



**0 Claim.
80% Gain.**



GET **80%** DISCOUNT
ON YOUR NEXT PREMIUM FOR
A CLAIM FREE YEAR.



WHAT IS HEALTH SUPER SAVER?

Health Super Saver is a health insurance product with a unique benefit of ‘Super Saver Discount’!

The product includes 2 plan variants:

HEALTH SUPER SAVER 1X PLAN

HEALTH SUPER SAVER 2X PLAN



WHAT IS SUPER SAVER DISCOUNT?

- It is a Discount of 80% on applicable premium, which is offered to the insured in case the initial years of plan tenure is claim free.
- Health Super Saver 1X plan - In case, your first year of plan tenure is claim free, you are eligible for Super Saver discount of 80% in the consecutive year of the plan.
- Health Super Saver 2X plan - In case, your first 2 years of plan tenure is claim free, you are eligible for Super Saver discount of 80% for next consecutive 2 years in the plan or up to first claim.
- In case there is no claim paid for an insured in an individual policy, the Super Saver discount would be applied for that respective individual's premium only.
- In case there is no claim paid for any of the insureds covered under the floater policy, the Super Saver discount would be applied on total policy premium. In case of claim paid for any insured under the floater policy, the Super Saver discount will not be applicable.
- For the purpose of the Super Saver discount calculation, paid claim and outstanding claims are considered.



BENEFITS



80% discount on the next premium for a claim free year



Wider coverage for the whole family



Sum insured on an individual and floater basis



Installment option available for premium

HEALTH SUPER SAVER

A	Eligibility	Sum Insured options (in ₹)	3 Lacs, 4 Lacs, 5 Lacs, 6 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 50 Lacs
		Entry age of Proposer	18 years – 70 years
		Entry age of Child	From birth – 25 years
		Maximum Renewal Age	Lifelong
		Sum Insured options	Individual/ Family Floater
		Policy Term	Annual basis
		Family Definition (Individual/ Family Floater)	Self, Spouse and up to 4 Children, 2 Dependent Parents And /Or 2 Dependent Parents in law
		Plans	Health Super Saver 1X plan, Health Super Saver 2X plan The plan opted will be common for all members covered under the policy irrespective of Individual and Floater sum insured options.
B	Coverages	Hospitalisation Expenses	Covered
		Pre- Hospitalisation Expenses	60 days
		Post-Hospitalisation Expenses	90 days
		Day Care Treatment	Covered
		Maternity Expenses	Covered with a waiting period of 9 months, inclusive of Pre-natal and Post-natal hospitalisation as per the plan opted under the Base Sub Limits
		Alternative Treatment	Hospitalisation for Ayurveda, Unani, Siddha or Homeopathy covered
		Organ Donor Expenses	Hospitalisation expenses are covered (excluding donor screening charges, pre and post hospitalisation)
		Emergency Ambulance	Maximum up to Rs.1000 per hospitalisation
		Home Health Care Services	a) Available through our empanelled Service Provider or our empaneled network on Cashless facility basis. b) Pre and Post hospitalization expenses (both inclusive) are restricted up to 3% of the admissible claim amount.
C	Waiting Periods	30 days	Applicable, except for Accidental Hospitalisation
		2 Years	Applicable for listed conditions
		4 Years	Applicable for listed conditions
		Pre-existing Diseases	2 Years
D	Discount	Super Saver Discount	<p>a) For Health Super Saver 1X plan option, in case, your first year of plan tenure is claim free, you are eligible for Super Saver discount of 80% in the consecutive year.</p> <p>b) For Health Super Saver 2X plan option, in case, your first 2 years of plan tenure are claim free, you are eligible for Super Saver discount of 80% for next consecutive 2 years, or up to first claim, whichever is earlier.</p> <p>c) In case there is no claim paid for an insured in an individual policy, the Super Saver discount would be applied for that respective individual's premium only. In case of claim paid in the first year under 1X plan or in the first 3 years under 2X plan for any insured under the individual policy, the Super Saver discount will not be applicable to the respective insured. However at the time of subsequent renewal year, Insured has an option to start a new plan tenure under 1X Plan or 2X plan. In such case, he/she shall be covered under a separate policy with new plan tenure on individual sum insured basis without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases.</p> <p>d) In case there is no claim paid for any of the insureds covered under the floater policy, the Super Saver discount would be applied on total policy premium. In case of claim paid for any insured under the floater policy, the Super Saver discount will not be applicable. However the policy can be renewed with a new plan tenure under 1X Plan or 2X plan without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases.</p>

		e) Increase/ decrease in Sum Insured, change of sub limit option and/or change of plan is allowed only at the start of plan tenure. Note: For the purpose of the Super Saver discount calculation, paid claim and outstanding claims are considered								
	Family Discount	10% discount is applicable in case two or more family members are covered with individual sum insured basis in the same policy Note : Family discount will not be applicable, if the Insured opts for a new plan under 1X Plan or 2X plan at the time of renewal due to claim reported under previous policy.								
E	Instalment option (monthly, quarterly, half yearly) with Loading	Loadings on standard premium will be applicable in case instalment facility is opted for premium payment. <table border="1"> <thead> <tr> <th>Instalment frequency</th> <th>Loading on standard premiums</th> </tr> </thead> <tbody> <tr> <td>Monthly</td> <td>5%</td> </tr> <tr> <td>Quarterly</td> <td>4%</td> </tr> <tr> <td>Half-yearly</td> <td>3%</td> </tr> </tbody> </table>	Instalment frequency	Loading on standard premiums	Monthly	5%	Quarterly	4%	Half-yearly	3%
Instalment frequency	Loading on standard premiums									
Monthly	5%									
Quarterly	4%									
Half-yearly	3%									
F	Sublimit for Specified procedures	a) Base Sub limits (Standard Option/ Double option/ Nil sub limits option) b) Mandatory Sub limits for Modern Treatment Methods and Advancement in Technologies c) Optional Sub limits – applicable for sum insured from INR 3 Lacs up to 10 Lacs if the Insured has opted for it								
G	Loadings and Discount applicable for options under the Sub limits	a) Loading applicable for Base Sub Limits options are as given below, loading shall be applicable on respective person's premium <table border="1"> <thead> <tr> <th>Option</th> <th>Loading (%)</th> </tr> </thead> <tbody> <tr> <td>Standard Option</td> <td>0%</td> </tr> <tr> <td>Double Option</td> <td>22%</td> </tr> <tr> <td>Nil Sub Limit Option</td> <td>30%</td> </tr> </tbody> </table> b) Discount of 5% shall be applicable on respective person's premium if Optional Sub Limit is opted In case of family floater, the loading/discount will be applicable at the policy level.	Option	Loading (%)	Standard Option	0%	Double Option	22%	Nil Sub Limit Option	30%
Option	Loading (%)									
Standard Option	0%									
Double Option	22%									
Nil Sub Limit Option	30%									

Pre-insurance medical examination

Pre-insurance medical examination for any individual is applicable as below:

Age	Sum Insured (in Rs.)	Medical Examination
Up to age 50 years	Up to 20 Lacs	Not required. Subject to clean proposal forms (without medical declaration)
	25 Lacs, 50 Lacs	Required
51 years and Above	Any Sum Insured	Required

- Insured is eligible for 100% reimbursement of pre-insurance medical tests charges, subject to policy issuance and 64VB compliance.
- All pre-insurance medical tests will have to be done at the Future Generali empaneled diagnostic centers only.
- The test reports would be valid for a period of 30 days from the date of test conducted.
- Underwriting loading on the standard premium rates will be applicable based on health status of the proposed Insured person. It will take into consideration the adverse health conditions declared on the proposal form and findings of medical tests conducted.
- Underwriting loading of premium will be applicable on the particular Insured's premium in case of Individual policy and Floater policy.

Free Look Period

1. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
2. If the insured has not made any claim during the free look period, the insured shall be entitled to:
 - i. A refund of the premium paid minus any expenses incurred by the Insurer on medical examination of the insured 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 policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Renewal

1. The premiums, as per the age slabs/ Sum Insured, are given in the brochure and the same would be charged as per the completed age at every Renewal.
2. Increase/ decrease in Sum Insured, change of sub limit option and/or change of plan is allowed only at the start of plan tenure.
3. Any change in premium will be done with the approval of the IRDAI.
 - Revised premium will be applicable for all new proposals.
 - Revised premium will be intimated to renewals starting with new plan tenure at least 3 months in advance.
 - The existing rates will continue to be applicable for policyholders till the end of ongoing plan tenure.
 - In the likelihood of this Policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the Policy.

Exclusions

- Expenses related to pre-existing disease shall be excluded until the expiry of 24 months.
- Any disease contracted during the first 30 days from the commencement of the policy, except due to accidental injury.
- Joint replacement Surgery due to degenerative conditions, **listed Mental Illness** shall be covered after a waiting period of 48 months.
- Diseases like Cataract, Benign Prostatic Hypertrophy, Hernia and Tumours shall be covered after a waiting period of 24 months.
- Change of Gender treatments.
- Hazardous or Adventure sports.
- All expenses related to Sexually Transmitted Diseases other than HIV/AIDS.

*The above list is indicative in nature, please refer to policy wordings for complete details.

Other features:

1. There will be no loading on premium for adverse claims experience.
2. Portability and Migration can be offered as per the guidelines.
3. Installment facility – Option for payment of premium on an installment basis is available.
4. Premium paid by any mode other than cash and demand draft is eligible for tax relief as provided under Section 80-D of the Income Tax Act.

Basis of claims payment

- We shall make payment in Indian Rupees only.
- The product includes the following sub limits:

1. Base Sub limits

Our maximum liability towards expenses incurred during hospitalisation (inclusive of pre and post hospitalisation) for the specified conditions/ procedures are as per the 3 options given below:

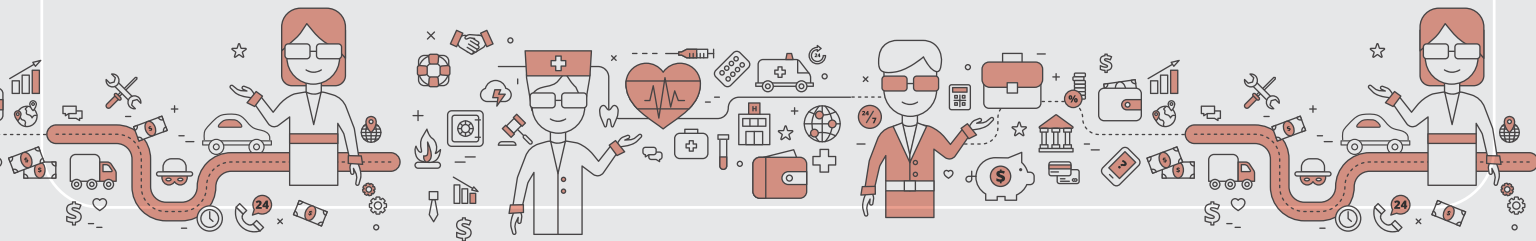
i. Standard Option

The maximum liability for the specified conditions/ procedures will be as per the table below:

All values are in INR									
Procedure/Treatment	Sum Insured								
	300000	400000	500000	600000	1000000	1500000	2000000	2500000	5000000
Listed Mental and Psychiatric Illness #	60000	80000	100000	120000	200000	300000	400000	500000	1000000
a) F01 Vascular dementia									
b) F20 Schizophrenia									
c) F30 Manic episode									
d) F31 Bipolar affective disorder									
e) F32-33 Depressive disorders									
f) F41 Other anxiety disorders									
g) F50 Eating disorders									
h) F60 Specific personality disorders									
i) F84 Pervasive developmental disorders									
j) F40.9 Phobic anxiety disorder, unspecified									
k) F05 Delirium, not induced by alcohol and other psychoactive substances									
Cataract surgery (per eye)	30000	40000	50000	60000	100000	150000	150000	150000	150000
Maternity* – Normal Delivery	15000	15000	25000	25000	35000	50000	50000	50000	50000
Maternity* – LSCS (Caesarean)	25000	25000	35000	35000	45000	50000	60000	75000	100000

Per policy period

*Maternity limit includes Pre-natal and Post- natal hospitalisation expenses.



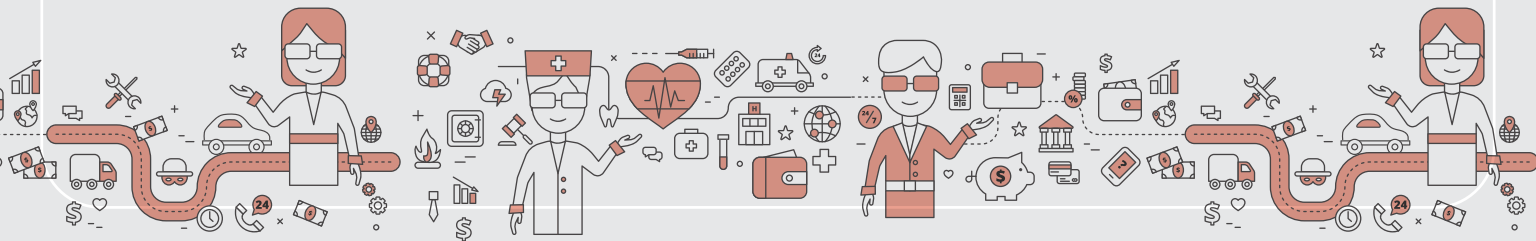
ii. Double option

The maximum liability for the specified conditions/ procedures will be as per the table below:

All values are in INR									
Procedure/Treatment	Sum Insured								
	300000	400000	500000	600000	1000000	1500000	2000000	2500000	5000000
Listed Mental and Psychiatric Illness #	120000	160000	200000	240000	400000	600000	800000	1000000	2000000
a) F01 Vascular dementia									
b) F20 Schizophrenia									
c) F30 Manic episode									
d) F31 Bipolar affective disorder									
e) F32-33 Depressive disorders									
f) F41 Other anxiety disorders									
g) F50 Eating disorders									
h) F60 Specific personality disorders									
i) F84 Pervasive developmental disorders									
j) F40.9 Phobic anxiety disorder, unspecified									
k) F05 Delirium, not induced by alcohol and other psychoactive substances									
Cataract surgery (per eye)	60000	80000	100000	120000	200000	300000	300000	300000	300000
Maternity* – Normal Delivery	30000	30000	50000	50000	70000	100000	100000	100000	100000
Maternity* – LSCS (Caesarean)	50000	50000	70000	70000	90000	100000	120000	150000	200000

Per policy period

*Maternity limit includes Pre-natal and Post- natal hospitalisation expenses.



iii. Nil sublimit option

Under this option, Our maximum liability for the specified conditions/ procedures will be as per the actual expenses or up to the sum insured, whichever is less:

i. Listed Mental and Psychiatric Illness

- a) F01 Vascular dementia
- b) F20 Schizophrenia
- c) F30 Manic episode
- d) F31 Bipolar affective disorder
- e) F32-33 Depressive disorders
- f) F41 Other anxiety disorders
- g) F50 Eating disorders
- h) F60 Specific personality disorders
- i) F84 Pervasive developmental disorders
- j) F40.9 Phobic anxiety disorder, unspecified
- k) F05 Delirium, not induced by alcohol and other psychoactive substances

ii. Cataract surgery (per eye)

iii. Maternity (Normal Delivery or Caesarean Section)

2. Mandatory Sub limits for Modern Treatment Methods and Advancement in Technologies

The Medical Expenses incurred for the below listed treatments or procedures, as inpatient or as day care treatment (inclusive of pre and post hospitalisation), shall be restricted to 50% of the sum insured opted, per policy period.

- i. Uterine Artery Embolization and HIFU
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal Antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchial Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM - (Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

3. Optional Sub limits

- i. The below sub limits shall be applicable for sum insured from INR 3 Lacs up to 10 Lacs if the Insured has opted for it.
- ii. The Medical Expenses incurred during hospitalisation (inclusive of pre and post Hospitalisation) due to the below listed treatments shall be limited to actual expenses or up to the Sub limits (whichever is less).

All values are in INR.

Procedure/Treatment	300000	400000	500000	600000	1000000
Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000
Total Knee Replacement (per knee)	150000	200000	225000	275000	300000
Total Hip Replacement (per hip)	150000	200000	225000	275000	300000
HIV/ AIDS#	60000	80000	100000	120000	200000

Per policy period

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

Claims Department

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.,

Office No. 3, 3rd Floor, "A" Building, G-O-Square

S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889 / 1800 209 1016

Toll Free Fax: 1800 103 9998 / 1800 209 1017

Email: fgh@futuregenerali.in





GET **80%** DISCOUNT
ON YOUR NEXT PREMIUM FOR
A CLAIM FREE YEAR.

Plan Option	Policy Period	Status of Claim	Super Saver Discount Applicability	Premium Applicable
Health Super Saver 1X Plan	1	No Claim	Not Applicable as plan tenure started	100%
	2	Claim/ No Claim	Applicable	20%
Renewal (New Plan Tenure) (1x plan opted)	3	Claim	Not Applicable as new plan tenure started	100%
Renewal (New Plan Tenure) (1x plan opted)	4	No Claim	Not Applicable as new plan tenure started	100%
	5	Claim	Applicable	20%



Plan Option	Policy Period	Status of Claim	Super Saver Discount Applicability	Premium Applicable
Health Super Saver 2X Plan	1	No Claim	Not Applicable as plan tenure started	100%
2 nd year of plan tenure	2	No Claim	Not Applicable	100%
3 rd year of plan tenure	3	No Claim	Applicable	20%
4 th year of plan tenure	4	No Claim	Applicable	20%
Renewal (New Plan Tenure)	5	No Claim	Not Applicable as new plan tenure started	100%
2 nd year of plan tenure	6	No Claim	Not Applicable	100%
3 rd year of plan tenure	7	Claim	Applicable	20%
Renewal (New Plan Tenure)	8	No Claim	Not Applicable as new plan tenure started	100%
2 nd year of plan tenure	9	No Claim	Not Applicable	100%
3 rd year of plan tenure	10	No Claim	Applicable	20%
4 th year of plan tenure	11	No Claim	Applicable	20%

Note: For the purpose of the Super Saver discount calculation, paid claim and outstanding claims are considered.

Health Super Saver 1X Plan

Age Bands/SI	3 lakhs	4 lakhs	5 lakhs	6 lakhs	10 lakhs	15 lakhs	20 lakhs	25 lakhs	50 lakhs
0-17	3535	4246	4686	5262	6548	7395	8580	9515	12054
18-25	5863	7022	7739	8677	10774	12153	14084	15339	19477
26-30	6194	7418	8175	9165	11379	12835	14873	16174	20543
31-35	6509	7792	8587	9626	11948	13476	15615	16959	21542
36-40	7423	8880	9782	10961	13597	15332	17760	19228	24431
41-45	8518	10183	11214	12562	15576	17558	20333	21950	27897
46-50	10762	12857	14154	15850	19641	22134	25626	27549	35031
51-55	14632	17389	19095	21327	26315	29597	34192	36161	46006
56-60	19155	22779	25023	27957	34516	38831	44872	47461	60406
61-65	25085	29846	32794	36648	45263	50931	58866	62267	79270
66-70	32847	39093	42960	48017	59320	66756	77166	81628	103936
71-75	42980	51164	56230	62854	77662	87404	101043	106888	136114
>=76	54653	65066	71512	79941	98782	111177	128531	135969	173156

Health Super Saver 2X Plan

Age Bands/SI	3 lakhs	4 lakhs	5 lakhs	6 lakhs	10 lakhs	15 lakhs	20 lakhs	25 lakhs	50 lakhs
0-17	3703	4447	4908	5510	6856	7741	8981	9940	12596
18-25	5992	7176	7909	8867	11010	12419	14392	15665	19894
26-30	6339	7590	8365	9378	11643	13133	15219	16540	21009
31-35	6775	8110	8936	10017	12432	14021	16246	17626	22393
36-40	7719	9233	10170	11396	14135	15937	18460	19969	25376
41-45	9034	10799	11891	13319	16512	18613	21554	23241	29543
46-50	11534	13778	15166	16983	21043	23714	27453	29483	37496
51-55	15668	18624	20454	22846	28195	31714	36641	38752	49310
56-60	20546	24438	26847	29998	37041	41674	48161	50941	64841
61-65	26958	32079	35248	39394	48659	54755	63289	66946	85233
66-70	35372	42102	46268	51717	63895	71907	83124	87932	111968
71-75	46389	55225	60694	67847	83835	94354	109080	115392	146948
>=76	56401	67149	73803	82503	101952	114747	132660	140338	178723

B. Floater Discount: Applicable as per following table

Floater Discount: **Applicable as per following table**

Age Bands/SI	Floater Discount	Age Bands/SI	Floater Discount
0-17	60%	51-55	40%
18-25	55%	56-60	35%
26-30	50%	61-65	35%
31-35	45%	66-70	35%
36-40	45%	71-75	35%
41-45	40%	>=76	25%
46-50	40%		

*Premiums exclusive of Goods & Services Tax.

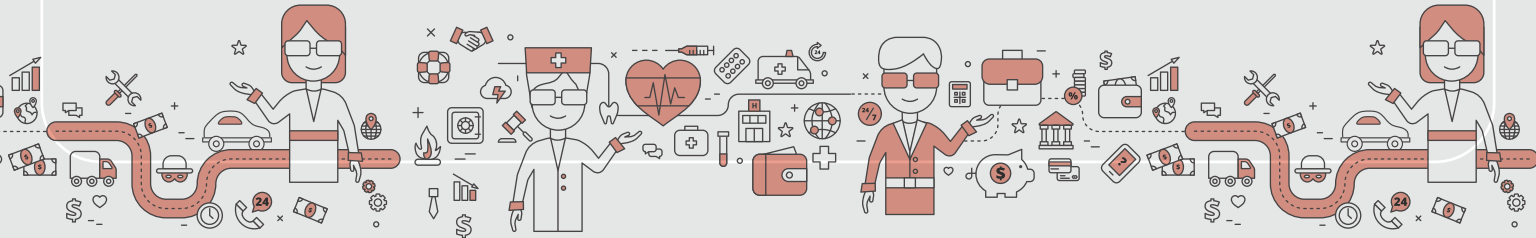
**Age in completed years

*** For Family Floater, premium applicable for the primary insured will be the standard individual premiums.

For the remaining dependent members, floater discounts will be applicable on their respective premium.

**** The premiums above are subject to revision as and when approved by the regulator.

However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.



Premium Illustration in respect of policies offered on individual and family floater basis

Health Super Saver 1X Plan

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum insured (₹)	Premium (₹)	Discount, if any	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
38 years	9,782	500000	9,782	978	8,804	500000	9,782		9,782	500000
36 years	9,782	500000	9,782	978	8,804	500000	9,782	4,402	5,380	
18 years	7,739	500000	7,739	774	6,965	500000	7,739	4,256	3,483	
14 years	4,686	500000	4,686	469	4,217	500000	4,686	2,812	1,874	
12 years	4,686	500000	4,686	469	4,217	500000	4,686	2,812	1,874	
12 years	4,686	500000	4,686	469	4,217	500000	4,686	2,812	1,874	
66 years	42,960	500000	42,960	4,296	38,664	500000	42,960	15,036	27,924	
63 years	32,794	500000	32,794	3,279	29,515	500000	32,794	11,478	21,316	
61 years	32,794	500000	32,794	3,279	29,515	500000	32,794	11,478	21,316	
58 years	25,023	500000	25,023	2,502	22,521	500000	25,023	8,758	16,265	
Total Premium for all members of the family is ₹1,74,932/-, when each member is covered separately. Sum insured available for each individual is ₹500000.			Total Premium for all members of the family is ₹157,439/-, when they are covered under a single policy. Sum insured available for each family member is ₹500000.				Total Premium when policy is opted on floater basis is ₹111,089/-. 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.

 **1800-220-233**  general.futuregenerali.in | Follow us on:  |  |  |  | 

Future Generali India Insurance Company Limited (IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287) | Regd. and Corp. Office: Unit No. 801 and 802, 8th floor, Tower C, Embassy 247 Park, L. B. S. Marg, Vikhroli (W) Mumbai- 400083. Fax No: 022 4097 6900 | Email: fgcare@futuregenerali.in Call us at: 1800-220-233 | 1860-500-3333 | 022-67837800 | Website: <https://general.futuregenerali.in>. For detailed information on this products including risk factors, terms and conditions etc., please refer to the product policy clause, consult your advisor or visit our website before concluding a sale. Health products are eligible for deduction under Section 80D of the Income tax Act. Tax benefits are subject to change due to change in Income Tax Act. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co. Ltd. under license.