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Health

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**FUTURE
GENERALI**
TOTAL INSURANCE SOLUTIONS

A comprehensive solution to all your healthcare needs.

Paradise is where you live your life in perfect peace and harmony. However, in today's world, your days are often mired with stress, pollution and other lifestyle hazards, the worst victim of which is your health. You may have a number of health requirements, right from regular health issues to serious ailments, leading to hospitalisation and expensive medical treatments. Although none of these are welcome, it is always good to take a health policy and be prepared for such unforeseen events. And won't it be convenient to take just one policy against all such requirements? With Health Total, we give you a comprehensive cover, a near-perfect answer to all your medical needs.

Benefits



Hospitalisation Medical Expenses



Day Care Treatment Expenses



Pre-Hospitalisation Medical Expenses



Post-Hospitalisation Medical Expenses



Restoration of Sum Insured



Maternity Expenses



Organ Donor Expenses



Patient Care



Accidental Hospitalisation (Increase in Sum Insured)



Accompanying Person



Road Ambulance Charges



Emergency Medical Evacuation (Applicable for Superior and Premiere plan)



Domiciliary Hospitalisation Expenses



Out-Patient Medical Expenses (Applicable for Superior Plan and Premiere Plan only)



Child Vaccination Benefits (Applicable for Premiere Plan)



New Born Baby (Applicable for Superior and Premiere Plan)



E-opinion in respect of an illness or injury



Alternative Treatment Cover



Medical Treatment Abroad (Applicable for Premiere Plan)



Wellness Care



Cumulative Bonus

In-house cashless settlement! Innovative Covers offered! Quick settlement of claims!

Age eligibility - Cradle to Grave Cover

All plans are available with Individual and Floater option

Family Definition

Vital Plan	a. Self	b. Spouse/Live-in partner
	c. Dependent children (unmarried and up to the age of 25 years)	d. Dependent parents

Superior Plan and Premiere Plan	a. Self	b. Spouse/Live-in partner	c. Dependent children (unmarried and up to the age of 25 years)
	d. Non-dependent children	e. Dependent parents	f. Non-dependent parents
	g. Dependent siblings	h. Daughter-in-law	i. Son-in-law
	j. Parents-in-law	k. Grandparents	l. Grandchildren

Minimum Policy Term	1 Year
Maximum Policy Term	3 Years
Minimum Age at Entry	Day 1
Maximum Age at Entry	Life long
Renewal	Life long

Life Long Renewals

The policy, if renewed continuously without any break, will be renewed life long.

Sum Insured

Ranging from ₹3 lakh to ₹1 crore.

Co-payment Applicability



In case an insured enters the policy at the age given in the table, the respective co-payments will be applicable on each and every admissible claim.

Age	Co-payment
60 years to 64 years	20%
65 years to 69 years	25%
70 years to 74 years	30%
75 years and above	40%

Pre-acceptance Medical Tests

Pre-acceptance medical tests are not required for all proposers up to the age of 50 years for **Vital Plan**, in case of clean proposal form (i.e. without any health declaration). For age 51 years and above, medical tests are mandatory.

Compulsory medical tests are required for **Superior and Premiere Plans** for those who completed 18 years of age and above.


Vital Plan		Superior Plan		Premiere Plan	
Up to 50 years	Above 50 years	From 18 years to 50 years	Above 50 years	From 18 years to 50 years	Above 50 years
Not required	Required	Required	Required	Required	Required

*No tests required for children below 18 years for any plan.

**Age in completed years

- Insured is eligible for 100% reimbursement of pre-acceptance medical tests charges, subject to policy issuance and 64 VB compliance.
- Pre-acceptance medical tests need to be done at empanelled diagnostic centres only.
- The tests would be considered valid for a period of one month from the date the tests have been conducted.
- Underwriting loading on the standard premium rates will be applicable based on health status of the proposed insured person. It will take into consideration the adverse health conditions declared on the proposal form and findings of medical tests conducted.
- The loading of premium will be applicable on the particular insured's premium only.
- This would be applicable for both Individual and Floater options.

	Schedule Of Benefits								
		Vital Plan			Superior Plan			Premiere Plan	
Eligibility	Sum Insured (in ₹)	3 lakh	5 lakh	10 lakh	15 lakh	20 lakh	25 lakh	50 lakh	1 crore
	Minimum age at entry	1 day	1 day	1 day	1 day	1 day	1 day	1 day	1 day
	Maximum age at entry	None	None	None	None	None	None	None	None
	Maximum renewal age	Life Long	Life Long	Life Long	Life Long	Life Long	Life Long	Life Long	Life Long
	Individual SI / family floater SI options	Both	Both	Both	Both	Both	Both	Both	Both
	Family definition	S+Sp/LP+ 2C+2P (1+5)	S+Sp/LP+ 2C+2P (1+5)	S+Sp/LP+ 2C+2P (1+5)	Extended family up to 15 members	Extended family up to 15 members	Extended family up to 15 members	Extended family up to 15 members	Extended family up to 15 members
Hospitalisation Benefits	Hospitalisation	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
	Day care treatment	√	√	√	√	√	√	√	√
	Pre-hospitalisation	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days
	Post-hospitalisation	90 days	90 days	90 days	120 days	120 days	120 days	180 days	180 days
	Restoration of SI	√	√	√	√	√	√	√	√
	Cumulative bonus - 50% for every claim-free year to max 100%	√	√	√	√	√	√	√	√
	Maternity benefit - normal delivery (in ₹)	15,000	20,000	25,000	30,000	40,000	40,000	50,000	50,000
	Maternity benefit - LSCS (caesarian) (in ₹)	25,000	35,000	45,000	50,000	60,000	60,000	1,00,000	1,00,000

		Vital Plan			Superior Plan			Premiere Plan	
Hospitalisation Benefits	Pre-natal hospitalisation (within maternity limits)	x	x	x	90 days	90 days	90 days	90 days	90 days
	Post-natal hospitalisation (within maternity limits)	x	x	x	45 days	45 days	45 days	45 days	45 days
	Organ donor expenses	√	√	√	√	√	√	√	√
	New born baby benefits: Automatic cover within mother's / floater Sum Insured up to expiry date of policy	x	x	x	√	√	√	√	√
	New born baby benefits: Reasonable vaccination benefits up to 1 year of age (in ₹)	x	x	x	Max 3,500	Max 3,500	Max 3,500	Max 5,000	Max 5,000
	Patient care (above 60 years) - per day benefit up to max (in ₹)	350/day	350/day	350/day	500/day	500/day	500/day	1,000/day	1,000/day
	Patient care (above 60 year) - maximum	10 days per Hospitalisation and 30 days per policy year							
	Accidental hospitalisation - 25% increase subject to maximum of ₹10 lakh	√	√	√	√	√	√	√	√
	Accompanying person (up to 12 years) ₹500 /day to maximum of 30 days	√	√	√	√	√	√	√	√
	Domiciliary hospitalisation expenses - maximum up to 10% of SI	√	√	√	√	√	√	√	√
	Alternative treatments Ayurveda / Unani /Sidha / Homeopathy - reimbursement	√	√	√	√	√	√	√	√
Medical Treatment Abroad	Medical treatment abroad							√	√
	Medical treatment abroad - waiting period	x	x	x	x	x	x	4 years	4 years
Road Ambulance 	Road ambulance charges - network hospitals (in ₹)	1,500	1,500	1,500	Actuals	Actuals	Actuals	Actuals	Actuals
	Road ambulance charges - non network hospitals (reimbursement up to a maximum) (in ₹)	1,500	1,500	1,500	2,000	2,000	2,000	5,000	5,000
Emergency Medical Evacuation	Emergency medical evacuation - 5% of SI (reimbursement up to a maximum)	x	x	x	√	√	√	√	√

		Vital Plan			Superior Plan			Premiere Plan	
Compulsory Co-pay	20% co-payment where entry age is from 60 year to 64 years	√	√	√	√	√	√	√	√
	25% co-payment where entry age is from 65 year to 69 years	√	√	√	√	√	√	√	√
	30% co-payment where entry age is from 70 year to 74 years	√	√	√	√	√	√	√	√
	40% co-payment where entry age is 75 years and above	√	√	√	√	√	√	√	√

** Out-patient medical expenses. (Applicable for Superior and Premiere Plan)

In case of bills for any prescribed drugs/medicines, our liability will be restricted to 80% of admissible bills.

In case of dental consultations and diagnostics, our liability will be restricted to 70% of admissible bills.

* All benefits are given within the base Sum Insured except Accidental Hospitalisation.

SI : Sum insured, S: Self, Sp: Spouse / Lp: Live-in partner, C: Child, P: Parent

Exclusions



- Charges incurred at a hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness or injury, for which confinement is required at a hospital.
- Cost of an annual health check-up.
- Injury or illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war is declared or not), Circumcision, unless necessary for treatment of an illness not excluded hereunder or as may be necessitated due to an accident.
- Vaccination/inoculation (except as post-bite treatment) except to the extent covered under Benefits 14 and 15 as mentioned in policy clause.
- Cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic surgery other than as may be necessitated due to an accident or as a part of any illness, refractive error corrective procedures, experimental, investigational or unproven/experimental treatment, devices and pharmacological regimens of any description.
- Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and oxygen concentrator for asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the hospital.
- Expenses incurred towards treatment of illness or injury arising out of alcohol use/ misuse or abuse of alcohol, narcotic substance or drugs (whether prescribed or not).

Other Benefits



1. Subject to no claim, cumulative bonus of 50% on the basic sum insured will be provided up to a maximum of 100% of the sum insured.
2. Family discount of 10% is available in case more than one person is covered in the same policy in case of Individual Sum Insured option has been taken.
3. Long-term discount will be given in case Policy Term is more than 1 year.

Long-term discount (applicable in case of single payment for more than one year)

Number of years	Discount
1 year	Nil
2 years	7.5%
3 years	10%

Voluntary Deductible Discount

Vital Plan		Superior Plan		Premiere Plan	
Deductible	Discounts	Deductible	Discounts	Deductible	Discounts
₹ 10,000	10%	₹ 50,000	15%	₹ 1,00,000	15%
₹ 25,000	15%	₹ 75,000	20%	₹ 2,50,000	20%
₹ 50,000	20%	₹ 1,00,000	25%	₹ 5,00,000	25%

Installment Facility



In case of policies which are on long-term basis, facility of installment is available. Given below are the loadings applicable on standard premiums in case of installments.

Installment frequency	Loading on standard premiums
Monthly	5%
Quarterly	4%
Half-yearly	3%

Loading on Claim Experience

There will be no loading on premium for adverse claims experience

Tax Benefit

Premium paid by any mode other than cash and demand draft is eligible for tax relief as provided under Section 80-D of the Income Tax Act.

Premium Table – Individual Premium Rates (Premium and Sum Insured in ₹)

	Vital			Superior			Premiere	
Age / Sum Insured	3,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000
0-17	4,233	5,389	7,010	7,938	8,320	9,081	14,176	19,467
18-25	5,631	7,194	9,369	11,597	12,144	13,148	19,988	26,965
26-30	6,206	7,932	10,335	12,581	13,182	14,293	21,728	29,450
31-35	6,428	8,218	10,709	12,961	13,583	14,735	22,401	30,411
36-40	6,846	8,754	11,411	13,675	14,336	15,566	23,664	32,215
41-45	7,474	9,560	12,466	14,749	15,468	16,816	25,563	34,929
46-50	10,426	13,348	17,426	19,797	20,792	22,690	34,492	47,682
51-55	16,482	20,804	26,858	28,684	30,109	32,953	49,607	69,373
56-60	21,925	27,790	36,005	37,997	39,930	43,789	66,078	92,900
61-65	32,241	41,030	53,341	55,644	58,542	64,326	97,290	137,487
66-70	45,661	58,255	75,896	78,607	82,758	91,046	137,901	195,500
71-75	58,010	74,104	96,648	99,733	105,039	115,630	175,266	248,874
76-80	69,038	88,257	115,180	118,597	124,933	137,581	208,630	296,533
>81	71,765	91,758	119,763	123,266	129,857	143,014	216,891	308,330

*Premiums exclusive of Service Tax

**Age in completed years

Floater Discount

Applicable discount is as per following table:

Age Band	Discount Percentage	Age Band	Discount Percentage
0-17	60%	56-60	35%
18-25	55%	61-65	35%
26-30	50%	66-70	35%
31-35	45%	71-75	35%
36-40	45%	76-80	25%
41-45	40%	81-85	25%
46-50	40%	>85	20%
51-55	40%		

Premium applicable for the primary insured will be the standard individual premiums from the premium table. For remaining dependent members, floater discounts applicable on their respective premium is as per table above.

For example, in case of a family of self, Spouse /Live-in partner and one child, the premium for floater for Sum Insured ₹10,00,000 would be charged in the following manner:

	Self	Spouse /Live-in partner	Child
Age band	36-40	31-35	0-17
Premium as per individual rate table (in ₹)	11411	10709	7010
Applicable premium (in ₹)	11411	5889 (45% discount applied on the respective person's premium)	2804 (60% discount applied on the respective person's premium)
Total premium to be charged (in ₹) Goods & Service tax extra	= 1411 + 5889 + 2804 = 20104		

Premium Illustration in respect of policies offered on individual and family floater basis Plan Vital, Sum Insured ₹ 500000

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum insured (₹)	Premium (₹)	Discount, if any	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
50 years	13,348	500,000	13,348	1,335	12,013	500,000	13,348	5,339	8,009	500,000
42 years	9,560	500,000	9,560	956	8,604	500,000	9,560	3,824	5,736	
17 years	5,389	500,000	5,389	539	4,850	500,000	5,389	3,233	2,156	
20 years	7,194	500,000	7,194	719	6,475	500,000	7,194	3,957	3,237	
27 years	7,932	500,000	7,932	793	7,139	500,000	7,932	3,966	3,966	
27 years	7,932	500,000	7,932	793	7,139	500,000	7,932	3,966	3,966	
32 years	8,218	500,000	8,218	822	7,396	500,000	8,218	3,698	4,520	
35 years	8,218	500,000	8,218	822	7,396	500,000	8,218	3,698	4,520	
36 years	8,754	500,000	8,754	875	7,879	500,000	8,754	3,939	4,815	
40 years	8,754	500,000	8,754	875	7,879	500,000	8,754	3,939	4,815	
52 years	20,804	500,000	20,804	2,080	18,724	500,000	20,804	8,322	12,482	
57 years	27,790	500,000	27,790	2,779	25,011	500,000	27,790	9,727	18,064	
65 years	41,030	500,000	41,030	4,103	36,927	500,000	41,030	14,361	26,670	
65 years	41,030	500,000	41,030	4,103	36,927	500,000	41,030	14,361	26,670	
70 years	58,255	500,000	58,255	5,826	52,430	500,000	58,255	-	58,255	
Total Premium for all members of the family is ₹ 2,74,208/-, when each member is covered separately.			Total Premium for all members of the family is ₹ 2,46,787/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ 1,87,879/-.			
Sum insured available for each individual is ₹ 500000.			Sum insured available for each family member is ₹ 500000.				Sum insured of ₹ 500000 is available for the entire family.			

Note

- This is just an illustration of premium calculation.
- Premiums may vary with respect to Plan and Sum Insured opted by the insured.
- Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.
- In case premium is paid on instalment basis, the loading will be applicable accordingly.
- Premium rates are exclusive of Goods and Services Tax applicable.

Basis of claims payment



- a) We shall make payment in Indian Rupees and in India only.
- b) In respect of surgery for cataracts (after the expiry of the two-year period referred to in Section D II. (iii) of policy clause, liability shall be restricted to 10% of the Sum Insured for each eye, and a maximum of ₹1,00,000 per eye.
- c) If a voluntary deductible has been opted and is in force under the policy, liability would be over and above the voluntary deductible amount for each and every claim made under hospitalisation.
- d) Wherever co-payments are applicable, the same would be applied on the admissible claim amount after the application of voluntary deductible, if any.

* Benefits may vary from plan to plan.

** For further details, please refer to the policy wordings.

If you are suffering from an illness / disease or if you meet with an accident which requires hospitalisation, please contact us on the following:

Claims Department Future Generali Health (FGH)

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

Toll Free Number: 1800 103 8889
Toll Free Fax: 1800 103 9998
Email: fgh@futuregenerali.in

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Future Generali India Insurance Company Limited (IRDAI Regn. No.: 132) (CIN: U66030MH2006PLC165287)

Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park,
L.B.S. Marg, Vikhroli (W), Mumbai – 400083

Fax: 022-4097 6900 | Email: fgcare@futuregenerali.in.

ARN.: FG-NL/PD/MKTG/EN/HLTHTO-001BRO

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