

Health Xtra
Customer Information Sheet/Know Your Policy.

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

Sl. No.	Title	Description	Policy Clause Number																				
1	Name of the Insurance Product /Policy	Health Xtra	Not Applicable																				
2	Policy Number	XXXXXXXXXX	Not Applicable																				
3	Type of Insurance Product/Policy	Both Indemnity and Benefit	Not Applicable																				
4	Sum Insured (Basis)	<div><div>• Individual Sum Insured –</div><table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1</td><td></td></tr><tr><td>Insured 2</td><td></td></tr><tr><td>Insured 3</td><td></td></tr><tr><td>Insured 4</td><td></td></tr><tr><td>Insured 5</td><td></td></tr></table><div>• Floater Sum Insured</div><table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1</td><td rowspan="5"></td></tr><tr><td>Insured 2</td></tr><tr><td>Insured 3</td></tr><tr><td>Insured 4</td></tr><tr><td>Insured 5</td></tr></table></div>	Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2		Insured 3		Insured 4		Insured 5		Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2	Insured 3	Insured 4	Insured 5	Not Applicable
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5	Policy Coverage (What the policy covers?)	<div>Expenses in respect of:</div> <div>Hospitalization Medical Expenses - Covers expenses of in-patient hospitalization for a minimum period of 24 consecutive hours.</div> <div>Day Care Treatment- requiring less than 24 hours hospitalization.</div> <div>Pre-Hospitalization Medical Expenses- Medical expenses 60/90 days prior to Hospitalization.</div>	<div>Section 2.1.1</div> <div>Section 2.1.2</div> <div>Section 2.1.3</div>																				

	Post Hospitalization Medical Expenses within the number of days, from the date of discharge.	Section 2.1.4
	Organ Donor Expenses- Medical Expenses incurred for an organ donor's surgery for the harvesting of the organ donated.	Section 2.1.5
	Modern Treatments Methods and Advancement in Technologies- Medical expenses incurred towards Modern Treatment Method and Advancement in Technologies.	Section 2.1.6
	AYUSH Treatment- Medical Expenses towards Hospitalization for Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homoeopathy treatment.	Section 2.1.7
	Accidental Hospitalization - Increase in Sum Insured by 25% of the available balance Sum Insured or up to maximum up to ₹ 10,00,000, if the Insured Person is hospitalized solely and directly due to an Accident.	Section 2.1.8
	Emergency Road Ambulance - Charges incurred for transportation of an Insured Person by a Road Ambulance.	Section 2.1.9
	Emergency Medical Evacuation- (Applicable for SI 15 Lakhs and above only) - incurred for transportation of an Insured Person by an Air Ambulance.	Section 2.1.10
	Home HealthCare Expenses- Medical Expenses incurred for Home Health Care Services, up to maximum of 20% of the Sum Insured.	Section 2.1.11
	Patient Care- Charges for a Qualified Nurse for the Insured Person for a period of up to 10 days immediately following the discharge from Hospital.	Section 2.1.12
	Accompanying Person - Fixed per day payment towards the person accompanying the hospitalized Insured Person (Child who is 12 years of age or below)	Section 2.1.13
	OPD Treatment - Expenses incurred for Outpatient Consultations/ Diagnostics covered. 30% Co-Pay applicable. Initial Waiting days/ PED waiting periods applicable. (Applicable for SI 15 Lakhs and above only)	Section 2.1.14
	E opinion for Illness or Injury towards an admitted claim, from a Medical Practitioner from our Panel. The benefit is limited to 2 E-opinions in a Policy Year.	Section 2.1.15
	Wellness Benefits - Insured Person is eligible to avail below wellness benefits under the Policy – Value Added Services – Tele Counselling / Health Contents / Webinars / Discount Vouchers / Health Check-up Wellness Reward Points – Can be earned by participating into various wellness activities (Stress & Happiness Index score / Expert Wellness Assessment / participation in GCI organized events / Lifestyle disease monitor / Enrolment to Wellness / Fitness or Healthy Lifestyle tracking). The earned points can be burned for utilization of various benefits mentioned in the Policy Wordings.	Section 2.1.16
	Cumulative Bonus - The Sum Insured will be enhanced by 50% per claim free policy year; max accumulation of 100% of Sum Insured; CB shall be reduced by 50 % in case of claims, subject to a minimum amount of zero.	Section 2.1.17
	Restoration of Sum Insured - Under this benefit a Restore Sum Insured (equal to 100% of the base Sum Insured excluding Cumulative Bonus-if any) will automatically be available for the particular Policy year from the second claim being reported during the Policy Year and accepted as payable by Us.	Section 2.1.18
	Bariatric Surgery - Covers medical expenses for undergoing bariatric surgery.	Section 2.1.19
	Optional Cover	

		Voluntary Deductible –On opting this optional cover, the Insured Person will be liable to bear the Deductible amount as specified in the Policy Schedule.	Section 2.2.1
		Consumables/ Non-Medical Expenses Cover- Cover for nonmedical and consumable expenses as indicated in Annexure -I (List- I).	Section 2.2.2
		Cumulative Bonus Booster – Cumulative Bonus equivalent to 50% of the Sum Insured can be earned for a claim free policy year and such Cumulative Bonus can be accumulated max. up to 500%/ 1000% as opted. In the event of claims, the Cumulative Bonus Booster shall decrease by 50%	Section 2.2.3
		Critical Illness Booster - We will double Sum Insured for Medical Expenses incurred in case the Insured Person is hospitalized due to any of the listed Critical illness & This benefit available only once in a lifetime of the Policy.	Section 2.2.4
		PED Coverage for ABCD Illness (A-Asthma, B-High Blood Pressure, C-High Cholesterol, D-Diabetes) - By opting for this benefit, the applicable waiting period for pre-existing conditions such as Asthma, High Blood Pressure, Cholesterol, and Diabetes will be waived. Coverage for these conditions will commence from the 31st day after the policy start date.	Section 2.2.5
		Accident Care (AD, PTD & PPD) - If an Insured Person suffers an Injury due to an Accident during the Policy Year, and that Injury solely results in Death, Permanent Total Disablement OR Permanent Partial Disability of Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in Policy Schedule.	Section 2.2.6
		Waiver of Mandatory Co-payment – Option this optional benefit shall waive off the mandatory co-payment applicable to Insured aged 61 yrs and above, being covered for the first time in the Policy	Section 2.2.7
		<i>Note: All the above covers are offered under this Product. However, the cover offerings shall be applicable as per the opted Sum Insured.</i>	
6	Exclusions (What the policy does not cover)	Standard Exclusions applicable to all benefits <ul style="list-style-type: none"> Investigation & Evaluation Rest Cure, rehabilitation and respite care. Obesity/ Weight Control Change-of-Gender treatments. Cosmetic or Plastic Surgery Hazardous or Adventure sports Breach of law Excluded Providers Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as nursing homes. Dietary supplements and substances that can be purchased without prescription. Refractive Error Unproven Treatments Sterility and Infertility Maternity 	Section 3.2

		<p>Specific Exclusions</p> <ul style="list-style-type: none"> • Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not). • Circumcision, unless necessary for treatment of an Illness or necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment) • Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and oxygen concentrator for asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital. • Venereal /Sexually Transmitted disease other than HIV/AIDS. • External Congenital Anomaly and related Illness/ defect. • Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials. • Stem cell storage. • Non-prescribed drugs and medical supplies, hormone replacement therapy. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Outpatient diagnostic, medical and Surgical Procedures or treatments. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury. • A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges. • Treatment outside India. • Intentional self-Injury. • Standard list of excluded items as mentioned in Annexure II and on our website https://generalicentralinsurance.com • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured. 	Section 3.3
7	Waiting period	<ul style="list-style-type: none"> • Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 	Section 3.1.3
	<ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. 	<ul style="list-style-type: none"> • Specific waiting periods: (Not applicable for claims arising due to an accident) <ul style="list-style-type: none"> a) 36 months for Rheumatoid Arthritis, Gout, joint replacement Surgery due to degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is Medically Necessary due to Injury, LASIK Surgery. 	Section 3.1.2

	It is counted from the beginning of the policy coverage	<div>b) 24 months waiting period for Cataracts, Benign Prostatic Hypertrophy, Hernia of all types, Deviated Nasal Septum, Hypertrophied Turbinate, All types of nasal and paranasal sinuses related disorders, Hydrocele ,Fistulae, hemorrhoids, fissure in ano, Dysfunctional uterine bleeding, Fibromyoma, Endometriosis, Hysterectomy, All internal or external tumors/cysts/nodules/polyps of any kind including breast lumps with exception of malignant tumor or growth, Surgery for prolapsed inter vertebral disc unless arising from Accident, Surgery of varicose veins and varicose ulcers, Any types of gastric or duodenal ulcers, Stones in the urinary and biliary systems ,Surgery on ears and tonsils,</div> <div><div>• Pre-existing diseases: covered after 36 Months</div></div>																			
8	<div>Financial Limits of Coverage</div> <div>i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</div>	<div>The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits:</div> <table><tr><td>Room Rent Limit – Normal</td><td>Single Pvt Room</td></tr><tr><td>Pre-Hospitalization Medical Expenses</td><td>All SI - 60Days/90Days (shall be applicable based on the option chosen)</td></tr><tr><td>Post-Hospitalization Medical Expenses</td><td>₹5L / 10L SI -90 Days/ 120Days ₹15L/ 20L/ 25L/ 30L/ 35L SI - 120 Days/ 150 Days ₹50L/ 75L/ 100L SI - 150 Days/ 180 Days. (shall be applicable based on the option chosen)</td></tr><tr><td>Accidental Hospitalization</td><td>All SI - 25% of SI; Max up to ₹ 10 Lac</td></tr><tr><td>Emergency Road Ambulance</td><td>₹5L / 10L SI - ₹1500 per hospitalisation ₹ 15L/ 20L/ 25L/ 30L/ 35L SI -2000 per hospitalisation ₹50L/ 75L/ 100L SI- 5000per hospitalization.</td></tr><tr><td>Emergency Medical Evacuation (For SI 15 L and above)</td><td>Up to 5% of the SI</td></tr><tr><td>Home Healthcare Expenses</td><td>All SI- Up to 20% of SI</td></tr><tr><td>Cataract (Waiting Period – 24 months)</td><td>₹5L / 10L SI - 10% Of SI, Maximum Of ₹ 75,000/- Per Eye ₹ 15L/ 20L/ 25L/ 30L/ 35L SI - 10% Of SI, Maximum Of ₹ 1.5 Lac Per Eye ₹ 50L/ 75L/ 100L SI - 10% Of SI, Maximum Of ₹ 2 Lac Per Eye</td></tr><tr><td>LASIK (Waiting Period – 36 months)</td><td>₹5L / 10L SI - Covered Up To ₹ 30,000 for Both Eyes</td></tr></table>	Room Rent Limit – Normal	Single Pvt Room	Pre-Hospitalization Medical Expenses	All SI - 60Days/90Days (shall be applicable based on the option chosen)	Post-Hospitalization Medical Expenses	₹5L / 10L SI -90 Days/ 120Days ₹15L/ 20L/ 25L/ 30L/ 35L SI - 120 Days/ 150 Days ₹50L/ 75L/ 100L SI - 150 Days/ 180 Days. (shall be applicable based on the option chosen)	Accidental Hospitalization	All SI - 25% of SI; Max up to ₹ 10 Lac	Emergency Road Ambulance	₹5L / 10L SI - ₹1500 per hospitalisation ₹ 15L/ 20L/ 25L/ 30L/ 35L SI -2000 per hospitalisation ₹50L/ 75L/ 100L SI- 5000per hospitalization.	Emergency Medical Evacuation (For SI 15 L and above)	Up to 5% of the SI	Home Healthcare Expenses	All SI- Up to 20% of SI	Cataract (Waiting Period – 24 months)	₹5L / 10L SI - 10% Of SI, Maximum Of ₹ 75,000/- Per Eye ₹ 15L/ 20L/ 25L/ 30L/ 35L SI - 10% Of SI, Maximum Of ₹ 1.5 Lac Per Eye ₹ 50L/ 75L/ 100L SI - 10% Of SI, Maximum Of ₹ 2 Lac Per Eye	LASIK (Waiting Period – 36 months)	₹5L / 10L SI - Covered Up To ₹ 30,000 for Both Eyes	<div>Section 3.1.1</div> <div>Section 2.1</div>
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		Patient Care (Above 60 Years) - Per Day Benefit (Limited To 10 Days Per Hospitalization And 30 Days Per Policy Year)	<p>₹5L / 10L SI - Maximum Up To ₹ 350/Day.</p> <p>₹15L/ 20L/ 25L/ 30L/ 35L SI - Maximum Up To ₹ 500/Day</p> <p>₹ 50L/ 75L/ 100L SI - Maximum Up To ₹ 1,000/Day.</p>	
		Accompanying Person (Up to 12 Years)	<p>₹5L / 10L SI - ₹ 500/- per day</p> <p>₹15L/ 20L/ 25L/ 30L/ 35L SI - ₹ 750/- per day</p> <p>₹ 50L/ 75L/ 100L SI - ₹ 1000/- per day</p>	
		OPD Treatment (For SI 15 L and above)	<p>₹ 15L/ 20L/ 25L/ 30L/ 35L SI - ₹ 7.5 K</p> <p>₹ 50L/ 75L/ 100L SI - ₹ 10 K</p>	
		Bariatric Surgery (Waiting-36 months)	<p>₹5L / 10L SI - 50% of SI, up to a max of ₹ 5 Lac.</p> <p>₹15L/ 20L/ 25L/ 30L/ 35L SI - ₹ 7.5 Lac.</p> <p>₹ 50L/ 75L/ 100L SI - ₹ 10 Lac.</p>	
		Consumables / Non-Medical Expenses Cover	Up to 15% of the admissible claims amount	
		Accident Care (AD, PTD & PPD)	<p>₹5L / 10L SI - ₹ 5L/10L</p> <p>₹15L/ 20L/ 25L/ 30L/ 35L/ 50L/ 75L/ 100L SI - ₹ 5L/10L/15L /20L</p> <p>(shall be applicable based on the option chosen)</p>	
	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	<ul style="list-style-type: none"> Any Insured Person aged 61 years and above, being covered for the first time in a Policy, shall bear 20% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum. This Co-payment will be continued in all the subsequent renewal policies. The co-payment shall be applicable for claims under all Benefits other than Section 2.1.14 (OPD Expenses) and Section 2.1.16 (Wellness Benefits) 30% Co-Pay applicable on all expenses incurred under OPD Treatment. 		<p>Section 5.7</p> <p>Section 2.1.14</p>
	iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and	<p>Voluntary Deductible:</p> <p>For Sum Insured 5 Lakh and 10 Lakh - Rs. 10K /25K/50K</p> <p>For Sum Insured 15L, 20L, 25L, 30L, 35L- Rs. 50K/75K /1 L</p> <p>For Sum Insured 50L, 75L and 100L - Rs. 1 L/2.5 L /5 L</p>		Section 2.2.1

	which will be deducted from total claim amount (if claim amount is more than the specified amount)		
	iv. Any other limit (as applicable)	<ul style="list-style-type: none"> Not Applicable 	Not Applicable
9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> TAT for preauthorization of cashless facility -1 hour (from the time of receipt of last necessary documents) TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents) <p>Please find below the details /web link for following:</p> <ol style="list-style-type: none"> Network hospital details- https://generalicentralinsurance.com/hospital-locator Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889 Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://generalicentralinsurance.com/hospital-locator Downloading/getting claim form - https://generalicentralinsurance.com/customer-service/downloads 	Section 5.6
10	Policy Servicing	<ol style="list-style-type: none"> Call Centre number of Insurer: Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing:1800 103 8889/1800 209 1016 Timing: 24*7 Details of company officials Policy Servicing Office: <<As appearing on the Policy Schedule>> 	Section 4.1.18
11	Grievance/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> Grievance Redressal Officer of the Insurer: generalicentralinsurance.com/customer-service/grievance-redressal Insurance Company grievance portal / Department: <ul style="list-style-type: none"> Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 Email: GCicare@generalicentral.com Website: https://generalicentralinsurance.com Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx 	Section 4.1.18
12	Things to remember	<ul style="list-style-type: none"> Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of policy. 	Section 4.1.13

		<p>The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies. In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices.</p> <p>If you have not made any claim during the Free Look Period, then you shall be entitled to</p> <ol style="list-style-type: none"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. 	
		<ul style="list-style-type: none"> • Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. 	Section 4.2.6
		<ul style="list-style-type: none"> • Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability is: Customer Service Cell, Generali Central Insurance Company Ltd. <p>Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: GCicare@generalicentral.com For Detailed Guidelines on migration and portability, kindly refer the link https://generalicentralinsurance.com/portability-and-migration</p>	Section 4.2.3 & Section 4.2.4
		<ul style="list-style-type: none"> • Change of Sum Insured - Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. 	Section 4.2.1
		<ul style="list-style-type: none"> • Moratorium Period - After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. 	Section 4.1.16

13	Your Obligations	Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement. Disclosure of other material information during the policy period.									
		Name of the Insured Person/s					Pre-Existing Condition / Deformity				
		Insured 1									
		Insured 2									
		Insured 3									

14	Premium Illustration										
	Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
		Premium (in ₹)	Sum insured (in ₹)	Premium (in ₹)	Discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)	Premium or consolidated premium for all members of family (in ₹)	Floater discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)
	35 years	11,220	10,00,000	11,220	1122	10,098	10,00,000	11,220	0	11,220	10,00,000
	30 years	10,292	10,00,000	10,292	1029	9,263	10,00,000	10,292	5146	5,146	
	17 years	8,904	10,00,000	8,904	890	8,014	10,00,000	8,904	5342	3,562	
	15 years	8,904	10,00,000	8,904	890	8,014	10,00,000	8,904	5342	3,562	
	12 years	8,904	10,00,000	8,904	890	8,014	10,00,000	8,904	5342	3,562	
	Total Premium for all members of the family is ₹48,224/- when each member is covered separately.			Total Premium for all members of the family is ₹43,402/- when they are covered under a single policy.				Total Premium when policy is opted on floater basis is 27,051/-			
	Sum insured available for each individual is ₹10 L			Sum insured available for each family member is ₹10 L				Sum insured of ₹10 L is available for the entire family.			

Note:

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

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place _____

Date _____ (Signature of the Policy Holder)

Note

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

Health Xtra: CIS

UIN: GCIHLIP26044V012526

- iii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary.**



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/HFT/CIS/001