

ENJOY EVERY MOMENT OF YOUR SENIOR CITIZENSHIP!

Varishta Bima for Senior Citizens.



1800-220-233



[generalicentralinsurance.com](https://www.generalicentralinsurance.com)

Follow us on:



What is Varishta Bima?

Varishta Bima is a health insurance plan designed just for senior citizens. It provides cover to anyone from age of 60 years and above with continuous cover thereafter till lifetime.

Schedule of Benefits

Varishta Bima																
A	Eligibility	Sum Insured options (in ₹)	200000, 300000, 400000, 500000, 750000, 1000000													
		Minimum entry age	60 years													
		Maximum entry age	Lifelong													
		Maximum Renewal Age	Lifelong													
		Individual/ Family Floater SI Options	Individual/ Family Floater													
		Policy Term	1/ 2/ 3 years													
		Family Definition	Insured and Insured spouse In case of individual policy, we shall not be able to offer cover to the spouse of age less than 60 years. However he/ she can still be covered under family floater option, provided the age of self (primary insured) is 60 years and above.													
B	Hospitalisation Benefits	Hospitalisation	Covered													
		Day Care Treatment	Covered													
		Pre- Hospitalisation for 60 days and Post-Hospitalisation for 90 days	Sum Insured ()	2 L	3 L	4 L	5 L	7.5 L	10 L							
			Combined limits for Pre-& Post-Hospitalisation ()t	4000	6000	8000	10000	10000	10000							
C	Discount	1. Long term discount (2 and 3 years policy term) in case of single payment of premium - 5% discount for 2 year policy, 10% for 3 years policy. 2. 10% family discount if more than 1 member is covered under single proposal with individual sum insured. 3. 10% discount on the individual member's premium, if the insured produces the latest medical reports within 15 days of the tests done (2D Echo, Blood pressure report, Glycosylated hemoglobin, blood urea &serum creatinine) along														
C	Instalment option(monthly, quarterly, half yearly) with loading	Available for policy term of 1 /2/3 years. Loadings on standard premium will be applicable in case instalment facility is opted for premium payment. <table><tr><td>Instalment frequency</td><td>Loading on standard premiums</td></tr><tr><td>Monthly</td><td>5%</td></tr><tr><td>Quarterly</td><td>4%</td></tr><tr><td>Half-yearly</td><td>3%</td></tr></table>							Instalment frequency	Loading on standard premiums	Monthly	5%	Quarterly	4%	Half-yearly	3%
Instalment frequency	Loading on standard premiums															
Monthly	5%															
Quarterly	4%															
Half-yearly	3%															

Varishta Bima

E	Waiting Periods	<ol style="list-style-type: none"> 12 months waiting period for pre-existing disease 30 days waiting period, except for accidental hospitalization 24 months waiting period for listed conditions irrespective whether it falls under pre-existing diseases 48 months waiting period for any hospitalisation medical expenses in connection with treatment for any mental illness or psychiatric illness 48 months waiting period for any hospitalisation expenses in connection with treatment for behavioural and neuro developmental disorders
F	Co-payment	<ol style="list-style-type: none"> 50% co-payment is applicable on each and every claim related to pre-existing disease, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. The insured will have no option to waive off this co-payment. 25% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding
G	Sublimits	<ol style="list-style-type: none"> Sub limits for listed procedures. Our maximum liability of claim payment (including pre and post hospitalisation), shall be limited to amount mentioned in the sublimit table. Mandatory sub limits for modern treatment methods and advancement in technologies The medical expenses incurred for the listed treatments or procedures, as inpatient or as day care treatment (inclusive of pre and post hospitalization), shall be restricted to 50% of the sum insured opted, per policy period. Claims related to conditions for which sub limits are already included, any expense towards modern treatment methods and Advancement in technologies are restricted to the applicable sublimit or 50% of sum insured whichever is lower.
H	Road ambulance charges	Up to 1000/- per hospitalization
I	Free annual medical check-up from second year onwards	Free medical check-up after every continuous period of 1 year (Physician's consultation, ECG, Complete blood count, Fasting blood sugar, Post prandial blood sugar, Sr. Creatinine), irrespective of claim free years. This option will be available to the policy holder once during the respective policy period from the second year onwards.
J	Pre-insurance medical examination	<ol style="list-style-type: none"> Applicable for proposal form with any medical declaration for any sum insured Mandatory pre-insurance medical examination for sum insured 7.5 L and 10

Sub-limits on listed procedures

Sub-limits on listed procedures (All values are in INR.)						
Procedure/ Treatment	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000
Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000	350000
Cataract surgery (per eye)	15000	18000	20000	21500	23000	25000
Total knee replacement (per knee)	150000	200000	225000	275000	300000	350000
Total hip replacement (per hip)	150000	200000	225000	275000	300000	350000

Mandatory sub limits for modern treatment methods and advancement in technologies

The medical expenses incurred for the below listed treatments or procedures, as inpatient or as day care treatment (inclusive of pre and post hospitalization), is restricted to 50% of the sum insured opted, per policy period. These Sub limits are applicable for all plans under the product. Claims related to conditions for which sub limits are already included, any expense towards modern treatment methods and advancement in technologies are restricted to the applicable sublimit or 50% of sum insured whichever ever lower.

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

Co-payments will not be applicable in case there is a claim for the listed procedures mentioned in the sub-limits section.

Pre-insurance medical examination

- Sum Insured 2L, 3L, 4L and 5L, no pre-insurance medical test is applicable unless there is a medical declaration in the proposal form. Tests are mandatory for sum insured 7.5 L and 10 L
- 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 empanelled diagnostic centers only.
- The test reports would be valid for a period of 30 days from the date of test conducted.
- Underwriting loading will be applicable on the individual member's premium based on health status of the proposed Insured person in consideration to the adverse health conditions declared on the proposal form and findings of medical tests conducted.
- In case of family floater option, if there is a medical loading for spouse of age less than 60 years, the loading shall be applied on the individual premium for age of 60 years.

Free look period

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. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to

- 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;

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 12 months from the date of inception.
- Any disease contracted during the first 30 days from the commencement of the policy.
- Dental treatment or surgery of any kind unless requiring Hospitalization as a result of Injury.
- Medical expenses for diseases/ conditions like all diseases of prostate, all treatments (conservative, interventional, laparoscopic and open) related to all diseases of uterus, fallopian tubes, cervix and ovaries, all treatments related to bones and joints except due to an accident, etc. shall be covered after a waiting period of 24 months from the date of inception of the first policy with Us.
- Hospitalisation medical expenses in connection with treatment for any mental or psychiatric illness shall be covered after a waiting period of 48 months from the date of inception of the first policy with us.
- Hospitalisation medical expenses in connection with treatment for any behavioral and neuro developmental disorders shall be covered after a waiting period of 48 months from the date of inception of the first policy with us.
- Hospitalisation medical expenses in connection with treatment for AIDS and/ or infection with HIV shall be covered after a waiting period of 48 months from the date of inception of the first policy with Us.
- All expenses related to sexually transmitted diseases other than HIV/AIDS.
- Use of intoxicating drugs or alcohol.

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

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. 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)

Individual						
Age (in years)	2 L	3 L	4 L	5 L	7.5 L	10 L
60-65	10,505	12,950	15,470	17,990	20,480	21,977
66-70	14,943	18,661	22,492	26,324	29,593	31,869
71-75	18,017	22,617	27,359	32,100	35,910	38,726
76-80	20,440	25,738	31,198	36,658	40,894	44,137
Above 80 years	21,699	27,360	33,193	39,027	43,485	46,950

Family Floater – Two Adults						
Age (in years)	2 L	3 L	4 L	5 L	7.5 L	10 L
60-65	15,757	19,425	23,206	26,985	30,721	32,966
66-70	22,415	27,992	33,738	39,486	44,388	47,804
71-75	27,024	33,927	41,040	48,150	53,865	58,089
76-80	30,660	38,608	46,798	54,987	61,340	66,206
Above 80 years	32,550	41,040	49,790	58,541	65,228	70,425

**Age in completed years

*** For family floater, premium would be applicable as per the age of the eldest member in the family. In case the spouse is of age less than 60 years, she/ he can still opt under family floater option, provided the age of self is 60 years and above. In case of medical loading for spouse of age less than 60 years, the loading shall be applied on the individual premium for age of 60 years.

**** The premiums above 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.

Premium illustration in respect of policies offered on Individual and floater sum insured basis

Individual										
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)
73 Years	32,100	5,00,000	32,100	3210	28,890	5,00,000	48,150	0	48,150	5,00,000
67 Years	26,324	5,00,000	26,324	2632	23,692	5,00,000				
Total Premium for all members of the family is 58,424/-, when each member is covered separately.			Total Premium for all members of the family is 52582/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is 48150/-			
Sum insured available for each individual is 500000/-			Sum insured available for each family member is 500000/-				Sum insured of 500000 is available for the entire family.			

Note:

1. This is just an illustration of premium calculation.
2. Premiums may vary with respect to plan and sum insured opted by the insured.
3. 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.
4. In case premium is paid on instalment basis, the loading will be applicable accordingly.
5. Premium rates are exclusive of Goods and Services Tax applicable.

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)

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 - Società 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.

ARN: GC-NL/PD/MKTG/EN/Varishta Bima-August2025-BRO

Varishta Bima, UIN: GCIHLIP24138V042324

ISO Ref. No.: GCH/HP/FVB/BRH/001