HEALTH TOTAL
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 Insurance Product /Policy</td><td>Health Total</td><td>Not Applicable</td></tr>
<tr><td>2</td><td>Policy Number</td><td>XXXXXXXXXXXXX</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 to</td><td></td></tr><tr><td>Insured 15</td><td></td></tr></table>
• Floater Sum Insured<table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1 to</td><td rowspan="2"></td></tr><tr><td>Insured 2</td></tr></table></td><td>Not Applicable</td></tr>
<tr><td rowspan="9">5</td><td rowspan="9">Policy Coverage (What the policy covers?)</td><td>Expenses in respect of:</td><td>Section B</td></tr>
<tr><td>Hospitalization Medical Expenses – Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.</td><td>Benefit 1</td></tr>
<tr><td>Day Care Treatment Expenses- Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.</td><td>Benefit 2</td></tr>
<tr><td>Pre-Hospitalization Medical Expenses for number of days, as per the plan opted.</td><td>Benefit 3</td></tr>
<tr><td>Post-Hospitalization Medical Expenses within the number of days, from the date of discharge.</td><td>Benefit 4</td></tr>
<tr><td>Maternity Expenses - Medical expenses towards pregnancy (delivery/termination).</td><td>Benefit 5</td></tr>
<tr><td>Organ Donor Expenses – Medical Expense incurred for an organ donor’s surgery for the harvesting of the organ donated.</td><td>Benefit 6</td></tr>
<tr><td>Patient Care - Charges for a Qualified Nurse for the Insured Person for a period of up to 10 days immediately following the discharge from Hospital.</td><td>Benefit 7</td></tr>
<tr><td>Accidental Hospitalization - Increase in Sum Insured by 25% of the available balance Sum Insured or up to maximum up to ₹ 10,00,000, if the Insured Person is hospitalized solely and directly due to an Accident</td><td>Benefit 8</td></tr>
</table>

		Accompanying Person - Fixed per day payment towards the person accompanying the hospitalized Insured Person (Child who is 12 years of age or below)	Benefit 9
		Road Ambulance Charges incurred for transportation of an Insured Person by a Road Ambulance.	Benefit 10
		Emergency Medical Evacuation (applicable for Superior Plan and Premiere Plan only)	Benefit 11
		Domiciliary Hospitalization Expenses (maximum of 10% of the Sum Insured)	Benefit 12
		OPD Treatment (applicable for Superior Plan and Premiere Plan only)	Benefit 13
		Child vaccination benefits (applicable for Premiere Plan only)) –for vaccinations of Insured person who is a child of age 12 years or less.	Benefit 14
		Newborn Baby (applicable for Superior Plan and Premiere Plan only)	Benefit 15
		E-Opinion in respect of an Illness or Injury	Benefit 16
		Alternative Treatment	Benefit 17
		Medical Treatment Abroad (applicable for Premiere Plan only)	Benefit 18
		Wellness Care - The annual health checkup can be conducted from the 2nd year of the policy with Us, for the insured persons who were already covered under the Policy. The annual heath checkup would include tests as given below as applicable for respective plans: Vital Plan: Complete Blood count, Urine Routine, Random Blood Sugar (maximum two insured persons per policy /per policy year irrespective of family size) Superior Plan: Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, ECG, Serum Creatinine (maximum three insured persons per policy /per policy year irrespective of family size) Premiere Plan: Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, ECG, Serum Creatinine (maximum four insured persons per policy/ per policy year irrespective of family size)	Benefit 19
		Cumulative Bonus – The Sum Insured will be enhanced by 50% for each claim free policy year. Year will not exceed 100% of the Sum Insured of the first Policy Year.	Benefit 20
		Restoration of Sum Insured – Under this benefit a Restore Sum Insured (equal to 100% of the base Sum Insured excluding Cumulative Bonus- if any) will automatically be available for the particular Policy year. The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an Illness (including its complications) for which a claim has been paid in the current Policy Year.	Benefit 21
		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	Section C-2

		• 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 **Specific Exclusions** • Injury or Illness 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). • Circumcision, unless necessary for treatment of an Illness or 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, 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. • Venereal /Sexually Transmitted disease other than HIV/AIDS. • External Congenital Anomaly and related Illness/ defect. • Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials. • Stem cell storage. • Non-prescribed drugs and medical supplies, hormone replacement therapy. • Personal comfort and convenience items or services • Outpatient diagnostic, medical and Surgical Procedures or treatments. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury. • A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges. • Treatment outside India. • Intentional self-Injury. • Any complications arising out of the Infertility treatment.	

		• Standard list of excluded items as mentioned in Annexure III and on our website https://generalicentralinsurance.com/non-medical-expenses • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured. **Specific Exclusions for OPD** a) Any expenses in excess of the maximum amount payable under the outpatient medical expenses limit specified in the Schedule of Benefits. b) Cost of an Annual Health Check-up. c) Any expenses for OPD Treatment including dental expenses in case of Vital Plan. d) Any expenses for prescribed medications in case of Superior Plan. e) Any expenses for consultation, diagnostics, medications which are not duly supported with medical documents from the Medical Practitioner mentioning: (i) Diagnosis; (ii) Referral for diagnostic test; (iii) Prescription for medications. f) Costs incurred on all methods of treatment except Allopathic.	
7	Waiting period • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage	• **Initial waiting period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	Section C-1.i.b.vi.III
		• **Specific waiting periods**: (Not applicable for claims arising due to an accident) a) 24 months waiting period for Cataracts, Benign Prostatic Hypertrophy, Hernia of all types , Deviated Nasal Septum, Hypertrophied Turbinate ,Hydrocele, All types of sinuses, Fistulae, hemorrhoids, 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 and varicose ulcers, Any types of gastric or duodenal ulcers, Stones in the urinary and biliary systems, Surgery on ears and tonsils. b) 36 months for Organ transplant, Rheumatoid Arthritis, Gout, Joint replacement Surgery due to degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is Medically Necessary due to Injury. c) Maternity Expenses – i) In case Female Insured Person along with Spouse are covered - Waiting period is 24 months from the date of inception of first Health Total policy with Us. ii) In case only Female Insured Person is covered - Waiting	Section C-1.i.b.vi.I&II

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<tr><td></td><td></td><td>period is 36 months from the date of inception of first Health Total policy with Us.</td><td></td></tr>
<tr><td></td><td></td><td>• Pre-existing diseases: covered after 24 months</td><td>Section -1.i.a</td></tr>
<tr><td rowspan="2">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 Sub 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>Cataract</td><td>10% of the Sum Insured for each eye, subject to a maximum of the amount and a maximum of Rs.1,00,000/- per eye.</td></tr></table></td><td>Section D (ii) 2b</td></tr>
<tr><td>ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)</td><td>Co-Payments Applicable under the Policy
The following Co-payments shall be applicable for claims under all Benefits other than Benefit 13:

a) Any Insured Person aged 60 years to 64 years, being covered for the first time in a Health Total Policy shall bear 20% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.
b) Any Insured Person aged 65 years to 69 years, being covered for the first time in a Health Total Policy shall bear 25% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.
c) Any Insured Person aged 70 years to 74 years, being covered for the first time in Health Total Policy shall bear 30% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.
d) Any Insured Person aged 75 years and above, being covered for the first time in Health Total Policy shall bear 40% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.</td><td>Section D (ii) 3</td></tr>
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	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)	**Voluntary Deductible** – <<Rs. _____ per year>> or <<Not Applicable>>	Section D (ii) 4
	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 TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the Hospital Provide the details /web link for following: i. Network hospital details - https://generalicentralinsurance.com/hospital-locator ii. Helpline Number - 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. iii. 1
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>>	Section D. I. 11

11	Grievances /Complaints	Details of -Grievance Redressal Officer of the Insurer: http://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 on: https://www.cioins.co.in/Ombudsman	Section D. I. 11
12	Things to remember	• Free Look Cancellation: You may cancel the insurance 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.	Section D. I. 3
		• 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. iv. 1
		• 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	Section D. II. i. a & b

		link https://generalicentralinsurance.com/portability-and-migration	
		• 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, the waiting period if any shall start afresh only for the enhanced portion of the sum insured	
		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.8
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. Name of the Insured Person/s | Pre-Existing Condition/ Deformity Insured 1 | Insured 2 | Insured 3 |	Section D. I.1

14 Premium illustration

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

Plan Vital, Sum Insured Rs. 500000

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	19955	500,000	19,955	1996	17,960	500,000	19,955	7982	11,973	500,000
42 years	14292	500,000	14,292	1429	12,863	500,000	14,292	5717	8,575	
17 years	8057	500,000	8,057	806	7,251	500,000	8,057	4834	3,223	
20 years	10755	500,000	10,755	1076	9,680	500,000	10,755	5915	4,840	
27 years	11859	500,000	11,859	1186	10,673	500,000	11,859	5930	5,930	
27 years	11859	500,000	11,859	1186	10,673	500,000	11,859	5930	5,930	
32 years	12285	500,000	12,285	1229	11,057	500,000	12,285	5528	6,757	
35 years	12285	500,000	12,285	1229	11,057	500,000	12,285	5528	6,757	
36 years	13087	500,000	13,087	1309	11,778	500,000	13,087	5889	7,198	
40 years	13087	500,000	13,087	1309	11,778	500,000	13,087	5889	7,198	
52 years	31102	500,000	31,102	3110	27,992	500,000	31,102	12441	18,661	
57 years	39740	500,000	39,740	3974	35,766	500,000	39,740	13909	25,831	
65 years	58673	500,000	58,673	5867	52,806	500,000	58,673	20536	38,137	
65 years	58673	500,000	58,673	5867	52,806	500,000	58,673	20536	38,137	
70 years	83305	500,000	83,305	8331	74,975	500,000	83,305	0	83,305	
Total Premium for all members of the family is ₹3,99,014/-, when each member is covered separately.			Total Premium for all members of the family is ₹3,59,1113/-, when they are covered under a single Policy.				Total Premium when policy is opted on floater basis is ₹2,72,451/-			
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:

1. This is just an illustration of premium calculation.
2. Premiums may vary with respect to Plan and Sum Insured opted by the insured.
3. 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.
4. In case premium is paid on instalment basis, the loading will be applicable accordingly.
5. 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 the Customer Information Sheet is necessary