

 **Arogya Sanjeevani Policy, Future Generali India Insurance company Limited**

We care for you,

Like you care for them!

SECURE YOUR FAMILY WITH AFFORDABLE
HEALTH INSURANCE POLICIES.



 1800-220-233

 general.futuregenerali.in

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 **FUTURE
GENERALI**
TOTAL INSURANCE SOLUTIONS

WHAT IS AROGYA SANJEEVANI POLICY, FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED?

AROGYA SANJEEVANI POLICY, FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED 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, Future Generali India Insurance Company Limited			
A	Eligibility	Sum Insured options	₹ 1 Lac, 1.5 Lacs, 2 Lacs, 2.5 Lacs, 3 Lacs, 3.5 Lacs, 4 Lacs, 4.5 Lacs, 5 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	Policy can be availed for Self and the following family members 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"> Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs. 5000/-, per day. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs. 10,000/- per day. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital. 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 Rs. 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 Rs. 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.									
		<table border="1"> <thead> <tr> <th>Installment frequency</th> <th>Loading on standard premiums</th> </tr> </thead> <tbody> <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> </tbody> </table>	Installment frequency	Loading on standard premiums	Monthly	5%	Quarterly	4%	Half-yearly	3%	
Installment frequency	Loading on standard premiums										
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F	Waiting Periods	<ol style="list-style-type: none"> 1. 48 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. 48 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	<p>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:</p> <ol style="list-style-type: none"> 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 Future Generali 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 15 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

For yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace 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 48 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 insured subject to maximum of Rs. 5000/-, per day.
- c) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses – Up to 5% of sum insured subject to maximum of Rs, 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 Rs. 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.

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

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.,

Office No. 3, 3rd Floor, "A" Building, G-O-Square, S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889 / 1800 209 1016 | Toll Free Fax: 1800 103 9998 / 1800 209 1017 | Email: fgh@futuregenerali.in

Premium Tables (exclusive of Goods and Services Tax)

Age Band/ SI	1 L	1.5 L	2 L	2.5 L	3 L	3.5 L	4 L	4.5 L	5 L
0-17	2673	3070	3156	3273	3421	3632	4001	4197	4330
18-25	2851	3269	3363	3490	3651	3879	4274	4485	4629
26-30	3113	3562	3668	3810	3989	4241	4676	4910	5071
31-35	3664	4180	4311	4485	4702	5004	5520	5801	5996
36-40	4332	4915	5083	5301	5570	5939	6559	6903	7146
41-45	4976	5634	5833	6089	6402	6831	7547	7947	8232
46-50	6184	6982	7239	7567	7965	8507	9405	9910	10274
51-55	8252	9306	9654	10096	10634	11361	12563	13242	13732
56-60	10937	12218	12655	13210	13882	14787	16276	17122	17735
61-65	13310	14867	15418	16112	16950	18075	19919	20973	21739
66-70	16233	18129	18820	19687	20732	22130	24413	25723	26679
71-75	19836	22143	23009	24092	25394	27130	29954	31581	32774
76-80	24274	27085	28168	29519	31138	33292	36786	38806	40291
>=81	29741	33168	34521	36204	38217	40888	45207	47714	49562

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.

Disclaimer: For detailed information on this product, terms and conditions etc., please refer to the product policy clause, consult your advisor or visit our website before concluding a sale. Tax Benefits are subject to change due to change in tax laws. Insurance is the subject matter of solicitation.

Why Choose Future Generali?

Future Generali India Insurance is joint venture between The Future Group and The Game Changers in Retail Trade in India. Our 187 year old global insurance group is one of the top 60 largest companies in the world and has been leading in Indian expertise, networking and insight in numerous product classes. Our extensive range of general insurance products sets new benchmarks in the industry; along with our wide network, claim servicing capabilities and the ability to provide all general insurance solutions under one roof. Our work has made us the most preferred partner for customers.

*As per Fortune Global 500 Ranking (2017)

Call us at: 1800-220-233 | 1860-500-3333 | 022-67837800 | Website: <https://general.futuregenerali.in>

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