

Don't let additional expense add up to your worries



A plan that provides a fixed benefit for each day of your hospitalisation.



1800-220-233



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We are there for you during the time of distress

There is a lot on your mind when you are ill – anxieties, uncertainties and even fear. You want the best treatment, be it for yourself or your family. In such a situation, the biggest concern is to be able to afford the treatment. You and your dependents have too much at stake being left without financial protection. Given the ever rising health-care costs in India, one ailment is all it takes to wobble your financial health. With Hospicash, we lessen the burden on the financial front so that you can take care of your health.

What is Hospicash?

Hospicash is a cover that provides cash benefit in case you get hospitalised. It is specifically designed to take care of the incidental expenses in case of hospitalization. The policy guards you and your family against the trauma you face because of increased financial burden during hospitalization. It gives you fixed benefit for each day of hospitalization irrespective of the actual medical cost, thus providing an additional protection all the time.

Benefits

 <div>You can claim for each day of hospitalization as per your plan</div>	 <div>Premium paid is exempt under the section 80 D of Income Tax.</div>
 <div>Continuity would be offered from similar Hospital cash policy with the same per day benefit amount</div>	 <div>The product is offered from six months to 65 years and renewable lifelong.</div>
 <div>The per day benefit will be two times when hospitalised in an ICU in your home city i.e. within the city of residence</div>	 <div>The policy can be on individual Sum Insured basis or on family floater basis, covering self, spouse, and two dependent children (up to 25 years).</div>



The per day benefit will be three times when hospitalised in an ICU outside your home city i.e. outside the city of residence.



No medical tests required for clean proposal except for plan C and D where insured is above 55 years of age.



There will be no loading on premium for adverse claims experience in our individual Hospicash policy.



Continuity would be offered from similar Hospital cash policy with the same per day benefit amount from our Group Hospital cash policy to our individual Hospicash policy.



For Individual as well as Family floater plan, only one hospitalization benefit plan across all members needs to be selected



ICU benefit is available for a maximum period of 10 days for each hospitalization and a maximum of 20 days during the policy period.



Additional convalescence benefit of 5000 for hospitalisation of more than 10 days, payable only once per hospitalisation event.



The brochure / prospectus mentions the premium rates as per the age slabs / sum insured for the completed age at every renewal and are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.

Policy Term

Max Policy Term	1 year
Min Age at entry	6 months
Max Age at entry	65 years
Renewal	Lifelong

Portability

Portability can be offered as per the Portability guidelines from a similar Hospital Cash Policy

Free Look Period

The Free Look Period shall be applicable at the inception of your policy period

- In case any of the terms of the policy are not acceptable, you can return the policy to the company within 30 days of its receipt, stating your objections clearly.
- If you haven't made any claim during the Free Look Period, you shall be entitled to:
 - i. A refund of the premium paid less any expenses incurred by Generali Central on medical examination for you or other 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 Policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Plan Summary

Plans A, B, C, D can be offered for different options 30 days / 60 days / 90 days / 180 days

Benefits	Plans			
	A (in)	B (in)	C (in)	D (in)
Daily Hospitalisation benefit due to sickness	500	1000	2000	3000
ICU benefit in home city of residence. (max. 10 days)	1000	2000	4000	6000
ICU benefit in other than home city of residence (max. 10 days)	1500	3000	6000	9000
Convalescence benefit for hospitalisation exceeding consecutive 10 days	5000			

*Home city would mean within the municipal corporation limits of city of residence. Other than Home city would mean outside the municipal corporation limits of city of residence.

For Mumbai, Home city would include Thane and Panvel while for Delhi Home city would include National Capital Region (NCR).

*Please note the Cities / Towns that fall under respective Zones shall be identified as per the updated / latest Jurisdiction defined by Government.

Eligibility Criteria

Plan A and Plan B	Not applicable
Plan C	Monthly income above 50000/-
Plan D	Monthly income above 75000/-
Multiple policies where per day benefit exceeds 3000/- (all policies put together)*	Eligibility-125 percent of the insured's daily income.

*Maximum benefit available for an individual, is 6000/- per day.

You can buy Hospital Cash policies, wherein the benefit will not exceed 6000/- per day under a single or multiple Hospital cash policies. If the per day benefits put together for all these policies exceed 6000/-, you will not be eligible to buy any additional policy.

Individual Premium Slabs: (Premium rates are exclusive of Goods & Services Tax)

30 Days										
Benefit (/Day)	6 months - 25 years	26- 35 years	36-45 years	46-55 year	56-60 years	61-65 years	66-70 years	71-75 years	76-80 years	Above 80 years
500/day	261	391	521	717	912	977	1108	1368	1629	1629
1000/day	486	728	971	1336	1700	1821	2064	2550	3035	3035
2000/day	936	1403	1871	2573	3275	3509	3976	4912	5848	5848
3000/day	1386	2078	2771	3810	4850	5196	5889	7274	8660	8660

60 Days										
Benefit (/Day)	6 months - 25 years	26- 35 years	36-45 years	46-55 year	56-60 years	61-65 years	66-70 years	71-75 years	76-80 years	Above 80 years
500/day	287	430	573	788	1004	1075	1219	1505	1792	1792
1000/day	534	801	1068	1469	1870	2003	2270	2805	3339	3339
2000/day	1029	1544	2058	2830	3602	3859	4374	5403	6432	6432
3000/day	1524	2286	3048	4191	5335	5716	6478	8002	9526	9526

90 Days										
Benefit (/Day)	6 months - 25 years	26- 35 years	36-45 years	46-55 year	56-60 years	61-65 years	66-70 years	71-75 years	76-80 years	Above 80 years
500/day	301	452	602	828	1054	1129	1279	1581	1882	1882
1000/day	561	841	1122	1543	1963	2103	2384	2945	3506	3506
2000/day	1081	1621	2161	2972	3782	4052	4593	5673	6754	6754
3000/day	1600	2401	3201	4401	5601	6001	6802	8402	10002	10002

180 Days										
Benefit (/Day)	6 months - 25 years	26- 35 years	36-45 years	46-55 year	56-60 years	61-65 years	66-70 years	71-75 years	76-80 years	Above 80 years
500/day	318	477	636	875	1114	1193	1352	1670	1989	1989
1000/day	591	887	1182	1625	2069	2216	2512	3103	3694	3694
2000/day	1137	1705	2273	3126	3979	4263	4831	5968	7105	7105
3000/day	1682	2524	3365	4627	5889	6309	7150	8833	10515	10515

This brochure mentions the premiums as per the age slabs/ per day benefit and the same would be charged as per the completed age at every renewal. The premiums as shown in the brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.

Family Floater Premium

For Family floater Policy, the number of the days of hospitalization, chosen as per the Plan will float over the members of the Floater policy.

Premium of Self	Premium calculation as per highest age of the family member.
Premium of Spouse	50 % of Self premium
Premium of Child	25 % of Self premium

Pre-Policy Medical Check-up

In case you need to get any pre- policy check-up done as per the company guidelines, you must follow the grid as stated below. The medical tests would be conducted at our empanelled Network diagnostic centers. Validity of these reports shall be one month. 50% cost of medical tests as detailed here will be reimbursed to you if the proposal is accepted by us (subject to realization of premium cheque).

30/60/90/180 days	6 months -35 years	36-45 years	46-55 years	56-60 years	61-65 years
Plan A	NA	NA	NA	NA	NA
Plan B	NA	NA	NA	NA	NA
Plan C	NA	NA	NA	FMR, ECG, Lab 1	FMR, ECG, Lab 1
Plan D	NA	NA	NA	FMR, ECG, Lab 1	FMR, ECG, Lab 1

FMR: Full Medical report by MD Physician

ECG: Electrocardiogram report by MD Physician

Lab 1: includes Fasting Blood sugar, Post Prandial Blood sugar, Complete Blood Count (incl Diff), Serum Cholesterol, Serum Creatinine, and Urinalysis (chemical & microscopic).

This policy is also offered on groups, for details kindly contact branch office

Claims Procedure

We have a simple claims process, which includes submission of following documents – Photocopy of the discharge card and Hospital Bill / receipt.

Exclusions

1. Pre-existing diseases will be covered after a waiting period of 36 months.
2. Waiting period of 24 months for certain diseases like benign prostatic hypertrophy, hernia of all types, hydrocele etc.
3. Hospitalization for cosmetic treatments, plastic surgery, refractive error corrective procedures, experimental, investigational or unproven procedures or treatments.
4. Hospitalization for General debility, 'Run-down' condition or rest cure, sexually transmitted diseases other than HIV/ AIDS, intentional self-injury.
5. Hospitalization for Pregnancy and fertility related treatments.
6. Non-Allopathic Treatment / Hospitalization.
7. Any hospitalization outside India.

For more details on the exclusions, please refer to the policy document.

Disclaimer:

The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office.

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

Hospicash - Plan A, Daily Hospicash of ₹ 1000 per day for 30 days

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 (₹)
40 years	971	Daily Hospital cash of ₹ 1000/ day for 30 days	971	NA	971	Daily Hospital cash of ₹ 1000/ day for 30 days	971		971	Daily Hospital cash of ₹ 1000/ day for 30 days
37 years	971	Daily Hospital cash of ₹ 1000/ day for 30 days	971	NA	971	Daily Hospital cash of ₹ 1000/ day for 30 days	971	486	486	
12 years	486	Daily Hospital cash of ₹ 1000/ day for 30 days	486	NA	486	Daily Hospital cash of ₹ 1000/ day for 30 days	486	243	243	
10 years	486	Daily Hospital cash of ₹ 1000/ day for 30 days	486	NA	486	Daily Hospital cash of ₹ 1000/ day for 30 days	486	243	243	
8 years	486	Daily Hospital cash of ₹ 1000/ day for 30 days	486	NA	486	Daily Hospital cash of ₹ 1000/ day for 30 days	486	243	243	
Total Premium for all members of the family is Rs. 3,400/-, when each member is covered separately.			Total Premium for all members of the family is ₹ 3,400/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ 2,185/-.			
Sum insured available for each individual is Daily Hospital cash of ₹ 1000/day for 30 days			Sum insured available for each family member is Daily Hospital cash of ₹ 1000/day for 30 days.				Sum insured available for the entire family is Daily Hospital cash of ₹ 1000/day for 30 days.			

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 are exclusive of Goods and Services Tax applicable.

For any claims related enquires please contact us at the following address.

Claims Department

Generali Central Health (GCH)

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

Call us at 1800 220 233 / 1860 500 3333 / 022 6783 7800

Toll Free Fax: 1800 103 9998 / 1800 209 1017

Email: gch@generalicentral.com

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 | Call us at 1800 220 233 / 1860 500 3333/ 022 6783 7800 | Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and Central Bank of India, respectively, and is used by Generali Central Insurance Co. Ltd. under license. For detailed information on risk factors, terms and conditions, etc., please refer to the product brochure and policy wordings, consult your advisor or visit our website before concluding a sale. This product is eligible for claiming deduction under section 80D of the Income Tax Act, 1961. | Tax benefits are subject to change due to change in tax laws. *T&C apply.

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