HEALTH SURAKSHA
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY.

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

<table>
<tr><th>Sl No</th><th>Title</th><th>Description</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of the Insurance Product/Policy Name</td><td>Health Suraksha</td><td>Not Applicable</td></tr>
<tr><td>2</td><td>Policy Number</td><td>XXXXXXXX</td><td>Not Applicable</td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>Both indemnity and Benefit</td><td>Not Applicable</td></tr>
<tr><td>4</td><td>Sum Insured (Basis)</td><td>• Plan Opted - <<_____>>

• Individual Sum Insured –<table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1</td><td></td></tr><tr><td>Insured 2</td><td></td></tr><tr><td>Insured 3</td><td></td></tr><tr><td>Insured 4</td><td></td></tr><tr><td>Insured 5</td><td></td></tr></table>
• Floater Sum Insured<table><tr><td></td><td></td></tr><tr><td>Insured 1</td><td rowspan="5"></td></tr><tr><td>Insured 2</td></tr><tr><td>Insured 3</td></tr><tr><td>Insured 4</td></tr><tr><td>Insured 5</td></tr></table></td><td>Not Applicable</td></tr>
<tr><td rowspan="8">5</td><td rowspan="8">Policy Coverage (What the Policy covers?)</td><td>Expenses in respect of:</td><td></td></tr>
<tr><td>Hospitalization expenses – Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.</td><td>Section B 1.2.3</td></tr>
<tr><td>Day Care Procedures – Specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.</td><td>Section B.6</td></tr>
<tr><td>Ambulance charges</td><td>Section B.7</td></tr>
<tr><td>Free medical check-up</td><td>Section B.8</td></tr>
<tr><td>Patient Care</td><td>Section B.9</td></tr>
<tr><td>Accidental Hospitalisation</td><td>Section B.10</td></tr>
<tr><td>Hospital Cash</td><td>Section B.11</td></tr>
</table>

		Accompanying Person	Section B.12
		Organ Donor Expenses	Section B.13
		Recharge of Sum Insured	Section B.14
		Note: All the above covers are offered under this Product. However, the cover offerings are plan specific and shall be applicable as per the opted plan.	
6	**Exclusions (What the policy does not cover)**	**Standard Exclusions** • Investigation & Evaluation • Rest Cure, rehabilitation and respite care. • Obesity/ Weight Control • Change-of-Gender treatments. • Cosmetic or Plastic Surgery • Hazardous or Adventure sports • Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • 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. • Dietary supplements and substances that can be purchased without prescription. • Refractive Error • Unproven Treatments • Birth control, Sterility and Infertility • Maternity Expenses **Specific Exclusions** • Circumcision, unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment). • Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheelchair, crutches, artificial limbs, belts, braces, stocking, Glucometer), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital.	Section C.2 Section C.3

		• Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. • Venereal /Sexually Transmitted disease other than HIV/AIDS, intentional self-Injury. • Congenital External Illness/ disease/ defect anomaly. • Costs incurred on all methods of treatment except AYUSH and Allopathic treatments. • Stem cell storage. • Expenses related to donor screening, treatment, excluding Surgery to remove organs from the donor in case of a transplant Surgery. We will also not pay donor's pre and post Hospitalisation expenses or any other medical treatment for the donor consequent to Surgery. • Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy. • Doctor's home visit charges during pre and post Hospitalisation period, Attendant Nursing charges unless more than 60 years as specified in Patient Care benefit Section B. (9). • Domiciliary hospitalization/treatment • Treatment outside India. • Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations. (whether war be declared or not). • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Standard list of excluded items as mentioned in Annexure 2 and on our website https://generalicentralinsurance.com • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured.	
7	**Waiting period** • Time period during which	• **Initial waiting period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	Section C1. IV

<table>
<tr><td></td><td>specified diseases/ treatments are not covered.
• It is counted from the beginning of the policy coverage</td><td>• Specific waiting periods: (Not applicable for claims arising due to an accident)
a) 12 months waiting period Any types of gastric or duodenal Ulcers, Stones in the Urinary and Biliary systems, Surgery on ears/ tonsils/ adenoids.
b) 24 months waiting period Cataracts, Benign Prostatic Hypertrophy, Hernia of all types, Hydrocele, Para nasal sinuses, Deviated Nasal Septum, Fistulae, Hemorrhoids g. Fissure in ano, Dysfunctional Uterine Bleeding. Fibromyoma, Endometriosis, Hysterectomy, All internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumor or growth, Surgery for prolapsed inter vertebral disc unless arising from Accident, Surgery of Varicose Veins, Varicose Ulcers
c) 36 months waiting period for Treatment for joint replacement unless arising from accident, Age-related Osteoarthritis & Osteoporosis, Organ transplant.</td><td>Section C.1.b.iii
Section C.1.b.ii
Section C.1.b. i</td></tr>
<tr><td></td><td></td><td>• Pre-existing diseases: covered after 36 months.</td><td>Section C.1.a</td></tr>
<tr><td>8</td><td>Financial Limits of Coverage
i. Sub Limits- (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</td><td>The Policy will pay only up to the limits specified hereunder for the following diseases/procedures.
In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.
<table>
<tr><td colspan="2">For Gold plan (for Sums Insured ₹ 50000/-, ₹ 1 lakh and ₹ 1.5 lakhs)</td></tr>
<tr><td>Room Rent</td><td>Up to 1% of sum Insured</td></tr>
<tr><td>ICU Charges</td><td>Up to 2% of SI, subject to max shall be payable maximum up to 35% of the Sum Insured per claim</td></tr>
<tr><td>Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees</td><td>up to 25% of Sum Insured or Rs. 40,000/- whichever is lower.</td></tr>
<tr><td>Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any Medical expenses incurred which is integral part of the operation</td><td>up to 40% of the Sum Insured</td></tr>
<tr><td colspan="2">For Topaz and Ruby Plan</td></tr>
<tr><td>Room Rent</td><td>Up to 1% of sum</td></tr>
</table></td><td>Not Applicable</td></tr>
</table>

	Insured
Co-payment applicable in case of admission in room with higher room rent than the eligible limit	
Pre-& post Hospitalisation Medical expenses	Up to 1% of sum Insured
For Gold and Platinum plans	
Cataract Surgery	10% Sum Insured per eye subject to a minimum of ₹ 15000/- (or the actual incurred amount whichever is lower) and maximum of ₹ 50,000/- per eye
Modern Treatment Methods and Advancement in Technologies	shall be restricted to 50% of the sum insured

Sub-limits table applicable for Topaz and Ruby Plan
All values are in INR.

Procedure/ Treatment	**Topaz Plan**	**Topaz Plan**	**Topaz Plan**	**Ruby Plan**
	1,00,000	**2,00,000 3,00,000**	**4,00,000 5,00,000**	**6,00,000 7,50,000 10,00,000**
Cataract surgery (per eye)	10000	20000	30000	40000
Hysterectomy	20000	35000	45000	55000
Gall Bladder removal	20000	35000	45000	55000
Surgery on piles	15000	20000	30000	40000
Surgery Fissure, Fistula, Sinus	15000	20000	30000	40000
Surgery of Deviated Nasal Septum correction	15000	20000	30000	40000
Angiography invasive	10000	15000	20000	30000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	40000	80000	120000	150000
Appendectomy	20000	30000	40000	50000
Hernia	20000	30000	40000	50000
Surgery of renal stone/ Lithotripsy	20000	30000	40000	50000
Prostate Surgery TURP	30000	75000	100000	120000

		Coronary Artery Bypass Grafting (CABG)	80000	100000	150000	200000	
		Total Knee Replacement (per knee)	40000	80000	120000	150000	
		Total Hip Replacement (per hip)	40000	80000	120000	150000	
		Tonsillectomy/ Adenoidectomy	15000	25000	35000	45000	
		Transplant surgery (this includes total cost of organ donor surgery, recipient surgery and hospitalisation)	80000	100000	150000	200000	
		Dialysis (policy limit)	10000	15000	20000	30000	
	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/Insured)	Co-payment applicable in case of admission in room with higher room rent than the eligible limit. 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 table below: If you select Zone 1, then no co-payment will apply for treatment in Zone 1, Zone 2, or Zone 3. If You select Zone 2, then 10% Co-payment will apply for treatment in Zone 1. If You select Zone 3, then 20% Co-payment will apply for treatment in Zone 1 and Zone 2.					Section B.1.i Section D.II.1. I.e.
	iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	Not Applicable					Not Applicable

	iv. Any other limit (as applicable)	Not Applicable	Not Applicable
9	**Claims/Claims Procedure**	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility: Within 1 hour of receipt of preauthorization request. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the Hospital. Please find below the details /web link for following: i. Network hospital details- https://generalicentralinsurance.com/hospital-locator ii. Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889 iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. https://generalicentralinsurance.com/hospital-locator iv. Downloading/getting claim form - https://generalicentralinsurance.com/customer-service/downloads	Section D.II.3.A
10	**Policy Servicing**	a) Call Centre number of Insurer Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing:1800 103 8889/1800 209 1016 Timing: 24*7. b) Details of company officials Policy Servicing Office: <<As appearing on the Policy Schedule>>	Not Applicable
11	**Grievance/ Complaints**	Details of -Grievance Redressal Officer of the Insurer: https://generalicentralinsurance.com/customer-service/grievance-redressal -Insurance Company grievance portal / Department: • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: GCIcare@generalicentral.com • Website: https://generalicentralinsurance.com Ombudsman: The guidelines of taking up a compliant in ombudsman and the addresses of ombudsman are available https://www.cioins.co.in/Ombudsman	Grievance Redressal Procedures
12	**Things to**	• Free Look Cancellation: You may cancel the insurance	Section D.I 5

	remember	policy if you do not want it, within 30 days from the beginning of Policy. The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies. In the event you want to exercise Free Look Cancellation, you will need to place a request for the same though registered e-mail id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices. If you have not made any claim during the Free Look Period, then you shall be entitled to a) 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 b) 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 c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.	
		• Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Section D. II 4. I
		• Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability is: Customer Service Cell, Generali Central Insurance Company Limited Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: GCIcare@generalicentral.com For Detailed Guidelines on migration and portability, kindly refer the link https://generalicentralinsurance.com/portability-and-migration	Section D. I 4. 5

		• Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, waiting period if any shall start afresh only for the enhanced portion of the sum insured.	Section D. II 4. I.I
		• 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.	Section D.I. 9
13	**Your Obligations**	Please disclose all Pre-Existing Disease/s, or condition/s before buying a Policy. Non-disclosure may affect claim settlement. Disclosure of other material information during the policy period.	Section D.I. 1

Name of the Insured Person/s	Pre-Existing Condition/ Deformity
Insured 1	
Insured 2	

14 Premium Illustration

Premium Illustration in respect of policies offered on individual basis and floater basis.

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**	**Premium after discount (in ₹)**	**Sum insured (in ₹)**	**Premium or consolidated premium for all members of family (in ₹)**	**Floater discount, if any**	**Premium after discount (in ₹)**	**Sum insured (in ₹)**
50 years	25,546	500,000	25,546	2555	22,991	500,000	48538	NA	48538	500,000
42 years	20,409	500,000	20,409	2041	18,368	500,000				
17 years	10,701	500,000	10,701	1070	9,631	500,000				
16 years	10,701	500,000	10,701	1070	9,631	500,000				
15 years	10,701	500,000	10,701	1070	9,631	500,000				

	Total Premium for all members of the family is ₹78,058/-, when each member is covered separately.	Total Premium for all members of the family is ₹70,252/-, when they are covered under a single Policy.	Total Premium when policy is opted on floater basis is ₹48,538/-
	Sum insured available for each individual is ₹500000	Sum insured available for each family member is ₹500000	Sum insured of ₹500000 is available for the entire family.

Note:

- This is just an illustration of premium calculation.
- Premiums may vary with respect to Plan and Sum Insured opted by the insured.
- Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.
- In case premium is paid on instalment basis, the loading will be applicable accordingly.
- Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:
I have read the above and confirm having noted the details:
Place_____
Date_____(Signature of the Policyholder)

Note

i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of GCI, is at https://generalicentralinsurance.com/customer-service/downloads
ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
iii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary**.