Galaxy Empower, Galaxy Health Insurance Company Limited
Unique Identification No.: GHIHLIP25040V012425

I. Preamble

Galaxy Health Insurance Company Limited has received a proposal and premium from the proposer. Upon its acceptance and realisation of premium, subject to terms and conditions set out in the policy, the company agrees to pay claims submitted by the insured in respect of hospitalisation and benefits covered under the policy.

This policy is specially designed for

A. Disability Cover: Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016. The cover under this policy is available for persons with the following disability/disabilities as defined under the Act and any subsequent additions / modifications to the list in the Act.

a. It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Certifying authority.
b. Disability for the purpose of this policy means a person with 40% or more of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Certifying authority.

Blindness	Muscular Dystrophy	Low vision
Chronic Neurological conditions	Leprosy Cured persons	Specific Learning Disabilities
Hearing Impairment (deaf and hard of hearing)	Multiple Sclerosis	Locomotor Disability
Speech and Language disability	Dwarfism	Thalassemia
Intellectual Disability	Haemophilia	Mental Illness
Sickle Cell disease	Autism spectrum disorder	Multiple Disabilities including deaf/ blindness
Cerebral Palsy	Acid Attack victim	Parkinson's disease

B. HIV Cover: Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017. Individuals diagnosed as HIV/AIDs by a duly qualified Medical Practitioner with CD4 count above 350 will only be eligible for cover under this policy.

II. Definitions

Standard Definitions

Accident: Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Ambulance: Ambulance means a motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

Anyone Illness: Anyone illness means continuous period of Illness and it includes a relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

AYUSH Day Care Centre: AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion.

i. Having qualified registered AYUSH Medical Practitioner(s) in charge.
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out.
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospital: Ayush Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion
i. Having at least 5 in-patient beds.
ii. Having qualified AYUSH Medical Practitioner in charge round the clock.
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out.
iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Ayush Treatment: Ayush Treatment refers to the medical and / or hospitalisation treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Break in policy: Break means the period of gap that occurs at the end of the existing policy term / instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period

"Cashless facility" means a facility extended by the Insurer to the Insured where, the payments of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions are directly made to the network provider by the Insurer to the extent preauthorization approved.

CD4 cells are a type of white blood cells, also called as CD4 T lymphocytes or 'helper T cells' which serve as primary receptor for HIV.

"Condition Precedent" mean a Policy term or conditions upon which the Insurer's liability under the Policy is conditional upon

"Congenital Anomaly" refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
a. **Internal Congenital Anomaly** - Congenital Anomaly which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly.

b. **External Congenital Anomaly -** Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.

Co-Payment: Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

"Day care Centre" means any institution established for day care treatment of Illness and / or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:
i. Has qualified nursing staff under its employment
ii. Has qualified medical practitioner/s in charge
iii. Has a fully equipped operation theatre of its own where surgical procedures are carried out
iv. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

"Day Care treatment" means medical treatment, and / or surgical procedure which is:
i. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
ii. Which would have otherwise required a hospitalisation of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Dental Treatment: Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

"Disclosure to information norm" means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

Emergency Care: Emergency Care means management for an Illness which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.

"Grace Period" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.
Availability of insurance coverage during grace period: If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

"Hospital" A hospital means any institution established for in-patient care and day care treatment of Illness and/ or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
i. Minimum 10 beds for multi-speciality and 5 beds for Single Speciality.
ii. 24 hours Medical Practitioner & Nursing Staffs.
iii. Medical Records Department (MRD).

iv. IT Solutions - Minimum System Requirements with internet facility.
v. Pollution Control Board Certificate or Any Government Registration certificate
vi. Operation Theatre with basic Requirements - Surgical Facility

- ICU (or) HDU is Mandatory - Surgical facility
- Ventilator is Mandatory, if the number of beds is >50
- C-ARM is Mandatory for Orthopaedic Speciality
- All other facilities required as per Clinical Establishment Act

"Hospitalisation" means admission in a hospital for a minimum period of 24 consecutive "in-patient care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

"Illness" means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/ Injury which leads to full recovery.

b. Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests.
2. It needs ongoing or long-term control or relief of symptoms.
3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. It continues in definitely
5. It recurs or is likely to recur

"Injury" means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

"Inpatient care" means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.

"Intensive Care Unit" means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

"ICU (Intensive Care Unit) Charges" means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

"Medical Advice" means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

"Medical expenses" means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

"Medical Practitioner" Medical Practitioner means a person who holds a valid registration from the Medical

Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

"Medically Necessary Treatment" means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

i) is required for the medical management of the illness or injury suffered by the insured
ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity
iii) must have been prescribed by a medical practitioner
iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

"Migration" means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

"Network Provider" means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a cashless facility.

"Newborn Baby" means baby born during the Policy Period and is aged upto 90 days.

"Non- Network Provider" means any hospital, day care centre or other provider that is not part of the network.

"Notification of claim" means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

"Pre-existing Disease" means any condition, ailment, injury or disease:

a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy

"Pre-hospitalisation Medical Expenses" means medical expenses incurred during predefined number of days preceding the hospitalisation of the Insured Person provided that:

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

"Portability" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for pre-existing diseases and specific waiting periods from one insurer to another insurer.

"Post-hospitalisation Medical Expenses" means Medical Expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:
i. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and
ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

"Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

"Reasonable and Customary charges" means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

"Renewal" means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for preexisting diseases, time-bound exclusions and for all waiting periods.

"Room rent" means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.

"Specific waiting period" means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

"Surgery" or Surgical Procedure" means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

"Unproven/Experimental treatment" means the treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Specific Definitions

"Age" or **"Aged"** shall mean the completed age as on last birthday, and which means completed years as at the Policy Start date.

"Associated Medical Expenses" means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy, Consumables, Cost of implants, medical devices, Cost of diagnostics and ICU charges. Hence Proportionate deduction will not be applicable on these items.

"Antiretroviral therapy" Antiretroviral therapy is a treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.

"Authority" means the Insurance Regulatory and Development Authority of India

"Certifying Authority" Certifying Authority means designated person having requisite qualification and experience, as certifying authorities, who shall be competent to issue the certificate of disability. (Ref: The right of persons with Disabilities Act , 2016., sec -57)

"Accidental Emergency" means a traumatic bodily injury which, if not immediately diagnosed and treated, could reasonably be expected to seriously jeopardize a person's health or result in loss of life.

"Company/Insurer" means Galaxy Health Insurance Company Limited.

"Contribution" is essentially the right of an insurer to call upon other insurers, liable to the same Insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

"Claim" means a demand made by Insured/Policyholders or on Insured/Policyholders behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

"**Dependent Child**" means a child (natural or legally adopted), who is unmarried, aged between day 1 and 17 years, financially dependent on the Insured and does not have his / her independent sources of income.

"Disease" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.

"Diagnosis" shall mean diagnosis by a Medical Practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and surgical evidence wherever applicable.

Diagnostic Centre means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done

"Emergency" shall mean a serious medical condition or symptom resulting from Injury or Illness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

"HIV" means human immunodeficiency virus.

"Insured Person" means the name/s of persons named in the schedule of the Policy.

"Instalment" means frequency of Premium amount paid through Monthly / Quarterly / Half-yearly mode by the Policy Holder/ Insured.

"In-Patient" means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

Life-threatening Medical Condition shall mean a serious medical condition or symptom resulting from Injury or Illness which is not Pre-Existing Disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

"Mental Illness" Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

"Material Fact" Material Fact is one which would affect the judgement of a prudent insurer in deciding whether to accept the risk and if so, at what rate or premium and subject to what terms and conditions.

Person with Disability / Disabled: Person with Disability/Disability/Disabled means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

"Sum Insured" Sum Insured means the Sum Insured Opted for and for which the premium is paid.

Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.

III. Coverage

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under. If during the period stated in the Policy Schedule the insured person sustains bodily injury or contracts any disease or suffer from any illness requiring Hospitalisation and incurs expenses at any Nursing Home / Hospital in India as an In-patient, the Company will indemnify the Insured Person such expenses as are reasonably and necessarily incurred under the heads given below but not exceeding the Sum insured stated in the Policy schedule.

Inpatient Hospitalisation (Including Disability and HIV/AIDS Cover)

A. Room, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home up to maximum of 1% of the sum insured per day.
   Note: Expenses relating to Associated medical expenses will be considered in proportion to the eligible room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

B. Intensive Care Unit (ICU) charges / Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/Nursing home upto maximum of 2% of the sum insured per day.

C. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

D. Anesthesia, Blood, Oxygen, Operation theatre charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

E. All day care procedures are covered.

F. Expenses incurred on treatment of Cataract is covered up to Rs.40,000/- per each eye in one policy year.

G. **Emergency Road ambulance**: Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

H. **Coverage for Modern treatment:** The following procedures will be covered (wherever medically indicated) either 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:
   A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. lmmunotherapy- Monoclonal Antibody to be given as injection
F. lntra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchical Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stern cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions.

I. **AYUSH Treatment**: The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines covered up to 100% of sum insured, during each Policy Year as specified in the policy schedule

J. **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.

K. **Post Hospitalization** medical expenses incurred for a period of 60 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, following an admissible claim for hospitalization provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

L. **Co-payment:** Each and every claim under the Policy shall be subject to a Copayment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.

M. **Lumpsum Coverage for HIV/AIDS**: In case the CD4 count of insured is/goes below 150, then the Company will pay 100% of Sum insured or the balance sum insured available under the policy, whichever is lower, as lump sum amount to the insured. This payment will trigger after a waiting period of 90 days from commencement date of policy.

Note: The claim mentioned above shall be payable once in the lifetime of the Insured Person and shall not be necessarily linked to an Inpatient Hospitalisation claim made under the policy.

N. **Waiver of Co-payment (Optional Cover)**: Is available on payment of additional premium as per terms & conditions.

Specific Conditions applicable for persons with HIV/AIDS

i. On payment of such claim (lumpsum amount), the policy shall cease for the insured person if he is an HIV/AIDS insured person and will not be available for renewal in the subsequent year.
ii. Any claims made under this benefit shall reduce the base Sum insured.
iii. In case claims related to Disability and HIV/AIDS being applicable to any single individual then the coverage under HIV/AIDS will supersede and be applicable for the individual covered under the policy.
iv. Our maximum liability for all claims made under the policy during the policy year shall be restricted to the sum insured amount as specified in the policy schedule.

IV. EXCLUSIONS

STANDARD EXCLUSIONS

1. **Pre-Existing Diseases - Code- Excl 01:**
   A. 1. **Applicable for diseases other than Disability / HIV/AIDS**: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
   2. Applicable for HIV/AIDS: Expenses related to the treatment of HIV/AIDS and its direct complications shall be excluded until the expiry of 90 days of continuous coverage after the date of inception of the first policy with insurer.
   3. Applicable for Disability cover: Expenses related to the treatment of a pre-existing Disability (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
   B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
   D. Coverage under the policy after the expiry of 36 months for any pre-existing disease other than for Disability or HIV/AIDS is subject to the same being declared at the time of application and accepted by Insurer.

2. **Specified disease/procedure waiting period – Code Excl 02**
   A. Expenses related to the treatment of the listed conditions: surgeries/treatments shall be excluded until the expiry of 24 months, provided continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
   D. The waiting period for listed conditions shall apply even if contracted after the policy inception or declared and accepted without a specific exclusion.
   E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   F. List of specific diseases/procedures
      1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
      2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.
      3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
      4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident).
      5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including diseases of liver, Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
      6. All types of Hernia.
      7. Desmoid Tumour, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula.

8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases.
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies.
10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele.
11. Fistula, Fissure in Ano, Haemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers.
13. Congenital Internal disease / defect (Except for New Born)

3. **30-day waiting period – Code Excl 03**
   a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. **Investigation & Evaluation – Code Excl 04**
   a. Expenses related to any admission, primarily for diagnostics and evaluation purposes only are excluded.
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. **Rest Cure, rehabilitation and respite care – Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. **Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions
   i. Surgery to be conducted is upon the advice of the Doctor
   ii. The surgery/Procedure conducted should be supported by clinical protocols
   iii. The members must be 18 years of age or older and
   iv. Body Mass Index (BMI)
      1. greater than or equal to 40 or
      2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         a. Obesity-related cardiomyopathy
         b. Coronary heart disease
         c. Severe Sleep Apnea
         d. Uncontrolled Type2 Diabetes

7. **Change-of-Gender treatments – Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. **Cosmetic or plastic Surgery – Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. **Hazardous or Adventure sports – Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. **Breach of law – Code Excl 10**: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. **Excluded Providers– Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof – **Code Excl 12**

13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **– Code Excl 13**

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure **– Code Excl 14**

15. **Refractive Error – Code Excl 15** Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.

16. **Unproven Treatments – Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. **Sterility and Infertility – Code Excl 17:** Expenses related to sterility and infertility. This includes.
    a. Any type of contraception, sterilization
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c. Gestational Surrogacy
    d. Reversal of sterilization

18. **Maternity – Code Excl 18**
    I. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy.
    II. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

Specific Exclusions

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA **-Code-Excl 19**

20. Congenital External Condition / Defects / Anomalies **-Code- Excl 20**

21. Convalescence, general debility, run-down condition, Nutritional deficiency states **-Code- Excl 21**

22. Intentional self -injury**-Code- Excl 22**

23. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) **-Code- Excl 24**

24. Injury or disease caused by or contributed to by nuclear weapons/ materials **-Code- Excl 25**

25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion **-Code- Excl 26.**

26. Unconventional, Untested, Experimental therapies **-Code- Excl 27**

27. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy **-Code- Excl 28**

28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalisation warranted. **- Code- Excl 29**

29. All treatment/Interventions for Erectile Dysfunctions – **Code – Excl 30**

30. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons) **-Code- Excl 31**

31. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule **Excl 34**

32. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheelchairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. **-Code- Excl 35**

33. Any hospitalisation which are not medically necessary / does not warrant hospitalisation**-Code-Excl 36**

34. Other Excluded Expenses as detailed in the website www.galaxyhealth.com - **Code Excl 37**

35. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under permanent exclusion (based on insured's consent), for specified ICD codes **-Code- Excl 38**

36. Expenses for venereal disease or any sexually transmitted disease except HIV/AIDS

37. Dental Treatment, Diagnostics, Dental Procedures or Surgery of any kind unless requiring Hospitalisation as a result of accidental Injury.

V. CONDITIONS

Standard Conditions

1. **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policy holder.

2. **Claim Settlement**
   A. **Condition Precedent to Admission of Liability**: The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy
   B. **For Cashless Treatment:**
      a. Call the 24 hour help-line for assistance – 18002030007.Senior Citizens may call at 18002030007
      b. Inform the ID number for easy reference
      c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
      d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. (Insurers shall also provide pre-authorization to the policyholder through Digital mode).
      e. The Treating Doctor will complete the hospitalisation/ treatment information, and the hospital will fill up expected cost of treatment. This form is submitted to the Company
      f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
      g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
      h. In case of emergency hospitalisation information to be given within 24 hours after hospitalisation
      i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.galaxyhealth.com or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document. KYC (Identity proof with Address) of the proposer, as per AML Guidelines.

   In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.
   Note: The Company reserves the right to call for additional documents wherever required.
   Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
   C. **For Reimbursement claims**: Time limit for submission of necessary claim documents for

S. No.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalisation, day care and pre-hospitalisation expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalisation	within 15 days after completion of 60 days from the date of discharge from hospital

   D. **Notification of Claim:** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.
   Note: Conditions C and D are precedent to admission of liability under the policy. The Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

E. **Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents in original and submitted within the prescribed time limit.
   i. Duly filled in claim forms with treating doctor signature.
   ii. Pre/Post Hospitalisation investigations and treatment papers.
   iii. All investigations reports including Radiological films (Xray, CT scan, MRI and USG) and Biopsy during hospitalisation.
   iv. Discharge Summary from the hospital
   v. Cash receipts from hospital, chemists
   vi. Cash receipts and reports for tests done
   vii. Receipts from doctors, surgeons, anaesthetist
   viii. Certificate from the attending doctor regarding the diagnosis.
   ix. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
   x. Copy of PAN Card
   xi. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
   xii. CKYC No. of the proposer (if available)
   xiii. Legal heir/succession certificate, wherever applicable

3. **Provision for Penal Interest**
   i) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document
   ii) ln the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
   iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. ln such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document
   iv) ln case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim
   v) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

4. **Complete Discharge:** Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. **Fraud:** lf any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

   Any amount already paid against claims made under this policy, but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

   For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
   a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true.
   b) the active concealment of a fact by the insured person having knowledge or belief of the fact.

c) any other act fitted to deceive and
d) any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. **Cancellation**

i. The policyholder may cancel his/her policy at any time during the term, by giving 7 day's notice in writing. The Insurer shall

a. refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.
b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Note: Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

7. **Migration:**

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

8. **Portability:**

a. A policyholder desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. Insurers are free to consider proposal for portability, but in all such cases acquiring insurer shall ensure that there is no break in policy.
b. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.

9. **Renewal of Health Insurance policy:**

a. A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate.
b. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
c. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.
d. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
e. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
f. Coverage is not available during the grace period.

g. No loading shall apply on renewals based on individual claims experience

10. **Withdrawal of policy**
    i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
    ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

11. **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. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments and deductibles as per the policy contract.

12. **Premium Payment in Instalments:** lf the insured person has opted for Payment of Premium on an instalment basis i.e. Monthly, Half Yearly or Quarterly instalments as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
    i. Grace period of 15 days (where premium is paid in monthly) is available on the premium due date, to pay the premium.
    ii. The grace period of 30 days (where premium is paid in quarterly/half yearly instalments) is available on the premium due date, to pay the premium.
    iii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
    iv. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, Waiting Periods for Pre-Existing Diseases, Moratorium Period etc.) accrued under the policy shall be protected.
    v. No interest will be charged if the instalment premium is not paid on due date.
    vi. ln case of instalment premium due not received within the grace period, the policy will get cancelled.
    vii. ln the event of a claim, all subsequent premium instalments shall immediately become due and payable.
    viii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

13. **Possibility of Revision of Terms of the Policy including the Premium Rates:** The Company may revise or modify the terms of the policy including the premium rates with the extant guidelines. The insured person shall be notified three months before the changes are effected.

14. **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 30 days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

    lf the insured has not incurred 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.

15. **Redressal of Grievance:** In case of any grievance the insured person may contact the Company through

Website : www.galaxyhealth.com

Toll free : 18002030007

Senior Citizens may call at 18002030007

E-mail : gro@galaxyhealth.com

Phone No. : 044 - 4001 7238

Courier: Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.

lnsured person may also approach the Grievance officer at any of the company's branches with the details of grievance.

lf lnsured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the Grievance redressal officer (GRO) at corporate office - 044 - 4001 7238

For updated details of grievance officer, kindly refer the link https://www.galaxyhealth.com/grievance-redressal

lf lnsured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per insurance Ombudsman Rules 2017. For the details of Insurance Ombudsman, please visit: https://cioins.co.in/Complaint/Online

Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

16. **Nomination:**
a. The policyholder shall give his nomination for the purpose of payment of claims. In the event of death of the policyholder, the claim proceeds will be paid to the nominee.
b. Nomination can be changed any time during the term of the policy.

Specific Conditions

17. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

18. All claims under this policy shall be payable in Indian currency.

19. The premium under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

20. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalisation when and as often as the same may reasonably be required on behalf of the Company at Company's cost.

21. **Notice and Communication:** Any notice, direction or instruction given under this Policy by the policy holder / claimant shall be in writing and delivered by hand, post or / email to Galaxy Health Insurance Company Limited, Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035, Toll Free No.18002030007, E-Mail: support@galaxyhealth.com Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery or e-mail.

22. **Territorial Limit:** All investigations/treatments under this policy shall have to be taken in India.

23. **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events
    a. Upon the death of the Insured Person. This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
    b. Upon exhaustion of the Sum Insured.

24. **Policy disputes**: Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

25. **Revision of Sum Insured:** Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject **to Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.**

26. **Relief under Section 80-D**: Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

29. Important Note

a) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
b) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
c) The attention of the policy holder is drawn to the company website www.galaxyhealth.com for anti-fraud policy of the company for necessary compliance by all stake holders.
d) Only one Policy is allowed for one person.

30. Customer Service If at any time the Insured Person requires any clarification or assistance, the insured may contact Galaxy Health Insurance Company Limited, Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035, during business hours of normal working days.

List of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

Office Details	Jurisdiction of Office Union Territory, District)
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh , Chhattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455/2596003 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh& Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504/46013992 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

Office Details	Jurisdiction of Office Union Territory, District)
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gor khpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.

Office Details	Jurisdiction of Office Union Territory, District)
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane - 400604 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."
For the details of Insurance Ombudsman, please visit: https://cioins.co.in/Complaint/Online	

List I — Consumable Items

Sl No	Item		Sl No	Item
1	ABDOMINAL BINDER		35	LAUNDRY CHARGES
2	AMBULANCE		36	LEGGINGS
3	AMBULANCE COLLAR		37	LUMBO SACRAL BELT
4	AMBULANCE EQUIPMENT		38	MASK
5	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]		39	MEDICAL CERTIFICATE
6	ARMSLING		40	MEDICAL RECORDS
7	ATTENDANT CHARGES		41	MINERAL WATER
8	BABY FOOD		42	MORTUARY CHARGES
9	BABY UTILITIES CHARGES		43	NEBULISATION KIT
10	BEAUTY SERVICES		44	NEBULIZER KIT

11	BELTS/ BRACES		45	NIMBUS BED OR WATER OR AIR BED CHARGES
12	BIRTH CERTIFICATE		46	OUNCE GLASS
13	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES		47	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
14	BUDS		48	OXYGEN MASK
15	CARRY BAGS		49	PAN CAN
16	CERTIFICATE CHARGES		50	PELVIC TRACTION BELT
17	CERVICAL COLLAR		51	PHOTOCOPIES CHARGES
18	COLD PACK/HOT PACK		52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	CONVEYANCE CHARGES		53	SANITARY PAD
20	COURIER CHARGES		54	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
21	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical) pharmaceuticals payable)		55	SLINGS
22	CREPE BANDAGE		56	SPACER
23	DIABETIC FOOTWEAR		57	SPIROMETRE
24	DIAPER OF ANY TYPE		58	SPLINT
25	ECG ELECTRODES		59	STEAM INHALER
26	EMAIL / INTERNET CHARGES		60	SUGAR FREE TABLETS
27	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)		61	SURCHARGES
28	EYELET COLLAR		62	TELEPHONE CHARGES
29	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)		63	TELEVISION CHARGES
30	GLOVES		64	THERMOMETER
31	GUEST SERVICES		65	TROLLY COVER
32	KIDNEY TRAY		66	UROMETER, URINE JUG
33	KNEE BRACES (LONG/ SHORT/ HINGED)		67	VASOFIX SAFETY
34	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		68	WALKING AIDS CHARGES

List II — Items that are to be subsumed into Room Charges

Sl No	Item 2	Sl No	Item 2
1	ADMISSION KIT	20	FLEXI MASK
2	AIR CONDITIONER CHARGES	21	FOOT COVER
3	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	22	GOWN
4	BED PAN	23	HAND HOLDER
5	BLANKET/WARMER BLANKET	24	HAND WASH
6	CAPS	25	HOUSE KEEPING CHARGES
7	CLEAN SHEET	26	HVAC
8	COMB	27	IM IV INJECTION CHARGES

9	CRADLE CHARGES	28	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
10	DAILY CHART CHARGES	29	LUXURY TAX
11	DIABETIC CHART CHARGES	30	PATIENT IDENTIFICATION BAND / NAME TAG
12	DISCHARGE PROCEDURE CHARGES	31	PULSEOXYMETER CHARGES
13	DISINFECTANT LOTIONS	32	SHOE COVER
14	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	33	SLIPPERS
15	EAU-DE-COLOGNE / ROOM FRESHNERS	34	SPUTUM CUP
16	ENTRANCE PASS / VISITORS PASS CHARGES	35	TISSUE PAPER
17	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	36	TOOTHBRUSH
18	FACE MASK	37	TOOTHPASTE
19	FILE OPENING CHARGES		

List III — Items that are to be subsumed into Procedure Charges

Sl No.	Item 3	Sl No.	Item 3
1	APRON	13	GAUSE SOFT
2	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	14	GAUZE
3	BOYLES APPARATUS CHARGES	15	HAIR REMOVAL CREAM
4	CAMERA COVER	16	MICROSCOPE COVER
5	COTTON	17	ORTHOBUNDLE, GYNAEC BUNDLE
6	COTTON BANDAGE	18	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
7	DISPOSABLES RAZORS CHARGES (for site preparations)	19	SURGICAL DRILL
8	DVD, CD CHARGES	20	SURGICAL TAPE
9	EYE DRAPE	21	TORNIQUET
10	EYE KIT	22	WARD AND THEATRE BOOKING CHARGES
11	EYE PAD	23	X-RAY FILM
12	EYE SHEILD		

List IV — Items that are to be subsumed into costs of treatment

Sl No.	Item	Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES	10	HYDROGEN PEROXIDE\SPIRIT/ DISINFECTANTS ETC
2	ALCOHOL SWABES	11	INFUSION PUMP— COST
3	ANTISEPTIC MOUTHWASH	12	LOZENGES
4	BIPAP MACHINE	13	MOUTH PAINT
5	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	14	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
6	CPAP/ CAPD EQUIPMENTS	15	SCRUB SOLUTION/STERILLIUM
7	GLUCOMETER & STRIPS	16	URINE BAG
8	HIV KIT	17	URINE CONTAINER
9	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	18	VACCINATION CHARGES

Name	**Galaxy Empower, Galaxy Health Insurance Company Limited**
Product Type	Individual basis only
Category of Cover	Indemnity and Benefit (Only for HIV/AIDS)
Sum insured	On individual basis
Eligibility	Age eligibility for adults: 18 years to 65 years Age eligibility for Children: Newborn to 17 years
Sum insured available (in INR)	4lacs and 5 lacs
Policy Period	1 Year
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs. shall not apply in respect of Day Care Treatment.
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Limit for Room and ICU	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital upto 1% of sum insured per day. 2.1ntensive Care Unit (ICU) charges/ intensive Cardiac Care Unit (ICCU) charges all- inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured per day.
Cataract Treatment	Up to Rs.40,000/-, per each eye in one policy year
Modern Treatment	50% of sum insured
Emergency Ground Ambulance	Expenses covered up to Rs.2,000/- per hospitalisation
AYUSH	Expenses incurred for inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 100% of sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	1. 36 months (For Pre-existing diseases other than the Pre-existing disability and HIV/AIDS covered) 2. Initial waiting period of 30 days for Indemnity basis and 90 days waiting period for benefit basis under HIV/AIDS cover. 3. 24 months (For Pre-existing disability) 4. 24 months waiting period for Specific disease/illness
Co-payment	20% on all claims made
Waiver of Co-payment	Available on payment of additional premium