GALAXY HEALTH INSURANCE COMPANY LIMITED
(Formerly known as Galaxy Health and Allied Insurance Company Limited)
Registered Office: "Prestige Polygon", 12th Top Floor (P), #471, Anna Salai,
Nandanam, Chennai - 600 035 ● T: 044 - 4001 7227 ● Website: www.galaxyhealth.com
IRDAI Registration No.167 ● CIN: U65120TN2023PLC165765

GALAXY SMART OUTPATIENT - RIDER

UIN: GHIHLIA25038V012425

POLICY WORDING

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 benefits covered under this rider policy.

II Definitions

Standard Definitions

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

Acute incident - An event of sudden onset which require immediate attention and treatment.

"Break in policy" 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.

Co-Payment: 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.

OPD treatment: One in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

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

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.

Specific Definitions

Base Policy means Any Individual Health Insurance Policy of Galaxy Health Insurance Company Limited to which this Rider cover shall be attached.

Company / Insurer means Galaxy Health Insurance Company Limited.

Doctor / Physician / General Practitioner: Doctor / Physician / General 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 and acceptable to the company.

Insured/Insured Member/s: means the family members of Insured covered under this Policy.

Rider Premium: Premium payable by the policyholder which is in addition to the premium paid under Base Policy towards the additional cover/benefit opted under the rider, if opted.

Rider - means the Rider insurance contract as in this Rider insurance contract wordings which may be opted by Insured for him/her and / or the Insured Members.

Rider Period: means period which shall be in consonance with the Policy Period under Base Policy.

Service Provider/s: means the service providers engaged/named by the Insurer for providing the risks covers mentioned in this Rider.

Specialist/Super Specialist: Specialist means a person who holds a medical postgraduate or higher degree in the specific line of treatment under Allopathic medicine.

Note: The cover is subject to the terms defined in this rider and terms defined in the **Base policy.**

III. COVERAGE: SECTION SCOPE OF COVER

The Company will indemnify reasonable and customary expenses incurred for the below listed coverage during the policy year up to the limits mentioned in the policy schedule. The cover is applicable for each policy year if this rider is opted for more than one year.

Table of benefits A: Individual - Limit Per Policy Year (Rs.)

Benefits	Silver	Gold	Platinum	Diamond
Section A. Tele-consultation	Unlimited-GP+ Specialists	Unlimited-GP+ Specialists	Unlimited-GP+ Specialists	Unlimited-GP+ Specialists
Section B. i. In-clinic Doctor Consultations ii. Prescribed Pathology & Radiology	Rs.5,000/-	Rs.7,500/-	Rs.10,000/-	Rs.10,000/-
Section C. Prescribed Pharmacy	Not Covered	Not Covered	Not Covered	Rs.2,000/-

Table of benefits B: Floater - Limit Per Policy Year (Rs.)

Benefits	Silver	Gold	Platinum	Diamond
Section A. Tele-consultation	Unlimited-GP+ Specialists	Unlimited-GP+ Specialists	Unlimited-GP+ Specialists	Unlimited-GP+ Specialists
Section B. i. In-clinic Doctor Consultations ii. Prescribed Pathology & Radiology	Rs.7,500/-	Rs.10,000/-	Rs.13,000/-	Rs.13,000/-
Section C. Prescribed Pharmacy	Not Covered	Not Covered	Not Covered	Rs.3,000/-

In consideration of the premium paid and subject to the terms, conditions, exclusions, and definitions contained herein, the Company agrees as follows:

Section A. Tele Consultation Cover (applicable under all plans)

Coverage:

If at any time during the policy period, insured members suffers from any Illness or Injury, he / she can avail treatment from Medical Practitioner/ Physician/Doctor listed on the digital platform via video, audio, or chat channel, where the Insured/ Insured Member will be able to select the speciality of doctor and will be able to consult the Doctor available at the time of call. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020, Medical Council of India and as amended from time to time. This cover will be available only on cashless basis.

Exclusions for Tele Consultation Cover

1. Tele consultation outside the digital platform of Insurer or concerned Service Provider's application/website video/audio/chat consultation, in-clinic/physical consultation is not covered under this section.
2. Teleconsultation benefit is not transferrable to any other person/member.
3. If the benefit is not availed during the policy period, the benefit cannot be carried forward to the subsequent Policy period.
4. Reimbursement of expenses incurred for teleconsultation benefit is excluded.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Member has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

Section B i. In Clinic Consultation Cover (applicable for all plans)

Coverage: If at any time during the policy period, insured members suffers from any Illness or Injury, he / she can avail treatment from Medical Practitioner/ Physician/Doctor in person from network centres will be payable up to the limit as specified in the Table of Benefits mentioned above in a policy year. This service can be availed through cashless or reimbursement mode.

In-clinic doctor consultations: Expenses incurred towards Outpatient consultation(s) from a General Medical Practitioner and/or a Specialist Medical Practitioner and/or AYUSH treatment are payable up to the limits mentioned in the Table of Benefits mentioned above in a policy year.

i. **Dental Treatment Expenses:** Applicable only for the initial consultation. Costs for dental check-ups related to infections, acute incidents, or accidents as an outpatient at our any networked facility in India are covered.
ii. **Ophthalmic Treatment Expenses:** Applicable only for the initial consultation. Costs for eye check-ups related to infections, acute incidents, or accidents as an outpatient at our any networked facility in India are covered.
iii. **AYUSH (Non-Allopathic Treatment Expenses):** Outpatient consultation expense for Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy systems of medicine at institutes recognized by the Government of India or accredited by the Quality Council of India/National Accreditation Board on Health.

Note: Please refer **Table 1** for Coverage under specialisations (inclusions & exclusions)

Specific exclusions applicable for In Clinic Consultation:

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this rider.
2. Vaccination
3. If the benefits are not availed during the Policy period, the benefit cannot be carried forward to the subsequent Policy period.
4. Claims pertaining to Ante Natal/Maternity (Pre and Post) consultations and investigations
5. Dietician/nutritionist consultations/sessions will not be covered under this cover/benefit.

Section B. ii. Prescribed Pathology & Radiology

Coverage: If at any time during the policy period, insured members suffers from any Illness or Injury, he / she can avail the cashless service for investigations prescribed by a registered Medical Practitioner for pathology or radiology from prescribed network centres of the Service Provider up to the limit as specified in the Table of Benefits mentioned above in a policy year. This service can be availed through cashless or reimbursement mode.

If the required Pathology or radiology lab is not available in the prescribed network of the Service Provider, the Insured/ Insured Member/s can claim the expenses by way of reimbursement process.

Note:

1. Section B **(i) In Clinic Consultation Cover and Prescribed Pathology & Radiology** limit will be applicable for both the covers.
2. Prescribed Pathology & Radiology test must be done within 15 days of the doctor prescription

Specific exclusions applicable for Prescribed Pathology & Radiology Cover

1. If the Investigation cover is not availed in the respective Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
2. Pathology and Radiology test claims related to Ante Natal/Maternity (Pre and Post).
3. Any preventive health tests
4. Lab or Radiology tests prescribed by AYUSH (Non-Allopathic) Doctors (Non-MBBS), Invasive tests as given below.

List of Invasive Tests
(excluded from Prescribed Pathology & Radiology Cover)

S.No.	Invasive Test Names	S.No.	Invasive Test Names
1	Bronchoscopy guided biopsy	12	CT guided lung Biopsy
2	Bronchoscopy	13	Cystoscopy
3	Colonoscopy Biopsy	14	Cystoscopy with bladder biopsy
4	Colonoscopy	15	Diagnostic Laparoscopy
5	Core biopsy of Breast	16	Endometrial Biopsy
6	Coronary Angiography	17	ENT Endoscopic biopsy
7	CSF biopsy	18	Excision biopsy of any lump
8	CSF liquid biopsy	19	Fine Needle Aspiration Cytology- FNAC
9	CT Angiography	20	Hysteroscopy Biopsy
10	CT guided biopsy of growth- Abdomen / Chest/ Pelvic / Paraspinal region	21	Incisional biopsy of breast
		22	Lumbar Puncture
		23	Lymph node Biopsy
11	CT guided bone biopsy	24	MRI Fusion Biopsy

S.No.	Invasive Test Names	S.No.	Invasive Test Names
25	MRI guided breast biopsy	33	Upper GI Endoscopic Biopsy
26	Office Hysteroscopy	34	Upper GI Endoscopy
27	Oral biopsy	35	Urethroscopy
28	Pleural Biopsy	36	USG guided biopsy of abdominal organs
29	Pleural fluid cytology	37	USG guided biopsy of pelvic organs
30	Pleuroscopic Biopsy	38	USG guided kidney biopsy
31	Prostate needle biopsy		
32	Tru-cut biopsy breast		

Section C - Prescribed Pharmacy: (Applicable only for Diamond Plan).

Coverage:

If at any time during the policy period, Insured/Insured member suffers from any illness/injury, he or she can avail medicines prescribed by medical practitioner from network providers up to the limits specified in the table of benefits mentioned above. This cover will be available only on cashless basis.

Note:

i. Minimum order value of Rs.250/- is applicable.

ii. Expenses towards the pharmacy shall be payable up to the limits mentioned, within 15 days from the date of doctor's prescription.

iii. In case of chronic diseases – Coverage under this benefit is payable for maximum period of 60 days from the date of doctor's prescription.

Exclusions for Doctor Prescribed Pharmacy Cover

1. Claims without prescription.
2. Over the Counter medicines/products purchased without prescription, products such as but not limited to Cereals, Horlicks, Threptic, vitamins, supplements, medical devices etc.
3. Reimbursement for Over the counter/non-Prescribed medicine/products/drugs/Consumables is excluded in this benefit. Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, medical devices, vitamins, tonics, or other related products.
4. The expenses incurred on purchase of AYUSH medicines.
5. Medications prescribed by AYUSH (Non-Allopathic) doctors, or any AYUSH (Non-Allopathic) medications.

IV. Waiting Period:

1. Pre-Existing Diseases - Code Excl 01:

a. 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.

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 is subject to the same being declared at the time of application and accepted by Insurer.

2. 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.

V. General Exclusions:

a. Inpatient treatments & day-care procedures

b. Medical equipment and associated consumables viz., BP Machine, Thermometer, Syringes, Nebulizer, Hot Water Bags, etc.

c. Non-Medical Expenses - Registration Fee, Admission Fee, Telephone Charges, Cafeteria Charges, etc

d. Any other therapies other than Physiotherapy

VI. Co-payment: The Insured shall bear 20% of co-payment for claims made on reimbursement basis, only in absence of Cashless Network/Emergency clinics / hospitals / diagnostic labs. Co-payment will not apply on cashless service. Co-payment of 20% shall be applicable for all pharmacy reimbursement claims under this OPD plan.

VII. Specific Conditions (Applicable for all plans)

- The Rider cover can be purchased only with the base policy. It can be bought either at the time of the first policy purchase or at the time of renewal of the **Base Policy.**
- The Rider Cover will be available only if it is specifically opted under the **Base Policy** Schedule and is subject to the terms, conditions, and applicable endorsements outlined herein and in the **Base Policy** .
- The sum insured/coverage of this Rider Policy is over and above the **Base Policy** coverage. Claims made under this Rider policy do not impact the bonus of the **Base Policy** .
- If the insured migrates from the existing **Base Policy** to any other product same policy under different plan offered by the Company, the provision of the Rider Cover is subject to its availability in the new product.
- Payment of any claim under this Rider policy shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non-disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract.
- During every Policy period under Rider policy, Insured/ Insured Member will be eligible for coverages as per the Rider plan/option selected from benefit table.
- For Long Term Policies if the Rider is opted, the benefits given in the coverage table A and B be applicable for each Policy period.
- Reimbursement claims are required to be submitted within 15 days following the date on which the service was utilized.
- If a customer cancels a scheduled in-clinic doctor appointment with Prescribed Pathology & Radiology booking service less than one hour prior to the appointment time, or fails to attend, the amount credited to their wallet for that service will not be refunded or restored.
- **Emergency Hospitalization / Home Healthcare:** Emergency Hospitalization or Home Healthcare requirements, as identified by Cashless network doctors during consultations, including Teleconsultations or In-Clinic Consultations. This shall involve passing on necessary information pertaining to the customer during such consultation to the Insurer to recommend such customer for hospitalization/home healthcare.

  Explicit consent shall be obtained from the customer by the Company for the transfer of their medical data pertaining to emergency hospitalization, from cashless network doctors to the insurer. The data shared shall pertain solely to Emergency Hospitalization or Home

Healthcare requirements, as identified by Cashless network doctors during consultations, including Teleconsultations or In-Clinic Consultations.

- **Utilisation Mode:** The insured can avail the above service in following below methods,
  - **i. Cashless through Online Booking:** Teleconsultation, In-clinic doctor consultations, undergoing Prescribed Pathology and Radiology and buying Prescribed pharmacy.
  - **ii. Reimbursement:** In-clinic doctor consultations, undergoing tests through Prescribed Pathology and Radiology and buying medicine through Prescribed pharmacy. However, all reimbursement claims would apply 20% co-payment only in absence of Cashless Network/Emergency clinics / hospitals / diagnostic labs / pharmacy. The insured should send the documents to the company within 15 days from the date of utilisation of the benefits under this Rider policy.

Utilisation Mode	Cashless & Online	Cashless + Reimbursement	
Benefits	Section A Tele-consultation	Section B i. In-clinic Doctor Consultations ii. Prescribed Pathology & Radiology	Section C Prescribed Pharmacy

- **Utilisation terms:**
  - i. All the claims must be raised on Galaxy Wellness app only.
  - ii. Allopathic doctors (MBBS/MD/MS doctor with a valid registration number) can only treat patients within their own field. Similarly, AYUSH (Non-Allopathic) doctors can only treat patients within their own field.

VIII. Conditions

Specific Conditions

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

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 Procedure

a. Call the 24-hour helpline for assistance – 18002030007. Senior Citizens may call at 18002030007

b. Produce the ID Card issued by the Company at the Network Facility Helpdesk

c. For List of Network Hospitals please visit our website link www.galaxyhealth.com

d. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

Note: The Company reserves the right to call for additional documents wherever required.

1. **Claim Process/Service Delivery Process Specific to Rider (Any change in the process would reflect on the app)**

Tele-Consultation Cover Service Delivery Process:

I. Digital platform of Service Provider App / Service Provider Website

a) Start by downloading the Galaxy Wellness app.
b) Sign-up using the registered mobile number.
c) Add policy details in the “Manage policy” section.
d) Under my “Active Plans”, select the purchased product/Plan.
e) Select doctor benefit option.
f) Select Insured Member and choose “Tele (Insta)Consultation” option
g) Choose specialization and submit.
h) The doctor will join the call for instant consultation

In Clinic consultation Service Delivery process

I. Digital platform of Service Provider App / Service Provider Website

a) Start by downloading the Galaxy Wellness app.
b) Sign-up using the registered mobile number.
c) Add policy details in the "Manage policy" section.
d) Under my "Active Plans", select the purchased product/Plan.
e) Select doctor benefit option.
f) Select Insured Member and choose In-Clinic or Hospital visit
g) Select the doctor/clinic or hospital from available network.
h) Enter estimated amount
i) Enter the date of redemption and confirm.
j) SMS with voucher link shared on the registered mobile number.
k) Share the voucher code to avail cashless doctor consultation benefit at respective hospital.
l) In case the estimated amount is lower than the actual consultation amount, balance amount will be reinstated in the Insured's benefit account
m) Similarly, in case the estimated amount is higher than the actual consultation amount, voucher will be generated for balance amount and will be deducted from Insured's benefit amount.

Prescribed Investigations Cover – Pathology & Radiology Service Delivery Process

I. Digital platform of Service Provider App / Service Provider Website

a) Start by downloading the Galaxy Wellness app.
b) Sign-up using the registered mobile number.
c) Add policy details in the "Manage policy" section.
d) Under my "Active Plans", select the purchased product/Plan.
e) Select Lab benefit option.
f) Select Insured Member and choose book prescribed tests.
g) Select lab/hospital from available network and enter estimated amount
h) Enter the date of redemption and confirm.
i) SMS with voucher link shared on the registered mobile number.
j) Share the voucher code to avail cashless Investigations Cover – Pathology & Radiology benefit at respective hospital/ lab.
k) In case the estimated amount is lower than the actual test amount, balance amount will be reinstated in the Insured's benefit account
l) Similarly, in case the estimated amount is higher than the actual test amount, voucher will be generated for balance amount and will be deducted from Insured's benefit amount

Prescribed Pharmacy Cover

I. Digital platform of Service Provider App / Service Provider Website

a) Start by downloading the Galaxy Wellness app.

b) Sign-up using the registered mobile number.

c) Add policy details in the "Manage policy" section.

d) Under my "Active Plans", select the purchased product/Plan.

e) Select Prescribed Pharmacy benefit option.

f) Choose “Order medicine by uploading prescription” option.

g) Upload prescription.

h) The Insured Person will receive call to confirm the medicines and payment details.

i) The payment for the Insured Person order will be deducted from the benefit amount available in the Insured Person prescribed pharmacy benefit.

j) Any additional amount (if any) needs to be paid by customer either on our application or via cash on delivery

k) The Insured Person will receive the medicines at the Insured Person doorstep delivered by our pharmacy partner.

3. Documents to be submitted for reimbursement: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

a. Duly completed claim form, and

b. Certificate from the attending doctor regarding the diagnosis

c. Prescription of the treating doctor

d. Receipt from the treating doctor / hospital / Physiotherapist

e. Receipt from Pharmacy / chemists

f. Receipts and reports for tests done

g. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

h. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code

i. CKYC No. of the proposer (if available)

In case of Accidents and emergency treatments, insured person can claim for Outpatient consultation expenses, Pathology and Radiology and Pharmacy expenses in non-network hospitals also.

The bills or receipts produced should be within the policy period.

Note: The Company reserves the right to call for additional documents wherever required.

4. 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) lnsured 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.

5. **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 as per the extant Guidelines. The insured person shall be notified thirty days before the changes are affected.

6. **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 thirty 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.

7. 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

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/

B. Specific Conditions

8. Automatic termination

The rider cover for the Insured will terminate at the earliest of the following occurrence

- The expiry date mentioned in the Policy schedule
- In case of death of the Insured
- The date of cancellation of this rider cover by either Policy holder or Insurer in accordance with the terms and conditions of the Base policy.

9. Fraudulent Activity

i. The Insured Member use of the benefits under the Rider shall be with good intent and integrity. The Insured Member shall not encourage, indulge or act in connivance with any person involved in any fraudulent activity regarding the use of the benefits under the Rider, whether directly or indirectly, for generating personal revenue. The Insured Member agree to not use the Platform, or the services provided therein for generating personal gain or any commercial/public purpose, directly or indirectly, whatsoever.

ii. Insurer conducts a regular analysis of its processes and services provided by Service Providers on the Platform for quality purposes and risk mitigation. In the event of any fraudulent activity being identified, Insurer reserves the

right to temporarily or permanently suspend Insured Member use of the benefits under the Rider, at any time while the Insurer investigates such fraudulent activity, complaints or alleged violation of these Terms and Conditions, or for any other reason. Insurer may inform Insured Member of any such suspension of the benefits under Rider at its discretion.

iii. An act may be defined as a fraudulent activity as per Insurer's internal policies subject to extant laws. Such acts may include without limitation misrepresentation, concealment of facts and furnishing of incorrect information.

iv. In the event of any fraudulent activity being carried out, the Insurer reserves the right to claim an amount from Insured Member equivalent to the amount generated from such fraudulent activity. Additionally, Insurer, shall permanently suspend the use of the benefits under the Rider and not honour any claims under the Rider, including pending claims. Furthermore, Insurer shall also be entitled to seek any and all remedies available under law, equity or tort.

v. Any fraud or misrepresentation identified will cease coverage and Rider will be void ab-initio

vi. The Company shall not repudiate the claim under Rider read with Base Policy on the ground of Fraud, if the Insured/ Insured Member 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 not within the knowledge of the Insurer. Onus of disproving is upon the Insured/ Insured Member.

10. 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. 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.

11. Customer Service: If at any time the Insured Person requires any clarification or assistance, the insured may contact Galaxy Health Insurance Company Limited, during business hours of normal working days.

IX. Terms, Conditions, Exclusions, Waiting Periods and Cancellation

All other Terms, Conditions, Exclusions, Waiting Periods and Cancellation will also be applicable to this policy as provided in the respective **Base Policy.**

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.
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.

Office Details	Jurisdiction of Office Union Territory, District
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.
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, JeevanBhawan, 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.
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, JeevanDarshan 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	

Table 1 - For Coverage under specialisations (inclusions & exclusions)

Doctor Specialization	Covered/ Excluded		Doctor Specialization	Covered/ Excluded
General Physician			**Specialist**	
Ayurveda	Covered		Anaesthesiologist	Covered
Homeopathy	Covered		Audiologist	Excluded
Physiotherapist	Covered		Cosmetic & Plastic Surgeon*	Excluded
Unani	Covered		Cosmetologist*	Excluded
Super specialist			Dentist	Covered
Cardiologist	Covered		Dermatologist	Covered
Dental Surgeon	Covered		Speech Therapist	Excluded
Diabetologist	Covered		Dietitian/Nutritionist*	Excluded
Endocrinologist	Covered		Embryologist*	Excluded
Gastroenterologist	Covered		ENT	Covered
General Surgeon	Covered		ENT Surgeon	Covered
Infectious disease specialist	Covered		General Surgeon	Covered
Laparoscopic Surgeon	Covered		Gynaecologist & Obstetrician	Excluded
Nephrologist	Covered		Haematologist	Covered
Neurologist	Covered		Ophthalmologist	Covered
Oncologist	Covered		Orthopaedic	Covered
Orthodontic	Covered		Paediatrician	Covered
Orthopaedics & Joint Replacement	Covered		Pathologist	Covered
Paediatric surgeon	Covered		Psychiatrist	Covered
Pulmonologist	Covered		Psychologist	Excluded
Rheumatologist	Covered		Radiologist	Covered
Urologist	Covered			
Vascular Surgeon	Covered			

* Consultation expenses with a Cosmetologist or Cosmetic & Plastic Surgeon are not covered, except in cases of an Accident, Burn(s), or Cancer, or when part of medically necessary treatment aimed at eliminating a direct and immediate health risk to the Insured or Insured Member. To qualify as a medical necessity, such treatment must be certified by the attending Medical Practitioner.

Galaxy HEALTH INSURANCE

GALAXY HEALTH INSURANCE COMPANY LIMITED

(Formerly known as Galaxy Health and Allied Insurance Company Limited)

Registered Office: "Prestige Polygon", 12th Top Floor (P), #471, Anna Salai,
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