

SECURE YOUR FAMILY WITH AFFORDABLE HEALTH INSURANCE POLICIES.



**We care for you,
Like you care for them!**



1800-220-233



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What is AROGYA SANJEEVANI POLICY?

AROGYA SANJEEVANI POLICY is an affordable Health Insurance Policy that covers entire family.



Benefits



Single plan, wider coverage for the whole family at a reasonable premium



Sum insured on individual and floater basis

Schedule Of Benefits

Arogya Sanjeevani Policy			
A	Eligibility	Sum Insured options	₹50000, 1 Lac, 1.5 Lacs, 2 Lacs, 2.5 Lacs, 3 Lacs, 3.5 Lacs, 4 Lacs, 4.5 Lacs, 5 Lacs, 5.5 Lacs, 6 Lacs, 6.5 Lacs, 7 Lacs, 7.5 Lacs, 8 Lacs, 8.5 Lacs, 9 Lacs, 9.5 Lacs, 10 Lacs.
		Entry age of Proposer	18 years – 65 years
		Entry age of Child	3 months – 25 years
		Maximum Renewal Age	Lifelong
		Sum Insured options	Individual/Family Floater
		Policy Term	1 year
		Family Definition	<p>Policy can be availed for Self and the following family members</p> <ul style="list-style-type: none"> i. Legally wedded spouse ii. Parents and Parents-in-law iii. Dependent Children (i.e. naturally or legally adopted) between age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
B	Hospitalization Benefits	Hospitalization Medical Expenses	Covered
		Sublimit for room/ doctors fee	<ol style="list-style-type: none"> 1. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of ₹ 5000/- per day. 2. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of ₹10,000/- per day. 3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital. 4. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.
		AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured, during each Policy year as specified in the policy schedule.

C	Other Benefits	Cataract Treatment	Up to 25% of Sum insured or ₹ 40,000/-, whichever is lower, per eye, under one policy year.	
		Day Care Expenses	Covered	
		Pre-Hospitalization	For 30 days prior to the date of hospitalization	
		Post-Hospitalization	For 60 days from the date of discharge from the hospital	
		Road Ambulance	Expenses incurred on road Ambulance subject to a maximum of ₹ 2000/- per hospitalization.	
D	Discount	Family discount – 5% discount in case of policies with more than 1 member covered under single proposal with Individual sum insured.		
E	Installment option (monthly, quarterly, half yearly) with Loading	Loadings on standard premium will be applicable in case installment facility is opted for premium payment.		
Installment frequency		Loading on standard premiums		
Monthly		5%		
Quarterly		4%		
Half-yearly		3%		
F	Waiting Periods	1. 36 months Waiting Period for Pre-existing Disease 2. 30 days Waiting Period, except for Accidental Hospitalization 3. 24 months Waiting Period for listed conditions 4. 36 months Waiting Period for listed conditions		
G	Cumulative bonus	Increase in sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.		
H	Sub-limit for Specified procedure's	The following procedures will be covered (wherever medically indicated) whether as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period: A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immunotherapy- Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries H. Stereotactic radio surgeries I. Bronchical Thermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.		
I	Co-Pay	5% co-pay on all claims		

Pre-insurance medical examination

- No pre-insurance medical test is required for Insured up to the age of 55 years, subject to no medical declaration in the proposal form.
- Insured is eligible for 50% reimbursement of pre-insurance medical tests charges, subject to policy issuance and 64 VB compliance.
- All pre-insurance medical tests will have to be done at the Generali Central empaneled diagnostic centers only.
- The test reports would be valid for a period of 30 days from the date of test conducted.
- Underwriting loading on the standard premium rates will be applicable based on health status of the proposed Insured person. It will take into consideration the adverse health conditions declared on the proposal form and findings of medical tests conducted.
- Underwriting loading of premium will be applicable on the particular Insured's premium in case of Individual policy and Floater policy.

Free Look Period

1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.
2. The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
3. If the insured has not made any claim during the free look period, the insured shall be entitled to:
 - i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or;
 - ii. Where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Grace Period

Grace period of 15 days would be given to pay in case of monthly instalment premium and grace period of 30 days shall be given to pay in case of quarterly/half yearly instalment premium due for the policy

Exclusions

- Any condition, ailment, injury or related condition(s) for which you have been diagnosed, received medical treatment, had signs and / or symptoms, prior to the inception of your first policy until 36 months from the date of inception
- Any disease contracted during the first 30 days from the commencement of the policy
- Admission primarily for investigation & evaluation
- Admission primarily for rest Cure, rehabilitation and respite care
- Expenses related to the surgical treatment of obesity that do not fulfill certain conditions
- Change of Gender treatments
- Expenses for cosmetic or plastic surgery
- Expenses related to any treatment necessitated due to participation in hazardous or adventure sports

*The above list is indicative in nature, please refer to policy wordings for complete details.



Basis of claims payment

- a) We shall make payment in Indian Rupees only.
- b) Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – Up to 2% of the sum insure subject to maximum of ₹ 5000/-, per day.
- c) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses – Up to 5% of sum insured subject to maximum of ₹ 10,000/- per day.

Note: 1. In case of admission to a room at rates exceeding the aforesaid limits, the reimbursement/ payment of all other expenses incurred at the Hospital, with the exception of cost of pharmacy, consumables, implants, medical devices and diagnostics, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges.

- 2. Proportionate deductions is not applicable in case of admission in an ICU room with rates exceeding the defined limit.
- 3. Proportionate deductions 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.

- d) Cataract Treatment – Up to 25% of Sum insured or ₹ 40,000/-, whichever is lower, per eye, under one policy year.



e) Sublimit for Specified procedure's

The following procedures will be covered (wherever medically indicated) whether as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

- i. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy-Monoclonal Antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM - (Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

In case there are multiple claims falling for the procedures mentioned above, the maximum liability will be restricted to 50% of Sum Insured for all claims put together.

f) Co-Payments Applicable under the policy – 5% co-payment on all claims.

Other features:

1. There will be no loading on premium for adverse claims experience
2. Portability can be offered as per the Portability guidelines.
3. Migration can be offered as per the Migration guidelines.
4. Instalment facility – Option for payment of premium on an instalment basis is available.
5. Premium paid by any mode other than cash and demand draft is eligible for tax relief as provided under Section 80-D of the Income Tax Act.

Premium Tables (exclusive of Goods and Services Tax)

Age Band/SI	0-17	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	>=81
50000	2005	2138	2335	2748	3249	3732	4638	6189	8203	9983	12175	14877	18206	22306
1 L	2673	2851	3113	3664	4332	4976	6184	8252	10937	13310	16233	19836	24274	29741
1.5 L	3070	3269	3562	4180	4915	5634	6982	9306	12218	14867	18129	22143	27085	33168
2 L	3156	3363	3668	4311	5083	5833	7239	9654	12655	15418	18820	23009	28168	34521
2.5 L	3273	3490	3810	4485	5301	6089	7567	10096	13210	16112	19687	24092	29519	36204
3 L	3421	3651	3989	4702	5570	6402	7965	10634	13882	16950	20732	25394	31138	38217
3.5 L	3632	3879	4241	5004	5939	6831	8507	11361	14787	18075	22130	27130	33292	40888
4 L	4001	4274	4676	5520	6559	7547	9405	12563	16276	19919	24413	29954	36786	45207
4.5 L	4197	4485	4910	5801	6903	7947	9910	13242	17122	20973	25723	31581	38806	47714
5 L	4330	4629	5071	5996	7146	8232	10274	13732	17735	21739	26679	32774	40291	49562
5.5 L	4676	4999	5477	6476	7718	8891	11096	14831	19154	23478	28813	35396	43514	53527
6 L	5023	5370	5882	6955	8289	9549	11918	15929	20573	25217	30948	38018	46738	57492
6.5 L	5109	5462	5984	7075	8432	9714	12123	16204	20927	25652	31481	38673	47543	58483
7 L	5196	5555	6085	7195	8575	9878	12329	16478	21282	26087	32015	39329	48349	59474
7.5 L	5283	5647	6187	7315	8718	10043	12534	16753	21637	26522	32548	39984	49155	60466
8 L	5456	5833	6389	7555	9004	10372	12945	17302	22346	27391	33616	41295	50767	62448
8.5 L	5542	5925	6491	7675	9147	10537	13151	17577	22701	27826	34149	41951	51572	63439
9 L	5629	6018	6592	7795	9290	10702	13356	17852	23056	28261	34683	42606	52378	64431
9.5 L	5694	6087	6668	7885	9397	10825	13510	18058	23322	28587	35083	43098	52983	65174
10 L	5759	6157	6744	7975	9504	10949	13664	18264	23588	28913	35483	43589	53587	65917

Floater Discount:

Applicable discount is as per following table:

Age Band	Percentage	Age Band	Percentage
0-17	60%	51-55	40%
18-25	55%	56-60	35%
26-30	50%	61-65	35%
31-35	45%	66-70	35%
36-40	45%	71-75	35%
41-45	40%	76-80	25%
46-50	40%	>81	25%

Premium applicable for the primary insured will be the standard individual premiums from the premium table. For remaining dependent members, floater discounts applicable on their respective premium is as per table above

Premium illustration in respect of policies offered on individual basis and floater basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum insured (₹)	Premium (₹)	Discount, if any	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
38 years	7,146	500000	7,146	357	6,789	500000	7,146		7,146	500000
36 years	7,146	500000	7,146	357	6,789	500000	7,146	3,216	3,930	
18 years	4,629	500000	4,629	231	4,398	500000	4,629	2,546	2,083	
14 years	4,330	500000	4,330	217	4,114	500000	4,330	2,598	1,732	
12 years	4,330	500000	4,330	217	4,114	500000	4,330	2,598	1,732	
12 years	4,330	500000	4,330	217	4,114	500000	4,330	2,598	1,732	
66 years	26,679	500000	26,679	1,334	25,345	500000	26,679	9,338	17,341	
63 years	21,739	500000	21,739	1,087	20,652	500000	21,739	7,609	14,130	
61 years	21,739	500000	21,739	1,087	20,652	500000	21,739	7,609	14,130	
58 years	17,735	500000	17,735	887	16,848	500000	17,735	6,207	11,528	
Total Premium for all members of the family is ₹119,803/-, when each member is covered separately. Sum insured available for each individual is ₹500000.			Total Premium for all members of the family is ₹113,813/-, when they are covered under a single policy. Sum insured available for each family member is ₹500000.				Total Premium when policy is opted on floater basis is ₹75,485/-. Sum insured of ₹500000 is available for the entire family.			

Note:

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

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

Claims Department

Generali Central Health (GCH)

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Ground Floor, Plot No. 2, Blueridge Township,

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