



FUTURE GENERALI INDIA
Insurance Company Limited

FUTURE HEALTH SURPLUS POLICY WORDINGS

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FUTURE HEALTH SURPLUS
CUSTOMER INFORMATION SHEET
(Description is illustrative and not exhaustive)

| Title | Description | Refer to Policy Clause Number | | | | | | | | | | |
|---|--|-------------------------------|-------------|-----|------|-----|-----|------|------------|-----|-----|-----|
| Product Name | Future Health Surplus | | | | | | | | | | | |
| What am I covered for? | <p>We will pay to you the amount of such expenses in excess of the deductible per hospitalization that are reasonably and necessarily incurred in respect by or on behalf of You up to limits indicated but not exceeding the sum insured during the period stated in the Policy Schedule.</p> <ol style="list-style-type: none"> 1. Room rent, Board & Nursing Expenses as provided by the hospital/ nursing home charges 2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. 3. Anesthesia, 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. 4. Pre- hospitalisation medical expenses incurred within 60 days prior to Hospitalisation due to disease/ illness/ injury sustained. 5. Post- hospitalisation medical expenses incurred within 90 days after the date of discharge from the hospital. | Section II | | | | | | | | | | |
| What are the major exclusions in the policy? | "Pre- existing illness, War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of any law with criminal intent, attempted suicide, participation or involvement in naval, military or air force operation, adventurous sports, abuse or the consequences of the abuse of intoxicants or hallucinogenic substances, Treatment of Obesity, Psychiatric, mental disorders, external congenital diseases, Venereal disease, Pregnancy, Sterility treatment, Dental treatment and surgery of any kind, Plastic surgery or cosmetic surgery, Experimental, investigational or unproven treatment, Any Convalescence, cure, rest cure, All preventive care, vaccination including inoculation and immunizations, Items of personal comfort and convenience. | Section III | | | | | | | | | | |
| (Note: The above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing). | | | | | | | | | | | | |
| Waiting period | Pre-existing diseases: Covered after 48 months | Section III (1) | | | | | | | | | | |
| | Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) | Section III (2) | | | | | | | | | | |
| | 36 months waiting period for Degenerative condition, Age related osteoarthritis and Osteoporosis | Section III (3) | | | | | | | | | | |
| Payout basis | Cashless or Reimbursement of covered expenses over and above the deductible as mentioned in the Policy Schedule. | Section II | | | | | | | | | | |
| Renewal | Your policy is ordinarily renewable lifelong, subject to application for renewal and the renewal premium in full has been realised by the Company. | Section IV (h) | | | | | | | | | | |
| Product Structure | All figures in Rs. | Brochure and Prospectus | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Sum insured</th> <th style="text-align: center;">3 L</th> <th style="text-align: center;">5 L</th> <th style="text-align: center;">5 L</th> <th style="text-align: center;">7 L</th> <th style="text-align: center;">10 L</th> </tr> </thead> <tbody> <tr> <th style="text-align: left;">Deductible</th> <th style="text-align: center;">2 L</th> <th style="text-align: center;">2 L</th> <th style="text-align: center;">3 L</th> <th style="text-align: center;">3 L</th> <th style="text-align: center;">5 L</th> </tr> </tbody> </table> | | Sum insured | 3 L | 5 L | 5 L | 7 L | 10 L | Deductible | 2 L | 2 L | 3 L |
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| Deductible | 2 L | 2 L | 3 L | 3 L | 5 L | | | | | | | |

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

This policy is issued to You based on Your proposal to Us and Your payment of the premium. You are eligible to be covered under this policy if your age is between 3 months to 65 years with lifelong renewability. This Policy records the agreement between Us and sets out the terms of insurance and the obligations of each party.

SECTION I: DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and reference to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

- 1) **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2) **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- 3) **Day care expenses** means the medical treatment costs necessary and reasonable in scope for a Day Care Procedure preauthorized by Us and done in a network Hospital to the extent that such cost does not exceed the reasonable and customary charges in the locality for the same Day Care Procedure.
- 4) **Day care treatment** refers to medical treatment, and/or *surgical procedure* which is:
 - i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
 - ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 5) **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer . A deductible does not reduce the sum insured.
- 6) **Diagnostic Centre** means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.
- 7) **Family** means and includes You, Your Spouse and Your two dependent child/children up to the age of 25 years.
- 8) **Hospital/Nursing Home** means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation)Act,2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - a. -has qualified nursing staff under its employment round the clock;
 - b. -has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - c. -has qualified medical practitioner(s) in charge round the clock;
 - d. -has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e. -maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 9) **Hospitalisation** means admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24consecutive hours.
- 10) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- 11) **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close family members.
- 12) **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- 13) **Primary Insurer** means the insurer with whom the insured person first lodges his claim for hospitalization expenses.
- 14) **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
- 15) **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
- 16) **Pre-hospitalization Medical Expenses** means medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 17) **Post-hospitalization Medical Expenses** means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required, and
 - ii. The in-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.
- 18) **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer.
- 19) **Proposal** means the standard application form for insurance cover submitted to the insurer along with all information for the purpose of enabling the insurer to decide whether or not it is willing to grant cover and, if so, the terms on such cover.
- 20) **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 21) **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 22) **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
- 23) **Sum Insured** means the amount stated in the Schedule, which is the maximum amount We will pay for claims made by You in one policy period in excess of the deductible amount, irrespective of the number of claims You make.
- 24) **Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
- 25) **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
- 26) **You, Your, Yourself** means the Insured Person shown in the Schedule.
- 27) **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear

a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum insured.

28) **Dependent child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

29) **Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:

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

30) **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.

31) **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received.

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

33) **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

34) **Medically Necessary** treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

- a. is required for the medical management of the illness or injury suffered by the insured;
- b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c. must have been prescribed by a *medical practitioner*,
- d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

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

37)

- a. **Acute condition** - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii) it needs ongoing or long-term control or relief of symptoms
 - iii) it requires your rehabilitation or for you to be specially trained to cope with it
 - iv) it continues indefinitely
 - v) it comes back or is likely to come back.

38) **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- a. -has qualified nursing staff under its employment
- b. -has qualified medical practitioner/s in charge
- c. -has a fully equipped operation theatre of its own where surgical procedures are carried out
- d. -maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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

40) **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

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

42) **New Born Baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

43) **Cumulative Bonus** shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

44) **Maternity expense** shall include -a)medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) b) expenses towards lawful medical termination of pregnancy during the policy period.

45) **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants.

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

- a. **Internal Congenital Anomaly** -Congenital anomaly which is not in the visible and accessible parts of the body.
- b. **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body.

47) **Unproven/ Experimental treatment** Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

48) **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

49) **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

50) **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

51) **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

52) **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

53) **Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

- 54) **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 55) **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 56) **Room rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
- 57) **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

SECTION II: SCOPE OF COVER

If you contract any disease or suffer from any illness or accident and if such illness or accident shall require you to incur Inpatient care/Emergency care expenses for medical/ surgical treatment at any Hospital in India, upon medical advice of the duly qualified Medical Practitioner, we will pay you the amount of such expenses in excess of the deductible per hospitalization that are the reasonable charges which are medically necessary and incurred in respect by or on behalf of You up to limits indicated but not exceeding the sum insured during the period stated in the Policy Schedule. In the event of any claims becoming admissible under the Policy, We will pay to You or the Nominee as under:

1. Room rent, Board & Nursing Expenses as provided by the hospital/ nursing home charges.
2. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
3. Anesthesia, 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.
4. Pre-hospitalisation medical expenses incurred within 60 days prior to Hospitalisation due to illness/ injury sustained.
5. Post-hospitalisation medical expenses incurred within 90 days after the date of discharge from the hospital.

Deductible: Amount stated in the Schedule shall be borne by You in respect of each and every Claim made under this Policy. Our liability to make any payment under the Policy is in excess of the Deductible. For the purpose of calculation of the deductible per hospitalization any expenses incurred on room and boarding, nursing expenses, surgeon's, anesthetist, medical practitioners, consultants and specialist's fees, anesthesia, Blood, Oxygen, Operation theater charges, surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses will be taken into account. However Pre-hospitalisation and Post- hospitalization expenses will not be taken into account.

SECTION III: GENERAL EXCLUSIONS

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

1. Pre-existing diseases/ condition: Benefits will not be available for Any condition, ailment or injury or related condition(s) for which You have been diagnosed, received medical treatment, had signs and/ or symptoms, prior to inception of Your first High deductible Health Insurance Policy, until 48 consecutive months have elapsed, after the date of inception of the first High deductible Health Insurance Policy.

This Exclusion shall cease to apply if You have maintained the Health Insurance Policy with Us for a continuous period of a full 4 years, without break from the date of Your first similar **policy**(high deductible policy).

In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of similar (high deductible policy) policy without break in cover.

2. **30-day Exclusion:** Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury. This Exclusion shall apply only to the extent of the amount by which the limit on indemnity has been increased if the Policy is a renewal of similar policy (high deductible policy) without break in cover.

3. Waiting period for specified diseases/ ailments/ conditions:

- 3.1. Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a similar High deductible Policy with Us in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement surgery is necessitated by accidental Bodily Injury.

3.2. In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of similar High deductible Policy without break in cover.

4. **Permanent Exclusions:** We will not pay for any expenses incurred by You in connection of the following:

- 4.1. 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).
- 4.2. Circumcision, unless necessary for treatment of a disease, not excluded hereunder or as may be necessitated due to an accident. Vaccination (except post-bite) inoculation, cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic surgery other than as may be necessitated due to an accident or as a part of any illness, refractive error corrective procedures, Unproven/Experimental treatment, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
- 4.3. 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, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), 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.
- 4.4. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental Bodily injury.
- 4.5. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
- 4.6. Expenses incurred towards treatment of illness/ disease/ condition arising out of alcohol use/ misuse or abuse of alcohol, substance or drugs (whether prescribed or not).
- 4.7. Convalescence, general debility, "Run-down" condition or rest cure, venereal disease, intentional self-injury.
- 4.8. In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.
- 4.9. Maternity expenses for treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynecologist that it is life threatening.
- 4.10. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus

(LAV) or Human Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

- 4.11. Congenital Internal and/ or external illness/ disease/ defect anomaly.
- 4.12. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/ Nursing Home.
- 4.13. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Physician.
- 4.14. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
- 4.15. Costs incurred on all methods of treatment including Alternative treatments other than Allopathy.
- 4.16. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- 4.17. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- 4.18. Outpatient Diagnostic, Medical and Surgical procedures or treatments (OPD treatment), non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 4.19. Doctor's home visit charges during pre and post hospitalization period, Attendant Nursing charges.
- 4.20. Expenses related to donor screening, treatment, excluding surgery to remove organs from the donor in case of a transplant surgery. We will not pay the donor's pre-and post-hospitalization expenses or any other medical treatment for the donor consequent to surgery.
- 4.21. Surgery to correct deviated septum and hypertrophied turbinate.
- 4.22. Treatment for any mental illness or psychiatric illness.
- 4.23. Personal comfort and convenience items or services such as television, telephone, barber or beauty service guest service and similar incidental services and supplies.
- 4.24. Standard list of excluded items as notified by IRDA attached as annexure 1.

SECTION IV: GENERAL CONDITIONS

a) Due Care

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You will cooperate with Us at all times.

b) Insured

Only the person named, as the Insured in the Schedule shall be covered under this Policy. The details of the Insured are as provided by You. Cover under this Policy shall be withdrawn upon such Insured giving 15 days written notice to be received by Us.

c) Cost of pre-insurance medical examination

We will reimburse 50% of the cost of any pre-insurance medical examination once the proposal is accepted and the policy is issued for that insured. We shall maintain a list of and the fees chargeable by, institutions where such Pre-insurance medical examination may be conducted, the reports from which will be accepted by Us. Such list shall be furnished to the prospective policyholder at the time of pre-insurance medical examination.

d) Communications

- i. Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule or the last registered address.
- ii. All notifications and declarations for Us must be in writing and sent to the address specified in the Schedule. Agents are not authorized to receive notices and declarations on Our behalf.
- iii. You must notify Us of any change in address.

e) Claims Procedure

If You meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

- i. Cashless treatment is only available at a Network Provider. In order to avail of cashless treatment, the following procedure must be followed by You:
 - a) Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form We will provide.
 - b) After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre-authorisation letter. The pre-authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorisation letter at the time of Your admission to the same.
 - c) If the procedure above is followed, You will not be required to directly pay for the Hospitalisation Expenses above the deductible in the Network Hospital that We are liable to indemnify under Section II above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Hospitalisation Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.
- ii. If pre-authorization as per e) i. above is denied by Us or if treatment is taken in a Non-Network Hospital or if You do not wish to avail cashless facility, then:
 - a) You or someone claiming on Your behalf must give Notification of Claim in writing immediately, and in any event within 48 hours of the aforesaid Illness or Bodily Injury. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
 - b) You must take steps or measure to minimise the quantum of any claim that may be made under this Policy.
 - c) You must have Yourself examined by Our medical advisors if We ask for this, at the insurers cost.
 - d) You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the necessary documents (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information We ask for to investigate the claim or Our obligation to make payment for it.
 - e) In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if conducted) within 30 days.
 - f) The periods for intimation or submission of any documents as stipulated (a), (d), and (e) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.
- iii. In case the originals are required by the primary insurer, we would return the original documents to the primary insurer after stamping the documents for the amount we have settled under the policy.

**Note: Waiver of conditions (a) and (e) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit. This would also be considered in case of every claim where insured may have intimated primary insurer only, as he may not know initially that his claim will cross deductible.*

iv. **Settlement of Claims:**

- i. Our doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.
- ii. Pending claims will be asked for submission of incomplete documents.
- iii. Rejected claims will be informed to the Insured Person in writing with reason for rejection.
- iv. Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the Protection of Policyholders' Interest Regulations, 2000, by You, We will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year.

v. **Basis of claims payment**

- a) If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- b) If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.
- c) We shall make payment in Indian Rupees only.

f) Fraud

If You or any of Your family members make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

g) Free Look Period

- i) The insured will be allowed a period of at least 15 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
- ii) If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons 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 policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

h) Renewal & Cancellation

- i) Your policy shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- ii) This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. A grace period of 30 days is permissible for renewals. Any medical expenses incurred as a result of disease condition/ accident contracted during the break period would not be admissible under the policy. We shall not be bound to give notice that such renewal premium is due.
- iii) For renewal proposal received after completion of grace period of 30 days, all waiting periods including for Health Check-up, would apply afresh.
- iv) There will be no loading on premium for adverse claims experience.
- v) There is no cumulative bonus available under the policy.
- vi) We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.

- vii) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

| Period on risk | Rate of premium refunded |
|----------------------|--------------------------|
| Up to one month | 75% of annual rate |
| Up to three months | 50% of annual rate |
| Up to six months | 25% of annual rate |
| Exceeding six months | Nil |

- viii) For Family floater policies, in the event of the death of any of the insured members, the cover ceases to exist for that insured and the remaining members would continue to have the coverage until the end of the policy period. Refund in case of the deceased member will be as per pro- rate premium, subject to no claim.
- ix) The brochure / prospectus mentions the premium rates as per the age slabs/sum insured for the completed age at every renewal and 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.

i) Contribution (In case of Multiple Policies)

If You or any of your family members covered under the policy hold two or more policies from one or more insurers to indemnify treatment costs, we will not apply the contribution clause, and you will have the right to require a settlement of your claim in terms of any of the policies you or your family members hold with any insurer.

- i) In all such cases if you or your family members covered choose to claim under our policy then we shall settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the policy.
- ii) If the amount claimed under our Policy exceeds the sum insured after considering the deductibles or co-payment, then you shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, we will settle the claim with contribution clause.
- iii) Except in benefit policies, in cases where you have policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the hospitalization costs in accordance with the terms and conditions of our policy.
- iv) If your policy is renewed with us and the claim event of the insured member (covered in both these policies) falls within these two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured subject to the premium being received for the renewal of the health insurance policy.

j) Subrogation

The insured person and any claimant under this Policy shall do whatever is necessary to enable the Company to enforce any rights and remedies or obtain relief from other parties to which the Company would become entitled or subrogated upon the Company paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after the insured person's indemnification by the Company. This section is not applicable to any benefit cover if given under the policy.

k) Portability

- i) Portability will be granted to policy holders of a similar Health Indemnity policy of another insurer to Future Health Surplus policy as per portability guidelines.
- ii) Portability will be granted subject to the policyholder desirous of porting his policy to Future Health Surplus Policy applying to Future Generali India Insurance Company Ltd at least 45 days before the premium renewal date of his/her existing policy.
- iii) We will not be liable to offer portability if policyholder fails to approach us at least 45 days before the premium renewal date.
- iv) Where the outcome of acceptance of portability is still awaited from us on the date of renewal the existing policyholder should extend his existing policy with the existing insurer on a short period basis as per the portability guidelines.
- v) Portability will be allowed for all individual Health Insurance policies issued by non-life insurance companies including family floater policies.

- vi) Individual members, including the family members covered under Group Health policy of similar type of Future Generali India Insurance Company shall have the right to migrate from such a group policy to a Individual/ Family Floater Health Surplus Policy with the same insurer.

l) Dispute Resolution

- i. Any and all disputes or differences, which may arise under or in relation to this Policy, relating to the quantum of any claim, liability otherwise being admitted, shall be referred to arbitration in accordance with Arbitration and Conciliation Act, 1996, within a period of 30 days of either the Company or the Insured giving notice in this regard.
- ii. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- iii. The expenses of the arbitrator shall be shared between the parties equally and such expenses along with all reasonable costs in the conduct of the arbitration shall be awarded by the arbitrator to the successful party, or where no party can be said to have been wholly successful, to such party, as substantially succeeded.
- iv. It is agreed a condition precedent to any right of action or suit upon this Policy that an award by such arbitrator or arbitrators shall be first obtained.
- v. In the event that these arbitration provisions shall be held to be invalid then all such disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

m) Compliance with Policy Provisions

Failure by You or the Insured Person to comply with any of the provisions in this Policy may invalidate all claims hereunder.

n) Territorial Limits and Law

- i. This Policy is restricted to insured events occurring in and Medical Expenses incurred in India .
- ii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
- iii. The Policy constitutes the complete contract of insurance .No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

SECTION V- DAY CARE LIST

List of Day Care treatments

In addition to Day Care list – We would also cover Any other surgeries /procedures agreed by Us in a hospital or a day care centre which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in technology.

1. Suturing - CLW -under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma
8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
11. True Cut Biopsy – Breast/liver/Kidney-Lymph Node/Pleura/Lung/Muscle biopsy/Nerve biopsy/synovial biopsy/Bone trephine biopsy/Pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Brochosopic treatment of bleeding lesion
24. Brochosopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Parenteral Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubiccystostomy
60. Trans urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue

110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseased tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth

125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies

Any other surgeries/procedures agreed by Us which require less than 24 hours hospitalization as an inpatient, due to subsequent advancement in Medical Technology.

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalization is not mandatory.

ANNEXURE 1: NON PAYABLE ITEMS

| Sr.No. | Expense Head | Special Remarks |
|---------------|---|---|
| 1 | Hair Removal Cream | Not Payable |
| 2 | Baby Charges (Unless Specified/Indicated) | Not Payable |
| 3 | Baby Food | Not Payable |
| 4 | Baby Utilities Charges | Not Payable |
| 5 | Baby Set | Not Payable |
| 6 | Baby Bottles | Not Payable |
| 7 | Brush | Not Payable |
| 8 | Cozy Towel | Not Payable |
| 9 | Hand Wash | Not Payable |
| 10 | Moisturizer Paste Brush | Not Payable |
| 11 | Powder | Not Payable |
| 12 | Razor | Not Payable |
| 13 | Shoe Cover | Not Payable |
| 14 | Beauty Services | Not Payable |
| 15 | Belts/ Braces | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine. |
| 16 | Buds | Not Payable |
| 17 | Barber Charges | Not Payable |
| 18 | Caps | Not Payable |
| 19 | Cold Pack / Hot Pack | Not Payable |
| 20 | Carry Bags | Not Payable |
| 21 | Cradle Charges | Not Payable |
| 22 | Comb | Not Payable |
| 23 | Disposables Razors Charges | Payable for Site Preparations |
| 24 | Eau-De-Cologne / Room Fresheners | Not Payable |
| 25 | Eye Pad | Not Payable |
| 26 | Eye Shield | Not Payable |
| 27 | Email / Internet Charges | Not Payable |
| 28 | Food Charges (Other Than Patient's Diet Provided By Hospital) | Not Payable |
| 29 | Foot Cover | Not Payable |
| 30 | Gown | Not Payable |
| 31 | Leggings | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is Payable. |
| 32 | Laundry Charges | Not Payable |
| 33 | Mineral Water | Not Payable |
| 34 | Oil Charges | Not Payable |
| 35 | Sanitary Pad | Not Payable |
| 36 | Slippers | Not Payable |
| 37 | Telephone Charges | Not Payable |
| 38 | Tissue Paper | Not Payable |
| 39 | Tooth Paste | Not Payable |
| 40 | Tooth Brush | Not Payable |
| 41 | Guest Services | Not Payable |
| 42 | Bed Pan | Not Payable |
| 43 | Bed Under Pad Charges | Not Payable |
| 44 | Camera Cover | Not Payable |
| 45 | Cliniplast | Not Payable |
| 46 | Crepe Bandage | Not Payable |
| 47 | Curapore | Not Payable |
| 48 | Diaper Of Any Type | Not Payable |
| 49 | DVD, CD Charges | If CD is specifically sought by Insurer, then Payable |
| 50 | Eyelet Collar | Not Payable |
| 51 | Face Mask | Not Payable |
| 52 | Flexi Mask | Not Payable |

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| 53 | Gauze Soft | Not Payable |
| 54 | Gauze | Not Payable |
| 55 | Hand Holder | Not Payable |
| 56 | Hansaplast / Adhesive Bandages | Not Payable |
| 57 | Infant Food | Not Payable |
| 58 | Slings | Reasonable costs for one sling in case of upper arm fractures should be considered |
| 59 | Weight Control Programs/ Supplies/ Services | Not Payable |
| 60 | Cost Of Spectacles / Contact Lenses / Hearing Aids | Not Payable |
| 61 | Dental Treatment Expenses That Do Not Require Hospitalisation | Not Payable |
| 62 | Hormone Replacement Therapy | Not Payable |
| 63 | Home Visit Charges | Not Payable |
| 64 | Infertility / Subfertility / Assisted Conception Procedure | Not Payable |
| 65 | Obesity (Including Morbid Obesity) | Not Payable |
| 66 | Psychiatric & Psychosomatic Disorders | Not Payable |
| 67 | Corrective Surgery For Refractive Error | Not Payable |
| 68 | Treatment Of Sexually Transmitted Diseases | Not Payable |
| 69 | Donor Screening Charges | Not Payable |
| 70 | Admission / Registration Charges | Not Payable |
| 71 | Hospitalisation For Evaluation / Diagnostic Purpose | Not Payable |
| 72 | Expenses For Investigation / Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed | Not Payable |
| 73 | Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From HIV / AIDS Etc Is Detected / Directly Or Indirectly | Not Payable |
| 74 | Stem Cell Implantation / Surgery And Storage | Not Payable except Bone Marrow Transplantation where covered by policy |
| 75 | Ward And Theatre Booking Charges | Payable under OT Charges, not Payable separately |
| 76 | Arthroscopy & Endoscopy Instruments | Rental charged by the hospital Payable. Purchase of instruments not Payable |
| 77 | Microscope Cover Payable Under OT | Payable under OT Charges, not Payable separately |
| 78 | Surgical Blades, Harmonic Scalpel, Shaver | Payable under OT Charges, not Payable separately |
| 79 | Surgical Drill | Payable under OT Charges, not Payable separately |
| 80 | Eye Kit | Payable under OT Charges, not Payable separately |
| 81 | Eye Drape | Payable under OT Charges, not Payable separately |
| 82 | X - Ray Film | Payable under Radiology Charges, not as consumable |
| 83 | Sputum Cup | Payable under Investigation Charges, not as consumable |
| 84 | Boyles Apparatus Charges | Payable under OT Charges, not Payable separately |
| 85 | Blood Grouping And Cross Matching Of Donors Samples | Not Payable, Part of cost of blood |
| 86 | Antiseptic Or Disinfectant Lotions | Not Payable, Part of Dressing Charges |
| 87 | Band Aids, Bandages, Sterile Injections, Needles, Syringes | Not Payable, Part of Dressing Charges |
| 88 | Cotton | Not Payable, Part of Dressing Charges |
| 89 | Cotton Bandage | Not Payable, Part of Dressing Charges |
| 90 | Micropore / Surgical Tape | Not Payable, Part of Dressing Charges |
| 91 | Blade | Not Payable |
| 92 | Apron | Not Payable, Part of Hospital Services / Disposable Linen to be part of OT / ICU Charges |
| 93 | Torniquet | Not Payable |
| 94 | Orthobundle, Gynaec Bundle | Not Payable, Part of Dressing Charges |
| 95 | Urine Container | Not Payable |
| 96 | Luxury Tax | Actual tax levied by government is Payable. Part of charge for room sub limits |
| 97 | HVAC | Not Payable, part of room charge |
| 98 | Housekeeping Charges | Not Payable, part of room charge |
| 99 | Service Charges Where Nursing Charge Also Charged | Not Payable, part of room charge |
| 100 | Television & Air Conditioner Charges | Not Payable, part of room charge |
| 101 | Surcharges | Not Payable, part of room charge |
| 102 | Attendant Charges | Not Payable, part of room charge |
| 103 | IM IV Injection Charges | Not Payable, part of Nursing charges |
| 104 | Clean Sheet | Not Payable, pat of laundry / housekeeping |
| 105 | Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge) | Patient Diet provided by hospital is Payable |

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| 106 | Blanket / Warmer Blanket | Not Payable, part of room charge |
| 107 | Admission Kit | Not Payable |
| 108 | Birth Certificate | Not Payable |
| 109 | Blood Reservation Charges And Ante Natal Booking Charges | Not Payable |
| 110 | Certificate Charges | Not Payable |
| 111 | Courier Charges | Not Payable |
| 112 | Conveyance Charges | Not Payable |
| 113 | Diabetic Chart Charges | Not Payable |
| 114 | Documentation Charges / Administrative Expenses | Not Payable |
| 115 | Discharge Procedure Charges | Not Payable |
| 116 | Daily Chart Charges | Not Payable |
| 117 | Entrance Pass / Visitors Pass Charges | Not Payable |
| 118 | Expenses Related To Prescription On Discharge | Not Payable. To be claimed by patient under post hospitalization expenses, if admissible |
| 119 | File Opening Charges | Not Payable |
| 120 | Incidental Expenses / Misc. Charges (Not Explained) | Not Payable |
| 121 | Medical Certificate | Not Payable |
| 122 | Maintenance Charges | Not Payable |
| 123 | Medical Records | Not Payable |
| 124 | Preparation Charges | Not Payable |
| 125 | Photocopies Charges | Not Payable |
| 126 | Patient Identification Band / Name Tag | Not Payable |
| 127 | Washing Charges | Not Payable |
| 128 | Medicine Box | Not Payable |
| 129 | Mortuary Charges | Payable upto 24 Hours. Shifting charges not Payable |
| 130 | Medico Legal Case Charges (MLC Charges) | Not Payable |
| 131 | External Durable Devices | Not Payable |
| 132 | Walking Aids Charges | Not Payable |
| 133 | Bipap Machine | Not Payable |
| 134 | Commode | Not Payable |
| 135 | CPAP / CAPD Equipments | Not Payable |
| 136 | Infusion Pump - Cost | Not Payable |
| 137 | Oxygen Cylinder (For Usage Outside The Hospital) | Not Payable |
| 138 | Pulse Oxymeter Charges | Not Payable |
| 139 | Spacer | Not Payable |
| 140 | Spirometer | Not Payable |
| 141 | SpO2 Probe | Not Payable |
| 142 | Nebulizer Kit | Not Payable |
| 143 | Steam Inhaler | Not Payable |
| 144 | Arm Sling | Not Payable |
| 145 | Thermometer | Not Payable |
| 146 | Cervical Collar | Not Payable |
| 147 | Splint | Not Payable |
| 148 | Diabetic Foot Wear | Not Payable |
| 149 | Knee Braces (Long / Short / Hinged) | Not Payable |
| 150 | Knee Immobilizer / Shoulder Immobilizer | Not Payable |
| 151 | Lumbosacral Belt | Essential and may be paid specifically for cases who have undergone surgery of lumbar spine |
| 152 | Nimbus Bed Or Water Or Air Bed Charges Payable For Any ICU | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200/ day |
| 153 | Ambulance Collar | Not Payable |
| 154 | Ambulance Equipment | Not Payable |
| 155 | Microshield | Not Payable |
| 156 | Abdominal Binder | Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| 157 | Betadine \ Hydrogen Peroxide \ Spirit \ Disinfectants Etc. | May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital |

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| 158 | Private Nurses Charges- Special Nursing Charges | Post hospitalization nursing charges not Payable |
| 159 | Nutrition Planning Charges - Dietician Charges / Diet Charges | Not Payable |
| 160 | Sugar Free Tablets | Payable. Sugar free variants of admissible medicines are not excluded |
| 161 | Creams Powders Lotions | Toiletries are not Payable, only prescribed medical pharmaceuticals Payable |
| 162 | Digestion Gels | Payable when prescribed |
| 163 | ECG Electrodes Upto 5 Electrodes | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and atleast one set every second day must be Payable |
| 164 | Gloves | Sterilized Gloves Payable. Unsterilized Gloves not Payable |
| 165 | HIV Kit | Payable for pre operative screening |
| 166 | Listerine / Antiseptic Mouthwash | Payable when prescribed |
| 167 | Lozenges | Payable when prescribed |
| 168 | Mouth Paint | Payable when prescribed |
| 169 | Nebulisation Kit | If used during hospitalization is Payable reasonably |
| 170 | Novarapid | Payable when prescribed |
| 171 | Volini Gel / Analgesic Gel | Payable when prescribed |
| 172 | Zytee Gel | Payable when prescribed |
| 173 | Vaccination Charges | Routine Vaccination not Payable. Post Bite Vaccination Payable |
| 174 | AHD | Not Payable. Part of hospital's own internal cost |
| 175 | Alcohol Swabs | Not Payable. Part of hospital's own internal cost |
| 176 | Scrub Solution / Sterillium | Not Payable. Part of hospital's own internal cost |
| 177 | Vaccine Charges For Baby | Not Payable |
| 178 | Aesthetic Treatment / Surgery | Not Payable |
| 179 | TPA Charges | Not Payable |
| 180 | Visco Belt Charges | Not Payable |
| 181 | Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc] | Not Payable |
| 182 | Examination Gloves | Not Payable |
| 183 | Kidney Tray | Not Payable |
| 184 | Mask | Not Payable |
| 185 | Ounce Glass | Not Payable |
| 186 | Outstation Consultant's / Surgeon's Fees | Not Payable, except for telemedicine consultations where covered by policy |
| 187 | Oxygen Mask | Not Payable |
| 188 | Paper Gloves | Not Payable |
| 189 | Pelvic Traction Belt | Not Payable |
| 190 | Referral Doctor'S Fees | Not Payable |
| 191 | Accu Check (Glucometry/ Strips) | Not Payable pre hospitalisation or post hospitalisation / Reports and Charts required |
| 192 | Pan Can | Not Payable |
| 193 | Sofnet | Not Payable |
| 194 | Trolley Cover | Not Payable |
| 195 | Urometer, Urine Jug | Not Payable |
| 196 | Ambulance | Payable-Ambulance from home to hospital or inter hospital shifts is Payable / RTA as specific requirement is Payable |
| 197 | Tegaderm / Vasofix Safety | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs |
| 198 | Urine Bag | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs |
| 199 | Softovac | Not Payable |
| 200 | Stockings | Essential for case like CABG etc. where it should be paid. |

Grievance Redressal Procedures





Dear Customer,

At **Future Generali** we are committed to provide **"Exceptional Customer-Experience"** that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

A "Grievance/Complaint" is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:


| | | | | | |
|---|---------------------------|---|---|----------------|---------------------------------|
|  | Help - Lines | 1800-220-233 / 1860-500-3333 / 022-67837800 |  | Email | Fgcare@futuregenerali.in |
| | | |  | Website | www.futuregenerali.in |
|  | GRO at each Branch | Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO) . | | | |

What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 - business days.
- Within 2 - weeks of receiving your grievance, we shall revert to you the final resolution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of receipt of response.

What do I do, if I am unhappy with the Resolution?

- You can write directly to our **Customer Service Cell at our Head office::**

| | | |
|---|------------------------------|---|
|  | Customer Service Cell | Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster. |
|---|------------------------------|---|

How do I Escalate?

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDA (Insurance Regulatory and Development Authority)**.

- **CALL CENTER: TOLL FREE NUMBER (152555).**
- **REGISTER YOUR COMPLAINT ONLINE AT: [HTTP://WWW.IGMS.IRDA.GOV.IN/](http://www.igms.irda.gov.in/)**

Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our **GRO**, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction. You may reach the nearest insurance ombudsman office. The list of Insurance Ombudsmen offices is as mentioned below.

| Office of the Ombudsman | Contact Details | Areas of Jurisdiction |
|-------------------------|--|--|
| AHMEDABAD | Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079- 27546840 Fax: 079-27546142 E-mail: ins.omb@rediffmail.com | Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu |
| BHOPAL | Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596455 Fax: 0674-2596429 E-mail: jobbsr@dataone.in | Orissa |
| CHANDIGARH | Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh |
| CHENNAI | Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018 Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: chennaiinsuranceombudsman@gmail.com | Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry) |
| NEW DELHI | Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23239633 Fax: 011-23230858 E-mail: jobdelraj@rediffmail.com | Delhi & Rajashtan |
| GUWAHATI | Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: ombudsmanghy@rediffmail.com | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD | Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel: 040-65504123 Fax: 040-23376599 E-mail: insombudhyd@gmail.com | Andhra Pradesh, Karnataka and UT of Yanam - a part of UT of Pondicherry |
| ERNAKULAM | Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759 Fax: 0484-2359336 E-mail: iokochi@asianetindia.com | Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry |
| KOLKATA | Insurance Ombudsman Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : iombsbpa@bsnl.in | West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim |
| LUCKNOW | Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331 Fax: 0522-2231310 E-mail: insombudsman@rediffmail.com | Uttar Pradesh and Uttaranchal |
| MUMBAI | Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928 Fax: 022-26106052 E-mail: ombudsmanmumbai@gmail.com | Maharashtra, Goa |

The updated details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website www.futuregenerali.in or from any of our offices

HEALTH INSURANCE CLAIM FORM

ALL FIELDS IN THIS FORM ARE MANDATORY AND THE CLAIM WILL BE NOT BE PROCESSED IF ANY OF THE DETAILS ARE MISSING

| | |
|---------------------------------------|--|
| Claim Number (For FGH Use Only) _____ | |
|---------------------------------------|--|

DETAILS OF PRIMARY INSURED

| | |
|---|---|
| Policy No : _____ Health Card No. of Patient _____ | |
| Policy Start Date _____ Policy End Date _____ Date of Joining the Policy _____ | |
| Corporate Name : _____ (Only for Group Policies) | |
| Employee ID _____ | |
| 1 | Name of the Employee / Individual: _____ |
| 2 | E-Mail address of the Employee/Individual: _____ |
| 3 | Mobile No: _____ |
| 4 | Permanent Account Number (PAN): _____ |
| Address: _____ | |
| City: _____ State: _____ Pincode: _____ Phone No: _____ | |

DETAILS OF INSURED PERSON HOSPITALIZED

| | |
|---|---|
| 1 | Name of the Patient: _____ |
| 2 | Relationship with the Employee / Proposer <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent |
| 3 | Date of Birth of Claimant: _____ Age : _____ Years Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4 | Occupation: Service / Self Employed / Homemaker / Student / Retired / Others |
| Residential Address (if different from above) | |
| Address: _____ | |
| _____ | |
| City: _____ State: _____ Pincode: _____ Phone No: _____ | |

DETAILS OF INSURANCE HISTORY:

Currently do you have any other Medclaim/Health Insurance Yes No
(if yes, provide other insurance details)

Date of commencement of first insurance without break: _____ (All previous policy copies to be enclosed)

Insurance Co. Name _____ Policy No: _____ Sum Insured _____

Have you been hospitalized in the last four years since inception of policy Yes No. If yes, please provide below details:

Date of Hospitalization: _____ Diagnosis: _____

Previously covered by any other Medclaim / Health Insurance Yes No

If Yes, Company Name _____

DETAILS OF HOSPITALIZATION

Name of Hospital where admitted: _____

Room Category occupied: Day Care Single Occupancy Twin Sharing 3 or more Bed per Room Others _____

Hospitalization due to Injury Illness Maternity - Date of Injury / Date of Disease first Detected / Date of Delivery: _____

In case of accident / injury: RTA Intentional Self Injury. How did injury occur: _____

Date of Accident / Injury: _____ Reported to Police Yes No, if Medico Legal Yes No

FIR / MLC No: _____ FIR / MLC copy attached Yes No

Injury / Diseases caused due to Substance Abuse / Alcohol Consumption: Yes No. Test conducted to establish this Yes No

System of Medicine: _____

DETAILS OF CLAIM

Claimed Amount in Words: Rupees _____

Pre Hospitalization Period (in days): _____ Post Hospitalization Period (in days): _____

| Details of the Treatment Expenses Claimed | Amount (Rs.) | Details of the Treatment Expenses Claimed | Amount (Rs.) |
|---|--------------|---|--------------|
| Pre Hospitalization Expenses | | Health Check Up Cost | |
| Hospitalization Expenses | | Ambulance Charges | |
| Post Hospitalization Expenses | | Others | |
| Total Claimed Amount (Rs.): | | | |

DETAILS OF BILL ENCLOSED

| Sr.No | Bill No | Date | Issued by | Towards | Amount (Rs.) |
|-------|---------|------|-----------|---------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Details of Lumpsum / Cash Benefit Claimed:

Hospital Daily Cash Rs. _____ Surgical Cash Rs. _____ Critical Illness Benefit Rs. _____ Convalescence Rs. _____

Pre and Post Lumpsum Benefit Rs. _____ Others Rs. _____ Total Rs. _____

| | |
|---|---|
| <p>1. Diagnosis _ _____</p> <p>2. Admission Date: _____ Time : _____</p> <p>3. Discharge Date : _____ Time: _____</p> <p>4. Name of Treating Doctor: _____</p> <p>5. Mobile No. of Treating Doctor: _____</p> <p>6. Name of Family Physician: _____</p> <p>7. Mobile No. of Family Physician: _____</p> | <p>Claim documents submitted - Check List:</p> <p><input type="checkbox"/> Claim Form duly signed</p> <p><input type="checkbox"/> Copy of Claim Intimation Letter</p> <p><input type="checkbox"/> Original Hospital Main Bill and Detailed Break Up</p> <p><input type="checkbox"/> Original Hospital Bill Payment Receipt</p> <p><input type="checkbox"/> Original Discharge Summary containing all relevant details</p> <p><input type="checkbox"/> All Original Pharmacy Bills and their Receipts</p> <p><input type="checkbox"/> Copies of all Investigation Reports & Prescriptions including OT Notes</p> <p><input type="checkbox"/> First Prescription / Consultation Letter from your Doctor</p> <p><input type="checkbox"/> Original Money Receipt duly signed with a Revenue Stamp</p> <p><input type="checkbox"/> Copy of Proposer / Employee Photo ID Proof & Address Proof</p> |
|---|---|

CONSENT REQUIREMENT FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT

I hereby authorize Future Generali India Insurance or any agency / individual authorized by them to obtain copies or review in person all my medical records including but not limited to admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. Details related to my past hospitalisations in your hospital can also be provided / shown to Future Generali or its authorized representatives. I agree that all information provided above by me in the claim documents is true and that if I have provided any false or untrue information, my right to claim the reimbursement of expenses shall be absolutely forfeited.

Name of Patient / Relative: _____

Relationship with Patient: _____

Signature of Patient / Relative: _____

Date: DD / MMM / YYYY

Please attach this form in Original to the hospital bill and other claim documents. Separate claim form required for each claim.

PLEASE ENCLOSE A PHOTOCOPY OF THE FUTURE GENERALI HEALTH ID CARD.

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND TRANSFER

NEFT Transfers will be done only in special cases subject to Future Generali discretion

| | | | | | | | | | | | | | | | |
|--|---------|--|--|--|--|---------|--|--|--|--|---------------|--|--|--|--|
| Bank Name | | | | | | | | | | | | | | | |
| Branch Name & Address | | | | | | | | | | | | | | | |
| Branch Phone No. | | | | | | | | | | | | | | | |
| Branch MICR Code | | | | | | | | | | | | | | | |
| Branch IFSC Code for NEFT | | | | | | | | | | | | | | | |
| (Please attach a Xerox copy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the bank name, branch name and account number) | | | | | | | | | | | | | | | |
| Account Type (Please Tick) | Savings | | | | | Current | | | | | Cash / Credit | | | | |
| Account No. (as appearing in Cheque Book) | | | | | | | | | | | | | | | |

Date from which the mandate should be effective: _____

I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold Future Generali India Insurance Company Ltd. responsible. I also undertake to advise any change in the particulars of my account to facilitate updation of records for purpose of credit of claim amount through NEFT.

Name of Employee / Proposer: _____

Signature of Employee / Proposer: _____ Date: _____

FEEDBACK AND SUGGESTIONS

We thank you for choosing Future Generali as your Insurance provider. We always strive to ensure that our service levels exceed our customer's expectations. In the spirit of this endeavour, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience with Future Generali and any suggestions for improving our services. We value your time and promise to evaluate your suggestions for improvement of our service.
