

60 Future Varishta Bima

ENJOY EVERY MOMENT OF YOUR SENIOR CITIZENSHIP!

Future Varishta Bima for Senior Citizens.

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 **FUTURE
GENERALI**
TOTAL INSURANCE SOLUTIONS

What is Future Varishta Bima?

Future 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

Future 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 Cove To The Spouse Of Age Less Than 60 Years. However He/ She vCan 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 (₹)	2L	3L	4L	5L	7.5L
		Co tmbined Limits For Pre-& Post hospitalisation (₹)	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 Medica Reports Within 15 Days Of The Tests Done (2 D Echo, Blood Pressur Report, Glycosylated Hemoglobin,Blood Urea & Serum Creatinine) Along With The Proposal Form And The Proposal Is Accepted. This Is Available For Sum Insured Options Of ₹ 2l, 3l, 4l And 5l. This Discount Will Not Be Applicable For Further Renewals.						
D	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.						
		Instalment Frequency			Loading On Standard Premiums			
		Monthly			5%			
		Quarterly			4%			
Half-yearly			3%					

E	Waiting Periods	<p>1. 12 months Waiting Period for Pre-existing Disease</p> <p>2. 30 days Waiting Period, except for Accidental Hospitalization</p> <p>3. 24 months Waiting Period for listed conditions irrespective whether it falls under pre-existing diseases</p> <p>4. 48 months Waiting Period for any hospitalisation medical expenses in connection with treatment for any mental illness or psychiatric illness</p> <p>5. 48 months Waiting Period for any hospitalisation expenses in connection with treatment for Behavioural and Neuro developmental disorders</p> <p>6. 48 months Waiting Period for any hospitalisation expenses in connection with treatment for AIDS and/ or infection with HIV</p>
F	Co-payment	<p>a) 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.</p> <p>b) 5% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. However the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.</p> <p>c) Both the above co-payments will be applicable lifelong</p>
G	Sublimits	<p>1. 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.</p> <p>2. 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. Co-payments will not be applicable in case of a claim for the listed procedures mentioned in the Sub-limits Section.</p>
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	<p>a) Applicable for proposal form with any medical declaration for any sum insured</p> <p>b) Mandatory Pre-insurance medical examination for sum insured ₹ 7.5 L and ₹ 10 L</p>

Sub-limits on Listed Procedures

Sub-limits on Listed Procedures (All values are in `)						
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 which ever lower.

- i. Uterine Artery Embolization and HIFU
- 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

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 Future Generali 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

- i. 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
- 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 of cover or
- iii. 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) in ₹

Individual							Family Floater – Two Adults						
Age (in years)	2 L	3 L	4 L	5 L	7.5 L	10 L	Age (in years)	2 L	3 L	4 L	5 L	7.5 L	10 L
60-65	9451	12183	13675	14803	19274	21244	60-65	14177	18275	20512	22204	28911	31866
66-70	11858	15356	17265	18709	24434	26956	66-70	17787	23033	25897	28063	36650	40434
71-75	14936	19414	21858	23706	31037	34267	71-75	22404	29121	32787	35560	46555	51400
76-80	18926	24675	27813	30187	39600	43748	76-80	28389	37012	41719	45280	59400	65622
Above 80 yearsv	17787	23172	26112	28335	37153	41038	Above 80 years	26681	34758	39168	42503	55729	61557

Premium illustration in respect of policies offered on Individual and floater sum insured 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 (₹)
73 years	23,706	500000	23,706	2,371	21,335	500000	42,415	6,855	35,560	500000
67 years	18,709	500000	18,709	1,871	16,838	500000				
<p>Total Premium for all members of the family is ₹ 42,415/-, when each member is covered separately.</p> <p>Sum insured available for each individual is ₹ 500000.</p>			<p>Total Premium for all members of the family is ₹ 38,174/-, when they are covered under a single policy.</p> <p>Sum insured available for each family member is ₹ 500000.</p>				<p>Total Premium when policy is opted on floater basis is ₹ 35,560/-.</p> <p>Sum insured of ₹ 500000 is available for the entire family.</p>			

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.

**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.

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

Corporate Agent Name

FG & G Distribution Private Limited | Regd & Corp Ofce: 2nd Floor, Sobo Central Mall, Near Haji Ali, Mumbai Central, Mumbai - 400034
CIN: U66000MH2016PTC316154 | IRDAI Corporate Agency Registration Number CA0622 | CoR Validity:- 28-Nov-2018 to 27-Nov-2021.
Call us at: 1800-220-233 | 1860-500-3333 | 022-6783 7800 | Website: <https://general.futuregenerali.in>

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Future Generali India Insurance Company Limited (IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287)
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083.
Fax No: 022 4097 6900 | Email: fgcare@futuregenerali.in

ARN: FG-NL/PD/MKTG/ENG/FUTUREVARISHTHABIMAOCT2020-001BRO

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