6,863	
35 years	12,479	5,00,000	12,479	1,248	11,231	5,00,000	12,479	5,616	6,863	5,00,000
36 years	13,323	5,00,000	13,323	1,332	11,991	5,00,000	13,323	5,995	7,328	
40 years	13,323	5,00,000	13,323	1,332	11,991	5,00,000	13,323	5,995	7,328	
52 years	29,374	5,00,000	29,374	2,937	26,437	5,00,000	29,374	11,750	17,624	
57 years	38,484	5,00,000	38,484	3,848	34,636	5,00,000	38,484	13,469	25,015	
65 years	69,835	5,00,000	69,835	6,984	62,852	5,00,000	69,835	24,442	45,393	
65 years	69,835	5,00,000	69,835	6,984	62,852	5,00,000	69,835	24,442	45,393	
70 years	98,859	5,00,000	98,859	9,886	88,973	5,00,000	98,859	0	97,062	
Total Premium for all members of the family is ₹4,38,434/-, when each member is covered separately.			Total Premium for all members of the family is ₹3,94,591/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹3,00,767/-			
Sum insured available for each individual is ₹5,00,000			Sum insured available for each family member is ₹5,00,000				Sum insured of ₹5,00,000 is available for the entire family.			

If you are suffering from an illness/ disease or if you meet with an accident which requires hospitalisation, please contact us on the following:

Claims Department
Generali Central Health (GCH)
Qubix Business Park, Building No. Block IT – 1,
Ground Floor, Plot No. 2, Blueridge Township,
Near Rajiv Gandhi Infotech Park, Phase – 1,
Village Hinjawadi, Taluka Mulshi, Pune, Maharashtra - 411057
Call us at 1800 220 233 / 1860 500 3333 / 022 6783 7800
Toll Free Fax: 1800 103 9998 / 1800 209 1017
Email: gch@generalicentral.com

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com | Email ID: gcicare@generalicentral.com | Call us at 1800 220 233 / 1860 500 3333/ 022 6783 7800 | Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and Central Bank of India, respectively, and is used by Generali Central Insurance Co. Ltd. under license. For detailed information on risk factors, terms and conditions, etc., please refer to the product brochure and policy wordings, consult your advisor or visit our website before concluding a sale. This product is eligible for claiming deduction under section 80D of the Income Tax Act, 1961. | Tax benefits are subject to change due to change in tax laws. *T&C apply.

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Health Absolute, UIN: GCIHLIP27050V042627
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