# GROUP HEALTH INSURANCE (Revised)
# Policy Wording

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) |** Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com | Email ID: gcicare@generalicentral.com| Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800.
**ISO No.: GCH/HP/FGH/PWG/001**

## I. Preamble

Whereas the Insured Person designated in the Schedule hereto has by a proposal and declaration dated as stated in the schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to Generali Central Insurance Company Ltd. (herein after called the Company) for the insurance herein after set forth in respect of Employees/Members (including their eligible Family Members) named in the schedule hereto (herein after called the Insured Person) and has paid premium as consideration for such insurance.

The Insured Person is eligible to be covered under this policy from birth/90 days (as a dependent child) up to the age of 80 years with lifelong renewability subject to continuous renewal of the group policy. This Policy records the agreement between the Company and the Insured Person and sets out the terms of insurance and the obligations of each party.

## II. DEFINITIONS:

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

### A. Standard Definitions

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 includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. **AYUSH Day Care Centre**:
   AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Hospital:**
   An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   a) Central or State Government AYUSH Hospital; or
   b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

6. **Cashless facility** 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 is approved.
7. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
8. **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.
9. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
10. **Day care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under -
    a. has qualified nursing staff under its employment;
    b. has qualified medical practitioner/s in charge;
    c. has 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.
11. **Day care treatment** means medical treatment, and/or surgical procedure which is:
    a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
    b. which would have otherwise required hospitalization of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.
12. **Deductible** means 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.
13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disclosure to information norm**: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact.
15. **Domiciliary hospitalization** 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:
    (i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
    (ii) the patient takes treatment at home on account of non-availability of room in a hospital.
16. **Emergency care** means management for an 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.
17. **Hospital**: A hospital 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) and the said act Or complies with all minimum criteria as under:
    i. has qualified nursing staff under its employment round the clock;
    ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    iii. has qualified medical practitioner(s) in charge round the clock;
    iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;

v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

18. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive *'In- patient Care'* hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
19. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    a. **Acute condition** - 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 rehabilitation for the patient or for the patient to be specially trained to cope with it
        (iv) it continues indefinitely
        (v) it recurs or is likely to recur
20. **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.
21. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.
22. **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.
23. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
24. **Maternity expense/treatment** means**:**
    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.
25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
26. **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.
27. **Medical Practitioner** means 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 its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.
28. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
    i. is required for the medical management of the illness or injury suffered by the insured.
    ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
    iii. must have been prescribed by a medical practitioner.
    iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

29. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer
30. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
31. **New Born baby** means baby born during the Policy Period and is aged up to 90 days.
32. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
33. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
34. **OPD treatment** means the 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.
35. **Portability** means the right accorded to an individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
36. **Pre-existing Disease** means any condition, ailment, injury or disease:
    a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
    b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
37. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, 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.
38. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
    i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
    ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
39. **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.
40. **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.
41. **Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
42. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
43. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
44. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.

**B. Specific Definitions**

45. **Associated 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. In case of copayment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:

a. Cost of pharmacy and consumables.
b. Cost of implants and medical devices
c. Cost of diagnostics

46. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
47. **Claim**: means a demand made in accordance with the terms and conditions of the Policy for payment of Medical Expenses or Optional EXTENSION in respect of the Insured Member as covered under the Policy.
48. **Dependent** means a person who is a member of the Primary Insured Member's family who is legally wedded spouse, natural or legally adopted child, parents and parents in law and whose name is mentioned in the Policy schedule as an Insured Member.
49. **Dependent Child:** A 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.
50. **Policy Period** The period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
51. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
52. **Policyholder**: means the entity or person named as such in the Schedule.
53. **Room rent:** Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
54. **Spouse**: means an insured person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.
55. **We/Our/Us/ GCICL**: means Generali Central Insurance Company limited.
56. **You/Your**: means the Policyholder.

Please note

a) Insect and mosquito bites is not included in the scope of definition of Accident.
b) Medical Expenses would include both medical treatment and/ or surgical treatment

## III. SCOPE OF COVER

Now this policy witnesseth that subject to the terms, Conditions, exclusions and definitions contained herein or endorsed or otherwise expressed here on the Company undertakes that if during the period stated in the schedule or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident (herein after called INJURY) and if such disease or injury shall require any such Insured Person, upon the medical advice of a duly qualified Physician/ Medical Specialist/ Medical Practitioner (herein after called Medical Practitioner) or of a duly qualified surgeon (herein after called SURGEON) to incur Inpatient care/ Emergency care/ Domiciliary Hospitalisation expenses for medical/ surgical treatment at any Nursing Home/ Hospital in India as herein defined (herein after called Hospital) as an inpatient, the Company will pay to the Insured Person the amount of such expenses as would fall under different heads mentioned below, and as are medically necessary and reasonable & customary charges incurred therefore by or on behalf of such Insured Person, but not exceeding the sum insured for the person in any one period of such insurance as mentioned in the schedule hereto.

1. **In Patient Expenses**
   We will pay the Reasonable and Customary Charges for Medical Expenses that are incurred during the Hospitalisation of the Insured Person for Medically Necessary treatment required due to an Illness or Injury sustained by the Insured Person during the Policy Period.

2. **Day Care Treatment expenses**
   We will pay the Reasonable and Customary Charges for Medically Necessary Day Care Treatment taken by the Insured Person on advanced technological Surgical Procedures requiring less than 24 hours of Hospitalization as listed out in Section VI of the Policy.

**3. Pre-hospitalisation Medical Expenses**

We will pay the Reasonable and Customary Charges for Medical Expenses incurred up to 30 days prior to hospitalization on disease/ injury/ illness, 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.

**4. Post-hospitalisation Medical Expenses**

We will pay the Reasonable and Customary Charges for Medical Expenses incurred up to 60 days after discharge 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.

**5. Domiciliary Hospitalisation Expenses**

In this policy Domiciliary Hospitalisation expenses are limited to 15% of the sum insured. However that domiciliary hospitalisation benefits shall not cover:-

1 Expenses incurred for pre and post hospital treatment and
2 Expenses incurred for treatment for any of the following diseases
   i. Asthma
   ii. Bronchitis
   iii. Chronic Nephritis and Nephritic Syndrome
   iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
   v. Diabetes Mellitus and Insipidus
   vi. Epilepsy
   vii. Hypertension
   viii. Influenza, Cough and Cold
   ix. All Psychiatric or Psychosomatic Disorders
   x. Pyrexia of unknown Origin for less than 10 days
   xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
   xii. Arthritis, Gout and Rheumatism
   xiii. Dental Treatment or Surgery

Note: The Company's Liability in respect of all claims admitted including Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses during the period of insurance shall not exceed the Sum Insured for the person as mentioned in the schedule.

**6. OPTIONAL COVERS:**

Optional Covers are available on payment of additional premium, the details of optional covers are mentioned in Annexure II.

## IV. EXCLUSIONS:

**1. Waiting Periods**

All Illnesses and treatments shall be covered subject to the waiting periods specified below.

**a) Pre-Existing Disease- Excl 01**

i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
iv. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

**b) Specified disease/procedure waiting period- Code- Excl02**

i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
vi. List of specific diseases/procedures:

**i. Waiting period of 12 months**:

a. Cataract
b. Benign Prostatic Hypertrophy
c. Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus
d. Hernia
e. Hydrocele
f. Fistula in anus, piles
g. Sinusitis and related disorders
h. Surgery for prolapsed inter vertebral disc unless arising from accident
i. Surgery of varicose veins and varicose ulcers
j. Joint Replacement due to Degenerative condition, Age related osteoarthritis and Osteoporosis.

**ii. 30 days waiting period Excl -03**

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**2. Standard 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:

**a) Investigation & Evaluation- Code- Excl04**

i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

**b) Rest Cure, rehabilitation and respite care- Code- Excl05**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

**c) Obesity/ Weight Control: Code- Excl06**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
   a) greater than or equal to 40 or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

**d) Change-of-Gender treatments: Code- Excl07**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

**e) Cosmetic or Plastic Surgery: Code- Excl08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medically necessity, it must be certified by the attending Medical Practitioner.

**f) Hazardous or Adventure sports: Code- Excl09**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.

**g) Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

**h) Excluded Providers: Code- Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/ notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

**i) Code- Excl12**

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

**j) Code- Excl13**

Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

**k) Code- Excl14**
Dietary supplements and substances which are available naturally and that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedures.

**l) Refractive Error: Code- Excl15**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

**m) Unproven Treatments**: **Code- Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**n) Birth control, Sterility and Infertility: Code- Excl17**
Expenses related to Birth Control, sterility and infertility. This includes:
(i) Any type of contraception, sterilization
(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
(iii) Gestational Surrogacy
(iv) Reversal of sterilization

**o) Maternity: Code Excl 18**
i. Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean section incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during policy period.

**3. Specific 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:

**p)** 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).
**q)** Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
**r)** Vaccination/ inoculation (except as post bite treatment).
**s)** Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to wheel chair ,crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose ;is generally not useful in absence of an Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.
**t)** Any dental treatment or surgery which is a corrective in nature, unless it requires Hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.
**u)** Personal comfort and convenience items or services such as television, telephone, barber or beauty service guest service and similar incidental services and supplies.
**v)** Any External Congenital illness/ disease/ defect/ anomaly.
**w)** Venereal/ Sexually Transmitted disease other than HIV/AIDS.
**x)** Intentional self-injury.
**y)** Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
**z)** Stem cell storage.
**aa)** Outpatient Diagnostic, Medical and Surgical procedures or treatments (OPD treatment),
**bb)** non-prescribed drugs and medical supplies,
**cc)** Hormone replacement therapy.
**dd)** Any kind of Service charges, Surcharges, Admission fees/ Registration charges etc levied by the

hospital.

**ee)** Medical Practitioner's home visit charges, Attendant/ Nursing charges during pre and post hospitalization period.

**ff)** Expenses related to donor screening, treatment, including surgery to remove organs from the donor in case of a transplant surgery.

**gg)** Standard list of excluded items as mentioned in Annexure I and on our website: https://generalicentralinsurance.com

## V. GENERAL TERMS AND CLAUSES

### A. Standard General Terms and Clauses

**1. Disclosure to information norm**:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

**2. Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

**3. Migration**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
https://generalicentralinsurance.com/portability-and-migration

**4. Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**5. Multiple Policies**

a) In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

b) Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

c) If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

d) Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

**6. Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
c. any other act fitted to deceive; and
d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

**7. Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

**8. Redressal of Grievance**

In case of any grievance the insured person may contact the company through
Website: https://generalicentralinsurance.com
Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800
Email: GCIcare@generalicentral.com
Courier: Grievance Redressal Cell, Generali Central Insurance Company Ltd.
Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GCIGRO@generalicentral.com or call at: 7900197777

For updated details of grievance officer, kindly refer the link:
https://generalicentralinsurance.com/customer-service/grievance-redressal

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for

redressal of grievance as per Insurance Ombudsman Rules 2017. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - https://bimabharosa.irdai.gov.in/

## B. Specific General Terms and Clauses

1. Every notice of communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.

2. The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

3. **Administration of Policy**
   1. **Claims Procedure**: Claims procedure for policies serviced by in-house service administrator (Generali Central Health (GCH)
      a. The Company's in-house service administrator will provide the user guide & identity card to Insured Person within 15 days from the date of issue of policy. User guide will have following details:
         i. Contact details of in-house service administrator
         ii. Website address of in-house service administrator
         iii. Updated Network list of hospitals with their contact details.
         iv. Claim submission guidelines.
      b. Notification of the Claim intimation should be given within 48 hrs of Admission or before Discharge from Hospital/ Nursing Home.
      c. The Insured Person shall without any delay consult a medical practitioner and follow the advice and treatment recommended, take reasonable step to minimize the quantum of any claim that might be made under this Policy.
      d. The Insured Person shall immediately file the claim and in any case within 30 days of discharge from the Hospital provide the Company with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
      e. The Insured Person shall submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.

   2. **Claims Administration**: If Insured Person meets with any accidental Bodily Injury or suffers an Illness that may result in a claim, then as a condition precedent to the Company's liability, Insured Person 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 Insured Person:
         a) Prior to taking treatment and/ or incurring Medical Expenses at a Network Hospital, Insured Person must call us at our call centre and request pre-authorisation by way of the written form.
         b) After considering Insured Persons request and obtaining any further information or documentation that the Company has sought, Company may, if satisfied, send the Network Provider an authorisation letter. The authorisation letter, the ID card issued to Insured Person along with this Policy and any other information or documentation that Company has specified must be produced to the Network Provider identified in the pre-authorisation letter at the time of Insured Persons admission to the same.

c) If the procedure above is followed, Insured Person will not be required to directly pay for the Medical Expenses in the Network Hospital that the Company is liable to indemnify under this Policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorisation does not guarantee that all costs and expenses will be covered. The Company reserves the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. Insured Person shall, in any event, be required to settle all other expenses directly.

ii. If pre-authorisation as above is denied by the Company or if treatment is taken in a Hospital which is Non-Network or if Insured Person does not wish to avail cashless facility, then:

a) Insured Person must give Notification of Claim, in writing, immediately, and in any event within 48 hours of the aforesaid Illness or Bodily Injury. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends.

b) Insured Person must promptly and in any event within 30 days of discharge from a Hospital give the Company the documentation (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 the Company asks for to investigate the claim or the Company's obligation to make payment for it.

c) In the event of the death of the insured person, someone claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 14 days.

d) The periods for intimation or submission of any documents as stipulated under (a), (b), and (c) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

**3. Claims Processing**

a) Claims submission

i. Insured Person will submit the claim papers to in-house service administrator

ii. Following is the 'necessary' document list for claim submission:

- Claim form
- Original discharge summary
- Original set of investigation reports
- Original bills and receipts
- Pharmacy bills in original with prescriptions

b) Claims Processing

i. The Company's In-house service administrator 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. In cashless claims, hospital will submit the claims to the Company's In-house service administrator for payment.

c) Claims Settlement

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
v. The Company's In-house service administrator will send the discharge voucher with details of allowed and disallowed amount
vi. Insured Person will send the signed discharge voucher to the Company's in-house service administrator, on which the administrator will send the cheque in name of Insured Person.

**4. Policy Period**

a) The Policy can be issued for minimum tenure of 1 year
b) In case of Credit Linked Policies, the Policy can be issued for a maximum tenure of 5 years or up to the loan period, whichever is less.

**5. Renewal & Cancellation**

a) This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
b) Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
c) The Company may cancel this insurance by giving the Insured Person at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period.
d) The Insured Person may cancel this insurance by giving the Company at least 7 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period
e) In case the Policy Period exceeds one year, this Policy may be cancelled by the Insured Person at any time by giving at least 7 days written notice to Us and if no claim has been made, We will refund premium on a pro-rata basis.
f) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
g) The Policyholder shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed
h) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.
Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.
i) The premium rates or loadings for the product would not be changed without approval from Authority. However, the performance of the product will be reviewed annually and further pricing will be done on experience basis.

**6. Addition and Deletion of members**

a. The new members of the Group Insurance Policy can be added at periodic intervals. However, the insurance coverage for every member of the group insurance policy shall not exceed the maximum policy term.
b. The Company may issue multiple group insurance policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.

c. All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

**7. Arbitration Clause**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.
Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

**8. Denial of liability**

If the Company shall disclaim liability to the Insured Person for any claim hereunder and if the Insured Person shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**9. Territorial limit**

All medical/ surgical treatments/ expenses under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency (Indian Rupees).

## VI. DAY CARE LIST

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

**I. Cardiology Related:**

1. Coronary Angiography

**II. ENT Related:**

2. Myringotomy With Grommet Insertion
3. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
4. Removal Of A Tympanic Drain
5. Operations On The Turbinates (nasal Concha)
6. Stapedotomy To Treat Various Lesions In Middle Ear
7. Revision Of A Stapedectomy
8. Other Operations On The Auditory Ossicles
9. Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
10. Fenestration Of The Inner Ear
11. Revision Of A Fenestration Of The Inner Ear
12. Palatoplasty
13. Transoral Incision And Drainage Of A Pharyngeal Abscess
14. Tonsillectomy Without Adenoidectomy
15. Tonsillectomy With Adenoidectomy
16. Excision And Destruction Of A Lingual Tonsil
17. Revision Of A Tympanoplasty
18. Other Microsurgical Operations On The Middle Ear
19. Incision Of The Mastoid Process And Middle Ear
20. Mastoidectomy
21. Reconstruction Of The Middle Ear
22. Other Excisions Of The Middle And Inner Ear
23. Other Operations On The Middle And Inner Ear
24. Excision And Destruction Of Diseased Tissue Of The Nose
25. Nasal Sinus Aspiration
26. Foreign Body Removal From Nose
27. Adenoidectomy
28. Stapedectomy Under GA
29. Stapedectomy Under LA
30. Tympanoplasty (type IV)
31. Turbinectomy
32. Endoscopic Stapedectomy
33. Incision And Drainage Of Perichondritis
34. Septoplasty
35. Thyroplasty Type I
36. Pseudocyst Of The Pinna - Excision
37. Incision And Drainage - Haematoma Auricle
38. Reduction Of Fracture Of Nasal Bone
39. Excision Of Angioma Septum
40. Turbinoplasty
41. Incision & Drainage Of Retro Pharyngeal Abscess
42. Uvulo Palato Pharyngo Plasty
43. Adenoidectomy With Grommet Insertion
44. Adenoidectomy Without Grommet Insertion
45. Incision & Drainage Of Para Pharyngeal Abscess

**III. Gastroenterology Related:**

46. Pancreatic Pseudocyst Eus & Drainage
47. RF Ablation For Barrett's Oesophagus
48. EUS + Aspiration Pancreatic Cyst
49. Small Bowel Endoscopy (therapeutic)
50. Colonoscopy, Lesion Removal
51. ERCP
52. Colonscopy Stenting Of Stricture
53. Percutaneous Endoscopic Gastrostomy
54. EUS And Pancreatic Pseudo Cyst Drainage
55. ERCP And Choledochoscopy
56. Proctosigmoidoscopy Volvulus Detorsion
57. ERCP And Sphincterotomy
58. Esophageal Stent Placement
59. ERCP + Placement Of Biliary Stents
60. Sigmoidoscopy W / Stent
61. EUS + Coeliac Node Biopsy

**IV. General Surgery Related:**

62. Incision Of A Pilonidal Sinus / Abscess
63. Fissure In Ano Sphincterotomy
64. Piles Banding
65. Surgery for Hernia
66. Surgical Treatment Of Anal Fistulas
67. Division Of The Anal Sphincter (sphincterotomy)
68. Epididymectomy
69. Incision Of The Breast Abscess
70. Operations On The Nipple
71. Excision Of Single Breast Lump
72. Incision And Excision Of Tissue In The Perianal Region

73. Surgical Treatment Of Hemorrhoids
74. Sclerotherapy
75. Wound Debridement And Cover
76. Abscess-decompression
77. Infected Sebaceous Cyst
78. Incision And Drainage Of Abscess
79. Suturing Of Lacerations
80. Scalp Suturing
81. Infected Lipoma Excision
82. Maximal Anal Dilatation
83. Piles Injection Sclerotherapy
84. Liver Abscess- Catheter Drainage
85. Fissure In Ano- Fissurectomy
86. Fibroadenoma Breast Excision
87. Oesophageal Varices Sclerotherapy
88. ERCP - Pancreatic Duct Stone Removal
89. Perianal Abscess I & D
90. Perianal Hematoma Evacuation
91. UGI Scopy And Polypectomy Oesophagus
92. Breast Abscess I & D
93. Oesophagoscopy And Biopsy Of Growth Oesophagus
94. ERCP - Bile Duct Stone Removal
95. Splenic Abscesses Laparoscopic Drainage
96. UGI Scopy And Polypectomy Stomach
97. Feeding Jejunostomy
98. Varicose Veins Legs - Injection Sclerotherapy
99. Pancreatic Pseudocysts Endoscopic Drainage
100. Zadek's Nail Bed Excision
101. Rigid Oesophagoscopy For Dilation Of Benign Strictures
102. Lord's Plication
103. Jaboulay's Procedure
104. Scrotoplasty
105. Circumcision For Trauma
106. Meatoplasty
107. Intersphincteric Abscess Incision And Drainage
108. PSOAS Abscess Incision And Drainage
109. Thyroid Abscess Incision And Drainage
110. Tips Procedure For Portal Hypertension
111. Esophageal Growth Stent
112. Pair Procedure Of Hydatid Cyst Liver
113. Tru Cut Liver Biopsy
114. Laparoscopic Reduction Of Intussusception
115. Microdochectomy Breast
116. Sentinel Node Biopsy
117. Testicular Biopsy
118. Sentinel Node Biopsy Malignant Melanoma
119. TURBT
120. URS + LL

**V. Gynecology Related:**

121. Conization Of The Uterine Cervix
122. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
123. Incision Of Vulva
124. Salpingo-oophorectomy Via Laparotomy
125. Endoscopic Polypectomy
126. Hysteroscopic Removal Of Myoma
127. D & C
128. Hysteroscopic Resection Of Septum
129. Thermal Cauterisation Of Cervix
130. Mirena Insertion
131. Laparoscopic Hysterectomy
132. LEEP (Loop Electrosurgical Excision Procedure)
133. Cryocauterisation Of Cervix
134. Polypectomy Endometrium
135. Hysteroscopic Resection Of Fibroid
136. LLETZ (large loop excision of the transformation zone)
137. Conization
138. Polypectomy Cervix
139. Hysteroscopic Resection Of Endometrial Polyp
140. Vulval Wart Excision
141. Laparoscopic Paraovarian Cyst Excision
142. Uterine Artery Embolization
143. Laparoscopic Cystectomy
144. Hymenectomy (Imperforate Hymen)
145. Vaginal Wall Cyst Excision
146. Vulval Cyst Excision
147. Laparoscopic Paratubal Cyst Excision
148. Vaginal Mesh For POP
149. Laparoscopic Myomectomy
150. Repair Recto- Vagina Fistula
151. Pelvic Floor Repair (Excluding Fistula Repair)
152. Laparoscopic Oophorectomy

**VI. Neurology Related:**

153. Facial Nerve Glycerol Rhizotomy
154. Stereotactic Radiosurgery
155. Percutaneous Cordotomy
156. Diagnostic Cerebral Angiography
157. VP Shunt
158. Ventriculoatrial Shunt

**VII. Oncology Related:**

159. Radiotherapy For Cancer
160. Cancer Chemotherapy
161. IV Push Chemotherapy
162. HBI-hemibody Radiotherapy
163. Infusional Targeted Therapy
164. SRT-stereotactic ARC Therapy
165. SC Administration Of Growth Factors
166. Continuous Infusional Chemotherapy
167. Infusional Chemotherapy
168. CCRT-concurrent Chemo + RT
169. 2D Radiotherapy
170. 3D Conformal Radiotherapy
171. IGRT- Image Guided Radiotherapy
172. IMRT- Step & Shoot
173. Infusional Bisphosphonates
174. IMRT- DMLC
175. Rotational Arc Therapy
176. Tele Gamma Therapy
177. FSRT-fractionated SRT
178. VMAT-volumetric Modulated Arc Therapy
179. SBRT-stereotactic Body Radiotherapy
180. Helical Tomotherapy
181. SRS-stereotactic Radiosurgery
182. X-knife SRS
183. Gammaknife SRS
184. TBI- Total Body Radiotherapy
185. Intraluminal Brachytherapy
186. Electron Therapy
187. TSET-total Electron Skin Therapy
188. Extracorporeal Irradiation Of Blood Products
189. Telecobalt Therapy
190. Telecesium Therapy
191. External Mould Brachytherapy
192. Interstitial Brachytherapy
193. Intracavity Brachytherapy
194. 3D Brachytherapy
195. Implant Brachytherapy
196. Intravesical Brachytherapy
197. Adjuvant Radiotherapy
198. Afterloading Catheter Brachytherapy
199. Conditioning Radiothearpy For BMT
200. Nerve Biopsy
201. Muscle Biopsy
202. Epidural Steroid Injection
203. Extracorporeal Irradiation To The Homologous Bone Grafts
204. Radical Chemotherapy
205. Neoadjuvant Radiotherapy
206. LDR Brachytherapy
207. Palliative Radiotherapy
208. Radical Radiotherapy
209. Palliative Chemotherapy
210. Template Brachytherapy
211. Neoadjuvant Chemotherapy
212. Adjuvant Chemotherapy
213. Induction Chemotherapy
214. Consolidation Chemotherapy
215. Maintenance Chemotherapy
216. HDR Brachytherapy

**VIII. Operations On The Salivary Glands & Salivary Ducts:**

217. Incision And Lancing Of A Salivary Gland And A Salivary Duct
218. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
219. Resection Of A Salivary Gland
220. Reconstruction Of A Salivary Gland And A Salivary Duct

**IX. Operations On The Skin & Subcutaneous Tissues:**

221. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
222. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
223. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
224. Free Skin Transplantation, Donor Site
225. Free Skin Transplantation, Recipient Site
226. Revision Of Skin Plasty
227. Chemosurgery To The Skin.
228. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
229. Reconstruction Of Deformity/defect In Nail Bed
230. Excision Of Bursirtis
231. Tennis Elbow Release

**X. Operations On The Tongue:**

232. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
233. Partial Glossectomy
234. Glossectomy
235. Reconstruction Of The Tongue

**XI. Ophthalmology Related**

236. Surgery For Cataract
237. Incision Of Tear Glands
238. Incision Of Diseased Eyelids
239. Excision And Destruction Of Diseased Tissue Of The Eyelid

240. Operations On The Canthus And Epicanthus
241. Corrective Surgery For Entropion And Ectropion
242. Corrective Surgery For Blepharoptosis
243. Removal Of A Foreign Body From The Conjunctiva
244. Removal Of A Foreign Body From The Cornea
245. Incision Of The Cornea
246. Operations For Pterygium
247. Removal Of A Foreign Body From The Lens Of The Eye
248. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
249. Removal Of A Foreign Body From The Orbit And Eyeball
250. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
251. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
252. Diathermy/cryotherapy To Treat Retinal Tear
253. Anterior Chamber Paracentesis/ Cyclodiathermy/ Cyclocryotherapy/ Goniotomy Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
254. Enucleation Of Eye Without Implant
255. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
256. Laser Photocoagulation To Treat Ratinal Tear
257. Biopsy Of Tear Gland

**XII. Orthopedics Related:**

258. Incision On Bone, Septic And Aseptic
259. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
260. Suture And Other Operations On Tendons And Tendon Sheath
261. Reduction Of Dislocation Under GA
262. Arthroscopic Knee Aspiration
263. Surgery For Ligament Tear
264. Surgery For Hemoarthrosis/pyoarthrosis
265. Removal Of Fracture Pins/nails
266. Removal Of Metal Wire
267. Closed Reduction On Fracture, Luxation
268. Reduction Of Dislocation Under GA
269. Epiphyseolysis With Osteosynthesis
270. Excision Of Various Lesions In Coccyx
271. Arthroscopic Repair Of ACL Tear Knee
272. Closed Reduction Of Minor Fractures
273. Arthroscopic Repair Of PCL Tear Knee
274. Tendon Shortening
275. Arthroscopic Meniscectomy - Knee
276. Treatment Of Clavicle Dislocation
277. Haemarthrosis Knee- Lavage
278. Abscess Knee Joint Drainage
279. Carpal Tunnel Release
280. Closed Reduction Of Minor Dislocation
281. Repair Of Knee Cap Tendon
282. ORIF With K Wire Fixation- Small Bones
283. Release Of Midfoot Joint
284. ORIF With Plating- Small Long Bones
285. Implant Removal Minor
286. K Wire Removal
287. Closed Reduction And External Fixation
288. Arthrotomy Hip Joint
289. Syme's Amputation
290. Arthroplasty
291. Partial Removal Of Rib
292. Treatment Of Sesamoid Bone Fracture
293. Shoulder Arthroscopy / Surgery
294. Elbow Arthroscopy
295. Amputation Of Metacarpal Bone
296. Release Of Thumb Contracture
297. Incision Of Foot Fascia
298. Partial Removal Of Metatarsal
299. Repair / Graft Of Foot Tendon
300. Amputation Follow-up Surgery
301. Exploration Of Ankle Joint
302. Remove/graft Leg Bone Lesion
303. Repair/graft Achilles Tendon
304. Remove Of Tissue Expander
305. Biopsy Elbow Joint Lining
306. Removal Of Wrist Prosthesis
307. Biopsy Finger Joint Lining
308. Tendon Lengthening
309. Treatment Of Shoulder Dislocation
310. Lengthening Of Hand Tendon
311. Removal Of Elbow Bursa
312. Fixation Of Knee Joint
313. Treatment Of Foot Dislocation
314. Surgery Of Bunion
315. Tendon Transfer Procedure
316. Removal Of Kneecap Bursa
317. Treatment Of Fracture Of Ulna
318. Treatment Of Scapula Fracture
319. Removal Of Tumor Of Arm/ Elbow Under RA/GA
320. Repair Of Ruptured Tendon
321. Decompress Forearm Space
322. Revision Of Neck Muscle (torticollis Release)
323. Lengthening Of Thigh Tendons
324. Treatment Fracture Of Radius & Ulna

**XIII. Other Operations On The Mouth & Face:**

325. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
326. Incision Of The Hard And Soft Palate
327. Excision And Destruction Of Diseased Hard And Soft Palate

**XIV. Pediatric Surgery Related:**

328. Excision Of Fistula-in-ano
329. Excision Juvenile Polyps Rectum
330. Vaginoplasty
331. Dilatation Of Accidental Caustic Stricture Oesophageal
332. Presacral Teratomas Excision
333. Removal Of Vesical Stone
334. Excision Sigmoid Polyp
335. Sternomastoid Tenotomy
336. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
337. Excision Of Soft Tissue Rhabdomyosarcoma
338. Mediastinal Lymph Node Biopsy
339. High Orchidectomy For Testis Tumours
340. Excision Of Cervical Teratoma
341. Rectal-myomectomy
342. Rectal Prolapse (Delorme's Procedure)
343. Detorsion Of Torsion Testis

**XV. Thoracic Surgery Related:**

344. Thoracoscopy And Lung Biopsy
345. Excision Of Cervical Sympathetic Chain Thoracoscopic
346. Laser Ablation Of Barrett's Oesophagus
347. Pleurodesis
348. Thoracoscopy And Pleural Biopsy
349. EBUS + Biopsy
350. Thoracoscopy Ligation Thoracic Duct
351. Thoracoscopy Assisted Empyema Drainage

**XVI. Urology Related:**

352. Haemodialysis
353. Lithotripsy/nephrolithotomy For Renal Calculus
354. Excision Of Renal Cyst
355. Drainage Of Pyonephrosis/perinephric Abscess
356. Incision Of The Prostate
357. Transurethral Excision And Destruction Of Prostate Tissue
358. Transurethral And Percutaneous Destruction Of Prostate Tissue
359. Open Surgical Excision And Destruction Of Prostate Tissue
360. Operations On The Seminal Vesicles
361. Other Operations On The Prostate
362. Incision Of The Scrotum And Tunica Vaginalis Testis
363. Operation On A Testicular Hydrocele
364. Other Operations On The Scrotum And Tunica Vaginalis Testis
365. Incision Of The Testes
366. Excision And Destruction Of Diseased Tissue Of The Testes
367. Unilateral Orchidectomy
368. Bilateral Orchidectomy
369. Surgical Repositioning Of An Abdominal Testis
370. Reconstruction Of The Testis
371. Other Operations On The Testis
372. Excision In The Area Of The Epididymis
373. Operations On The Foreskin
374. Local Excision And Destruction Of Diseased Tissue Of The Penis
375. Other Operations On The Penis
376. Cystoscopical Removal Of Stones
377. Lithotripsy
378. Biopsy Of temporal Artery For Various Lesions
379. External Arterio-venous Shunt
380. AV Fistula - Wrist
381. URSL With Stenting
382. URSL With Lithotripsy
383. Cystoscopic Litholapaxy
384. ESWL
385. Cystoscopy & Biopsy
386. Cystoscopy And Removal Of Polyp
387. Suprapubic Cystostomy
388. Percutaneous Nephrostomy
389. Cystoscopy And "SLING" Procedure
390. TUNA- Prostate
391. Excision Of Urethral Diverticulum
392. Excision Of Urethral Prolapse
393. Mega-ureter Reconstruction
394. Kidney Renoscopy And Biopsy
395. Ureter Endoscopy And Treatment
396. Surgery For Pelvi Ureteric Junction Obstruction
397. Anderson Hynes Operation
398. Kidney Endoscopy And Biopsy
399. Paraphimosis Surgery
400. Surgery For Stress Urinary Incontinence
401. Injury Prepuce- Circumcision
402. Frenular Tear Repair
403. Meatotomy For Meatal Stenosis

404. Surgery For Fournier's Gangrene Scrotum
405. Surgery Filarial Scrotum
406. Surgery For Watering Can Perineum
407. Repair Of Penile Torsion
408. Drainage Of Prostate Abscess
409. Orchiectomy

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 Hospitalisation is not mandatory.

**In case of any claims contact**

**Claims Department**
**Generali Central Health (GCH)**
**Generali Central Insurance Co. Ltd.**
Qubix Business Park, Building No. Block IT – 1, Ground Floor, Plot No. 2,
Blueridge Township, Near Rajiv Gandhi Infotech Park, Phase – 1,
Village Hinjawadi, Taluka Mulshi, Pune, Maharashtra - 411057.
Toll Free Number: 1800 103 8889
Toll Free Fax: 1800 103 9998
Email: GCH@generalicentral.com

Annexure I

List I – Items for which coverage is not available in the Policy

| Sl No. | Item |
|---|---|
| 1. | BABY FOOD |
| 2. | BABY UTILITES CHARGES |
| 3. | BEAUTY SERVICES |
| 4. | BELTS/ BRACES |
| 5. | BUDS |
| 6. | COLD PACK/HOT PACK |
| 7. | CARRY BAGS |
| 8. | EMAIL / INTERNET CHARGES |
| 9. | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) |
| 10. | LEGGINGS |
| 11. | LAUNDRY CHARGES |
| 12. | MINERAL WATER |
| 13. | SANITARY PAD |
| 14. | TELEPHONE CHARGES |
| 15. | GUEST SERVICES |
| 16. | CREPE BANDAGE |
| 17. | DIAPER OF ANY TYPE |
| 18. | EYELET COLLAR |
| 19. | SLINGS |
| 20. | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES |
| 21. | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22. | TELEVISION CHARGES |
| 23. | SURCHARGES |
| 24. | ATTENDANT CHARGES |
| 25. | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26. | BIRTH CERTIFICATE |
| 27. | CERTIFICATE CHARGES |
| 28. | COURIER CHARGES |
| 29. | CONVENYANCE CHARGES |
| 30. | MEDICAL CERTIFICATE |
| 31. | MEDICAL RECORDS |
| 32. | PHOTOCOPIES CHARGES |
| 33. | MORTUARY CHARGES |
| 34. | WALKING AIDS CHARGES |
| 35. | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 36. | SPACER |
| 37. | SPIROMETRE |
| 38. | NEBULIZER KIT |
| 39. | STEAM INHALER |
| 40. | ARMSLING |
| 41. | THERMOMETER |
| 42. | CERVICAL COLLAR |
| 43. | SPLINT |
| 44. | DIABETIC FOOTWEAR |
| 45. | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 46. | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47. | LUMBO SACRAL BELT |
| 48. | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 49. | AMBULANCE COLLAR |
| 50. | AMBULANCE EQUIPMENT |
| 51. | ABDOMINAL BINDER |

| | |
|---|---|
| 52. | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 53. | SUGAR FREE TABLETS |
| 54. | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55. | ECG ELECTRODES |
| 56. | GLOVES |
| 57. | NEBULISATION KIT |
| 58. | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 59. | KIDNEY TRAY |
| 60. | MASK |
| 61. | OUNCE GLASS |
| 62. | OXYGEN MASK |
| 63. | PELVIC TRACTION BELT |
| 64. | PAN CAN |
| 65. | TROLLY COVER |
| 66. | UROMETER, URINE JUG |
| 67. | AMBULANCE |
| 68. | VASOFIX SAFETY |

List II – Items that are to be subsumed into room charges

| **Sl No.** | **Item** |
|---|---|
| 1. | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2. | HAND WASH |
| 3. | SHOE COVER |
| 4. | CAPS |
| 5. | CRADLE CHARGES |
| 6. | COMB |
| 7. | EAU-DE-COLOGNE / ROOM FRESHNERS |
| 8. | FOOT COVER |
| 9. | GOWN |
| 10. | SLIPPERS |
| 11. | TISSUE PAPER |
| 12. | TOOTHPASTE |
| 13. | TOOTHBRUSH |
| 14. | BED PAN |
| 15. | FACE MASK |
| 16. | FLEXI MASK |
| 17. | HAND HOLDER |
| 18. | SPUTUM CUP |
| 19. | DISINFECTANT LOTIONS |
| 20. | LUXURY TAX |
| 21. | HVAC |
| 22. | HOUSE KEEPING CHARGES |
| 23. | AIR CONDITIONER CHARGES |
| 24. | IM IV INJECTION CHARGES |
| 25. | CLEAN SHEET |
| 26. | BLANKET/WARMER BLANKET |
| 27. | ADMISSION KIT |
| 28. | DIABETIC CHART CHARGES |
| 29. | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 30. | DISCHARGE PROCEDURE CHARGES |

| | |
|---|---|
| 31. | DAILY CHART CHARGES |
| 32. | ENTRANCE PASS / VISITORS PASS CHARGES |
| 33. | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 34. | FILE OPENING CHARGES |
| 35. | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36. | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37. | PULSEOXYMETER CHARGES |

List III – Items that are to be subsumed into Procedure Charges

| **Sl No.** | **Item** |
|---|---|
| 1. | HAIR REMOVAL CREAM |
| 2. | DISPOSABLES RAZORS CHARGES ( for site preparations) |
| 3. | EYE PAD |
| 4. | EYE SHEILD |
| 5. | CAMERA COVER |
| 6. | DVD, CD CHARGES |
| 7. | GAUSE SOFT |
| 8. | GAUZE |
| 9. | WARD AND THEATRE BOOKING CHARGES |
| 10. | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS |
| 11. | MICROSCOPE COVER |
| 12. | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER |
| 13. | SURGICAL DRILL |
| 14. | EYE KIT |
| 15. | EYE DRAPE |
| 16. | X-RAY FILM |
| 17. | BOYLES APPARATUS CHARGES |
| 18. | COTTON |
| 19. | COTTON BANDAGE |
| 20. | SURGICAL TAPE |
| 21. | APRON |
| 22. | TORNIQUET |
| 23. | ORTHOBUNDLE, GYNAEC BUNDLE |

List IV – Items that are to be subsumed into cost of treatment

| **Sl No.** | **Item** |
|---|---|
| 1. | ADMISSION/REGISTRATION CHARGES |
| 2. | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE |
| 3. | URINE CONTAINER |
| 4. | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES |
| 5. | BIPAP MACHINE |
| 6. | CPAP/ CAPD EQUIPMENTS |
| 7. | INFUSION PUMP - COST |
| 8. | HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC |
| 9. | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES |
| 10. | HIV KIT |
| 11. | ANTISEPTIC MOUTHWASH |
| 12. | LOZENGES |
| 13. | MOUTH PAINT |

| | |
|---|---|
| 14. | VACCINATION CHARGES |
| 15. | ALCOHOL SWABES |
| 16. | SCRUB SOLUTION/STERILLIUM |
| 17. | GLUCOMETER & STRIPS |
| 18. | URINE BAG |

# GRIEVANCE REDRESSAL PROCEDURE

Dear Customer,
At Generali Central Insurance, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and long-term relationship with you.

We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

## What is a grievance?

"Complaint" or "Grievance" means written expression (includes communication in the form of electronic mail or voice based electronic scripts), of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

“Complainant” means a policyholder or prospect or any beneficiary of an insurance policy who has led a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us-

| Helpline | Website | Email | Branch GRO | Complaint Form |
|---|---|---|---|---|
| **Call us on**<br>**1800 220 233/ 1860 500 3333/ 022-67837800**<br><br>Senior citizens can avail priority support by choosing the senior citizen option from the helpline menu. | **Click here to know more** | **Write to us at**<br>**GCIcare@generalicentral.com**<br><br>Senior citizens can avail priority support by writing to care.assure@generalicentral.com | **Click here**<br>to know your nearest branch. | **Click here**<br>to raise complaint. |

## By when will my grievance be resolved?

- You will receive grievance acknowledgement from us immediately for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.

## How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Officer at **GCIGRO@generalicentral.com**
- You may send a physical letter to our Grievance Redressal Cell, Head Office at the below address:

GENERALI CENTRAL INSURANCE COMPANY LIMITED (Formerly known as Future Generali India Insurance Company Limited)
Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2, Off Eastern Express Highway Behind TCS, Thane West – 400607

# GRIEVANCE REDRESSAL PROCEDURE

**What if I am not able to register my grievance?**
You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.

If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority of India (IRDAI).

- Call on toll-free number: **155255**
- **Click here** to register complaint online

**Is there any special provision for senior citizen to raise grievance?**
We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be addressed to the senior citizen's channel **(care.assure@generalicentral.com)** as complaints for faster attention or speedy disposal of grievance, if any.

**Insurance Ombudsman:**

If you are still dissatisfied with the grievance redressal, you may approach the Office of the Insurance Ombudsman located in your vicinity, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, are available on the website a **(https://www.cioins.co.in/About)** of the Insurance Ombudsman. **Click here** to access the list of insurance Ombudsman offices.

You can also lodge an online complaint through the website of the Council for Insurance Ombudsmen (CIO): **https://www.cioins.co.in/**

## Annexure II: OPTIONAL COVERS

### 1. EXTENSION FOR ROOM RENT

This is an optional cover which can be obtained by the insured under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, If the Insured Member is admitted in a Hospital room where the Room Rent incurred is higher than the eligible limit, then the Insured Member shall bear the ratable proportion of the Associated Medical Expenses including surcharge or taxes thereon (excluding pharmacy, consumables, implants , medical devices and diagnostics) as specified in the Policy Schedule in the proportion of the Room Rent actually incurred, subject to co-payment as applicable and mentioned in the policy schedule, provided that We have admitted a Claim under In patient benefit.

**Special conditions applicable to Extension for Room rent**

i. Copayment on Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics) is not applicable for admission in ICU room with higher room rent limit.

ii. Copayment on Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics) for opting a Non –ICU room with higher room rent limit is not applicable for those hospitals where differential billing based on the room category is not adopted .

## 2. EXTENSION FOR MATERNITY AND CHILD COVER

This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

When Maternity Expenses Benefit is opted for in the policy, Exclusion IV.2.o of the policy stands deleted. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

**Special conditions applicable to Maternity Expenses Benefit Extension**

This benefit covers treatment taken in Hospital/ Nursing Home arising from or traceable to pregnancy, child birth including Normal/ Caesarean section.

1. These Benefits are admissible only if the expenses are incurred in Hospital/ Nursing Home as in-patient in India.
2. A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period stands waived if additional premium is paid for the same.
3. Claim in respect of delivery for only first two children and/ or operations associated therewith (or as mutually agreed) will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit. In case the first delivery is a twin (more than 1 child) delivery, then the second delivery will not be covered.
4. Pre-natal and post natal expenses including expenses for the new born baby are not covered. Pre-natal and Post-natal treatment is covered within the maternity limits as inpatient only. Here Prenatal would mean complete antenatal period, and Post natal would mean up to six weeks after date of delivery.
5. No Individual (Employee or Dependent) can be covered more than once in a policy. If Self and Spouse are both covered under the GMC policy, maternity benefit will be available only once.
6. Corporate buffer is not applicable for maternity claims.

## 3. EXTENSION FOR VACCINATION COVER

This is an optional cover which can be obtained on payment of additional premium under the Policy, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will cover the Reasonable and Customary Charges for vaccination of the Insured. This benefit shall be limited to maximum amount as mentioned in schedule. When vaccination cover is opted for in the policy, Exclusion IV. 3. r of the policy stands deleted

## 4. EXTENSION FOR WAIVER OF WAITING PERIODS

This is an optional cover which can be obtained on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, the waiting periods under the Policy will be waived.

**a) Waiver of Pre-Existing Diseases waiting period** (including 30 days and 1 year,4years waiting period)

In consideration of additional premium received by the Company from the Policyholder, notwithstanding anything to the contrary contained in any term, condition or exclusion of the policy or endorsement(s) here to, the scope of cover under the policy is widened so as to pay claims arising out of a Pre-Existing Condition.

When Waiver of Pre-Existing periods is opted for in the policy, Exclusion IV.1.a) of the policy stands deleted

All other terms and conditions of the policy remain unchanged.

**b) Waiver of 3 years waiting period**

In consideration of additional premium received by the Company from the Policyholder, Exclusion IV.1.b.i) of the policy stands deleted

All other terms and conditions of the policy remain unchanged.

**c) Waiver of 1 year waiting period**

In consideration of additional premium received by the Company from the Policyholder, Exclusion IV.1.b.ii) of the policy stands deleted

All other terms and conditions of the policy remain unchanged.

**d) Waiver of 30 days waiting period**

In consideration of additional premium received by the Company from the Policyholder, Exclusion IV.1.b.iii) of the policy stands deleted

All other terms and conditions of the policy remain unchanged.

## 5. EXTENSION FOR EMERGENCY AMBULANCE

This is an optional cover which can be obtained on payment of additional premium under the Policy, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse up to a maximum amount as mentioned in the schedule per Hospitalization, for the reasonable expenses incurred by the Insured on availing ambulance services offered by a Hospital or by an ambulance service provider for Your necessary transportation to the nearest Hospital in case of a life threatening emergency condition, provided however that, a Claim under this extension shall be payable by Us only when:

1. Such life threatening emergency condition is certified by the Medical Practitioner, and
2. We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy, if applicable.

## 6. EXTENSION FOR EMERGENCY AIR AMBULANCE

This is an optional cover which can be obtained on payment of additional premium under the Policy, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation as set out in the Schedule if the Insured Person suffers an Injury which causes emergency life threatening conditions during the Policy Year and it is necessary to immediately transfer such person from the site of Accident to the nearest Hospital/ Day Care Centre/ Nursing Home.

**Specific Conditions**

a. Expenses for air ambulance transportation are restricted within India.
b. Return transportation to the Insured Person's home by ambulance is excluded.
c. Insured needs to take an intimation before availing the benefit under Air Ambulance Cover.

## 7. EXTENSION FOR DEDUCTIBLE OR CO-PAYMENT

This is an optional cover which can be obtained by the Insured under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, that Our liability to pay each and every claim under any Benefit will be in excess of any Deductible applicable to that Benefit (if any) as specified in the Schedule.

Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy.

Or,

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, that Our liability to pay each and every claim under any Benefit will be in excess of any Co-payment applicable to that Benefit (if any) as specified in the Schedule.

Co-payment will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy.

## 8. EXTENSION FOR AYUSH COVER

[1]This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse Reasonable and Customary Charges for Medical Expenses incurred with respect to the Insured Person for Hospitalization under Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homeopathy provided that the medical/surgical/para-surgical Treatment has been undergone in AYUSH Hospital.

When AYUSH cover is opted for in the policy, Exclusion IV. 3.z) of the policy stands deleted

Specific Exclusions applicable to this Benefit:
a) All preventive and rejuvenation treatments (non-curative in nature) including without limitation, treatments that are not Medically Necessary are excluded.
b) Outpatient Medical Expenses are excluded.

[1]Modified the wording to cover "Yoga and Naturopathy" into the scope of the Product, Specific exclusions b) is modified to extend the scope of benefit to cover Pre-Hospitalization, Post-Hospitalization, and AYUSH Day Care Treatments

## 9. EXTENSION FOR SUM INSURED GETS DOUBLED IN CASE OF NAMED ILLNESS

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay you the sum insured in case you are diagnosed with one or more of the named Illnesses as mentioned in the Policy Schedule.

## 10. EXTENSION FOR COVERAGE FOR NON-MEDICAL EXPENSES/ DEVICES

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse Insured for the charges incurred by Insured during the Policy Period on account of procuring medically necessary prosthetic or artificial devices, Prescribed Diabetes monitoring kits including Strips, Hearing Aids or any medical equipment including spectacles, contact lenses etc.
When coverage for Non-Medical Expenses/Devices is opted for in the Policy, Exclusion IV. 3. cc) of the policy stands deleted

## 11. EXTENSION FOR ORGAN DONOR EXPENSES COVER

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will indemnify the Insured for the medical expenses incurred in respect of donor for any of the organ transplant surgery during the Policy Period, provided the organ donated is for Insured's use and the claim is considered admissible by the Company. This benefit shall be limited to maximum amount as mentioned in schedule.

We shall not cover:

a. Pre-hospitalisation or Post-hospitalisation Medical Expenses or screening expenses of the donor or any other Medical Expenses as a result of the harvesting from the donor
b) Costs directly or indirectly associated with the acquisition of the donor organ.
c) Treatment for an Insured Person unless, these expenses for the Insured Person are covered under Hospitalisation.
d) We do not cover organ donor treatment for the harvesting of the organ.

## 12. EXTENSION FOR HOSPITAL DAILY CASH ALLOWANCE

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay the Insured a fixed amount for each day of his hospitalization to compensate against the loss of wage/salary incurred by Insured on account of hospitalization.

We will pay daily cash amount, for each and every completed day of Hospitalization up to a maximum number of days subject to any deductible, as applicable and stated in the schedule, and it falls within the Policy Period. The Claim under this extension will be payable only if we have admitted Our liability under "In-patient Treatment" section of the Policy.

If an Insured Person is Hospitalised then We will pay the daily allowance specified in the Schedule of Insurance Certificate for each continuous and completed period of 24 hours of Hospitalisation provided that:
(a) The Insured Person is Hospitalised for a minimum period of at least 2 days with continuous and completed period of at least 24 hours following which it will be payable from the first day of Hospitalisation;
(b) In any Policy Period, We shall not be liable to make payment of the Daily Allowance under this benefit for more than the number of days as specified in the Schedule of Insurance Certificate, including all days of admission to the Intensive Care Unit.

## 13. EXTENSION FOR ATTENDENTS/ AYAH/ NURSING CHARGES FOR POST HOSPITALISATION PERIOD

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay for the Reasonable and Customary Charges for a Qualified Nurse for the Insured Person for a period of up to maximum days as mentioned in the schedule subject to immediately following the Insured Person's discharge from Hospital provided that:

a) The Insured Person's Hospitalisation was due to Illness or Injury sustained during the Policy Period.
b) The treating Medical Practitioner has recommended that the nursing charges are Medically Necessary.
c) We will not be liable to make payment under this Benefit in excess of the per day limits specified in the Schedule of Benefits.
d) We will not be liable to make payment under this Benefit for any Insured Person in excess of number of days as specified in the policy schedule during a Policy Year.

## 14. EXTENSION FOR DENTAL COVER

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse the medical expenses related to dental treatment incurred by the Insured during the Policy Period. This benefit shall be limited to maximum amount as mentioned in schedule.

When coverage for Dental treatment is opted for In the Policy, Exclusion IV. 3.t) of the Policy Stands Deleted

## 15. EXTENSION FOR VISION COVER

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse the medical expenses related to Vision incurred by the Insured during the Policy Period. This benefit shall be limited to maximum amount as mentioned in schedule.

## 16. EXTENSION FOR HEALTH CHECK-UP

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will cover the cost of health checkup incurred by the Insured for medical examination undergone being a requirement from employer. Such medical examination is generally conducted to understand health status of the employee. This benefit shall be limited to maximum amount as mentioned in schedule.

## 17. EXTENSION FOR OPD TREATMENT COVER

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse medical expenses incurred by the Insured as an Outpatient. Outpatient means the 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. However, any Insured person undergoing any named day care procedure/ treatment will not be considered as an Outpatient. This benefit shall be limited to maximum amount as mentioned in schedule.

When coverage for OPD treatment is opted for in the Policy, Exclusion IV.3. bb) of the policy stands deleted

## 18. EXTENSION FOR SPECIAL COVERS

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will indemnify the medical expenses incurred by the Insured Person for the special covers (as opted from the listed conditions/ diseases/ surgeries) as mentioned in the Policy Schedule. This benefit shall be limited to the maximum amount as mentioned in schedule.

## 19. EXTENSION FOR WELLNESS CARE

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. The additional premium will be as per the negotiated rates with the network providers for the specific wellness care program.

Under Wellness Care, any program intended to maintain, improve, promote health and fitness are included. Some examples of wellness care program includes health talks or sessions and health check-ups by network providers at negotiated rates.

The Insured can avail the wellness care benefits as specified in the Policy Schedule.

## 20. EXTENSION FOR HOME HEALTH CARE

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will cover the reasonable and customary charges towards Medical Expenses incurred for Home Health Care Services during the Policy Period and availed through empaneled Service Provider on Cashless Facility basis.

The benefit will cover the specific conditions as agreed with the insured.

For the purpose of this clause, 'Home Health Care' is a range of health care services and Medically Necessary treatment that can be given at home for an Illness or Injury. These shall include services such as nursing care, investigations, medication (intravenous), chemotherapy, dialysis, transfusions, physiotherapy, post-surgical care etc.

## 21. EXTENSION FOR CORPORATE BUFFER

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, that in case the Sum Insured is exhausted, then additional sum insured would be available to the Insured Persons as specified in the Policy Schedule as per the terms and conditions of the Policy. The individual or floater Sum Insured would be first exhausted followed by the corporate buffer amount which would be availed as per the floater/ individual Sum Insured.

## 22. EXTENSION FOR CRITICAL ILLNESS COVER

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay the Insured Person the Sum Insured as a lump sum amount mentioned in the Policy Schedule, in case the Insured Person is diagnosed as suffering from the listed Critical Illness, provided it occurs or manifests itself during the policy period as a first incidence.

"Critical Illness", for the purpose of this Policy, if covered, includes the following:

1. Cancer of specified severity
   I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

   II. The following are excluded –
      i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
      ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
      iii. Malignant melanoma that has not caused invasion beyond the epidermis;
      iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
      v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
      vi. Chronic lymphocytic leukaemia less than RAI stage 3
      vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
      viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Kidney failure requiring regular dialysis
   I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Primary (Idiopathic) pulmonary hypertension
   I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
   II. The NYHA Classification of Cardiac Impairment are as follows:
      i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
      ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

4. End Stage Liver failure
   I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
      i. Permanent jaundice; and
      ii. Ascites; and
      iii. Hepatic encephalopathy.
   II. Liver failure secondary to drug or alcohol abuse is excluded

5. Multiple sclerosis with persisting symptoms
   I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
      i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
      ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

   II. Neurological damage due to SLE is excluded.

6. Major organ/bone marrow transplant
   I. The actual undergoing of a transplant of:
      i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
      ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

   II. The following are excluded:
      i. Other stem-cell transplants
      ii. Where only Islets of Langerhans are transplanted

7. Open chest CABG (coronary artery bypass graft)
   I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

   II. The following are excluded:
      i. Angioplasty and/or any other intra-arterial procedures

8. Aorta graft Surgery
   Aorta Graft Surgery is defined as the actual undergoing of Surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

   Exclusions:
   a. Surgery following traumatic Injury to the aorta.
   b. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures.

c. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft.

9. Stroke resulting in permanent symptoms
   I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

      a. The following are excluded:
         i. Transient ischemic attacks (TIA)
         ii. Traumatic injury of the brain
         iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

10. Myocardial Infarction (First heart attack of specified severity)
   I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
      i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
      ii. New characteristic electrocardiogram changes
      iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

   II. The following are excluded:
      i. Other acute Coronary Syndromes
      ii. Any type of angina pectoris
      iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

11. Coma of specified severity
   I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
      i. no response to external stimuli continuously for at least 96 hours;
      ii. life support measures are necessary to sustain life; and
      iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
   II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

12. Blindness
   I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

   II. The Blindness is evidenced by:
      i. corrected visual acuity being 3/60 or less in both eyes or ;
      ii. the field of vision being less than 10 degrees in both eyes.

   III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

**For other terms and conditions, please refer to the standard filed and approved Criticare product**

## 23. EXTENSION FOR TOP-UP COVER

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy that the additional Sum Insured will be available for the insured person, which can be utilized once the basic Sum Insured is exhausted. Top up policy will be offered only to those members who are covered under the base GMC policy. This benefit shall be limited to the maximum amount as mentioned in schedule.

## 24. EXTENSION FOR WAIVER OF SPECIFIC EXCLUSIONS

This is an optional cover which can be obtained by the Insured on payment of additional premium under the Policy.
Under this cover insured has an option to waive any listed exclusions under section IV.2. This waived exclusion(s) would be specified in the policy schedule. It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse Reasonable and Customary Charges towards the expenses incurred for conditions for which the waiver of exclusion benefit was opted.

Note: - This extension for waiver of exclusions is not applicable to Section IV. 2. o, IV.3. r, t, z, bb, cc and hh.