BIMA SCORE
By Alps Insurance

Your Guide to Health Insurance Benefits

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Bima Score Card

Congratulations! You're among the top 20%
of policyholders in India who know their Bima Score!

Total Score

is Missing in your Policy

Strengths

Weakness

Neutral

About the Company

Do you know how reliable your **FUTURE GENERALI HEALTH ABSOLUTE PLATINUM PLAN** really is? Let's take a closer look at its performance, because the numbers tell a story you can't afford to ignore.

Incurred Claims Ratio (ICR):	Combined Ratio (CR):	No. Of Lives Insured:
Claims Settled (in terms of number of claims):	Claims Repudiated (in terms of number of claims):	Renewal rate (% of policies renewed out of due renewals):

Compare Health Insurance Features

Core Coverage

Room Rent	There is no cap on room rent in your policy, which means you can choose any room type without having to pay out of pocket.
Ambulance Cover	Your policy covers ambulance charges, but only up to 2000 per claim.
Modern Treatment	In your policy, modern treatments are covered up to 50% of your sum insured, with a maximum limit of 7.5 lakh in a policy year.
Consumables	Your policy does not cover the cost of Consumables.
Cumulative Bonus	Your policy offers a Cumulative Bonus that increases your Sum Insured by 50% for every claim-free year, up to a maximum of 100%
Restore Benefit	Your policy restores 100% of your sum insured once every policy year after full or partial exhaustion of SI, but for treatments like chemotherapy and dialysis, this restoration can be used only once in your lifetime.
Post-hospitalization	Your policy covers all the medical expenses for up to 120 days after discharge from the hospital, as long as the expenses are related to the same treatment.
Pre-Hospitalization	Your policy covers pre-hospitalization medical expenses for up to 60 days before your hospital admission, provided they are related to the medical condition leading to your hospitalization.

Extra Benefits

Organ Donor	Organ transplant donor expenses are covered up to 100% of your Sum Insured
Co-payment For Treatment In A Higher Zone	Your policy does not have any co-payments for treatment in a higher zone.
Mental illness	Mental health treatments are covered under your policy.
Co-payment For Senior Age	There is 20% copayment in your policy after the age of 61 years.
Co-Payment Out Of Network	Your policy has no co-payment for treatment received in an out of network hospital.
Annual Preventive Health Check-up Cover	Annual preventive health check-ups are covered under your policy, but only for specific listed tests.
Tpa	Your policy comes with an internal TPA, which can result in quicker approvals, fewer hassles, and an overall smoother claim experience.
Air Ambulance	Air ambulance is not covered in your policy, but you can add it as a rider by paying an extra premium.

Bonus Features

New Born Baby Cover	Your policy covers newborn baby expenses up to 5000, for up to 1 year.
Maternity	If your Sum Insured is 15 L, maternity expenses are covered up to 40,000 for normal delivery and 60,000 for C-section. For SI more than 20 L, coverage for Normal delivery is up to 50,000 and for C-section it is up to 1 L, both with a 2-year waiting period.
Bariatric Surgery	Bariatric surgery is covered under your policy up to 50% of the sum insured, subject to a maximum of 7.5 lakh.
Teleconsultations/ E-Consultations	Your policy covers expenses for up to 12 teleconsultations within a policy year.
Global Cover	Global cover is not included in your policy.
Domiciliary Treatment	In your policy, the coverage for domiciliary treatment is up to 20% of your Sum Insured.
Ayush Benefit	AYUSH treatments are covered under your policy up to 100% of your Sum Insured.
Second Opinion / E-Opinion	Your policy covers the expenses of second opinions and e-opinions, but only 2 times during a policy year.
Out-Patient Treatment (OPD)	OPD coverage under your policy is 5000 for individual plans and 10,000 for family floater plans.

Introduction

Insurance is a complicated subject for those who haven't used BimaScore (a product of Alps Insurance Brokers Pvt. Ltd.) yet. But once you do, it's like having a cheat code for understanding your policy without any fine print nightmares or last-minute surprises. This guide will make things even easier for you. We're breaking down your **FUTURE GENERALI** health insurance plan coverage in the simplest way possible. So sit back, read through, and know exactly what's in your policy for you!

Features

01 Room Rent

Room rent in health insurance simply means the cost of the hospital room per day, whose **coverage limit** your policy decides.

A lot of people think that choosing a hospital room only affects the room rent. But in reality, it impacts almost everything in your hospital bill. Because doctor fees, operation theatre charges, even blood tests... all of them are linked to the room you choose.

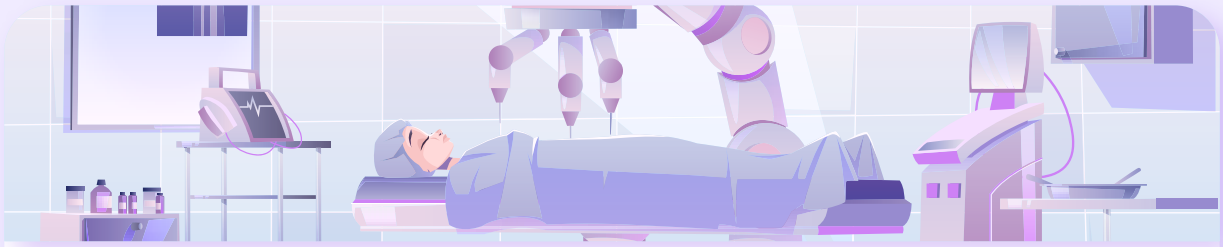
For example, let's say your policy covers a Twin Sharing (C) room. But at the time of admission, you chose to stay in a Deluxe Room. So in that case, your entire hospital bill will change. Here's the illustration to help you understand the room-wise costings:

Room Category	Deluxe Room	Single Room (B)	Twin Sharing (C)	Multisharing (D)	General Ward
Room Charges Per Day (Ward)	15000	10000	7500	4000	3000
Doctor Charges (Per Visit)	1500	1200	900	700	500
Anesthesia Charges (Per Visit)	1800	1400	900	750	600
Operation Theatre Charges (Per Unit)	28000	20000	16000	14000	12000
Pathology Charges					
Complete Blood Count (CBC)	1100	900	650	520	430
Blood Suger Fasting / Post Prandial	400	300	180	150	120
X-Ray Chest	1500	1100	787	787	589
HbAIC (Glycosylated Haemoglobin)	2800	2400	1875	1635	1400
Upid Profile	3550	3000	2022	1618	1300

Room rent per day jumps from ₹7,500 (Twin Sharing) to ₹15,000 (Deluxe), doctor visit charges go from ₹900 to ₹1,500, OT charges shoot up from ₹16,000 to ₹28,000, and even a simple test like Lipid Profile rises from ₹2,022 to ₹3,550. So, the moral of the story is to choose a room category that your policy covers.

What Does Your Policy Cover?

There is no cap on room rent in your policy, which means you can choose any room type without having to pay out of pocket.



02 Modern Treatments

Modern treatments are advanced medical procedures that use the latest technology to improve accuracy, reduce pain, and speed up the recovery. The Insurance Regulatory and Development Authority of India (IRDAI) has recognized 12 types of modern treatments, including:

- **Robotic Surgeries**
- **Stem Cell Therapy**
- **Immunotherapy**
- **Oral Chemotherapy**
- **Intra vitreal Injections**
- **Deep Brain Stimulation**
- **Stereotactic Radio Surgeries**
- **Bronchial Thermoplasty**
- **Intra Operative Neuro Monitoring (IONM)**
- **Uterine Artery Embolization and HIFU**
- **Balloon Sinuplasty**
- **Vaporisation of the Prostate**

Seeing 'modern treatments covered' in a policy gives a sense of security to everyone, but what many don't realize is that most policies have a **sub-limit** on how much they will actually pay.

For example, even if your sum insured is ₹10 lakh, your insurer might only cover ₹1 lakh for robotic surgeries. So, if the procedure costs ₹7 lakh, you'll have to pay ₹6 lakh from your pocket because just having coverage doesn't always mean full coverage.

What Does Your Policy Cover?

In your policy, modern treatments are covered up to 50% of your sum insured, with a maximum limit of 7.5 lakh in a policy year.

03 Consumables

Consumables are the medical items used during treatment that cannot be reused. These include approx 146 items like gloves, syringes, surgical masks, bandages, oxygen masks, and many other essentials.

Many people overlook consumables when they are getting health insurance and assume that all these costs will automatically be covered. But the truth is not every policy covers consumables.

What's even more concerning is that consumables can make up 15-20% of your total hospital bill, which means for a ₹5 lakh hospital bill, consumables alone could cost ₹75,000 to ₹1 lakh. And that's a big amount to pay out of pocket if in case your policy doesn't cover it.

What Does Your Policy Cover?

Your policy does not cover the cost of Consumables.

04 Ambulance Cover

Ambulance cover is a basic yet very important feature in health insurance that pays for emergency transportation to the hospital. But it's not as simple as it seems. Most policies have a **limit on coverage** per claim, air ambulance isn't automatically included even if they both serve a similar purpose (emergency medical transportation) and in many cases, charges are covered only if hospitalization follows, And some insurers might restrict the coverage only to the same state.

Without proper ambulance cover, you might end up paying a part of the bill out ofpocket, especially for long-distance or emergencies where immediate transport is critical.

What Does Your Policy Cover?

Your policy covers ambulance charges, but only up to 2000 per claim.

05 Air Ambulance

Air ambulance cover ensures emergency medical transportation by air when ground transport is not feasible due to distance, medical urgency, or inaccessible locations. While it can be lifesaving, coverage details vary widely between insurance policies. Some plans **limit coverage** to life-threatening emergencies or specific hospitals, while others impose cost caps or require prior approval.

Understanding these limitations is crucial to avoid unexpected costs duringcritical situations. Always check your policy details to know what's included before an emergency arises.

What Does Your Policy Cover?

Air ambulance is not covered in your policy, but you can add it as a rider by paying an extra premium.

06 Restore Benefit

Running out of health insurance coverage in the middle of the year is a nightmare, especially during a medical emergency. But if you have a restoration benefit, it will automatically refill your sum insured once it's fully used up.

But it's important to understand the fine print-- insurers have different rules, which often create confusion. Some policies offer unlimited reinstatements, while others limit the number of refills. Iln most policies, restoration generally doesn't apply to the first claim in any policy year. It becomes applicable from the second claim onward, only if the entire sum insured was exhausted in the previous claim. Additionally, some policies don't allow it for the same illness for the same person.

What Does Your Policy Cover?

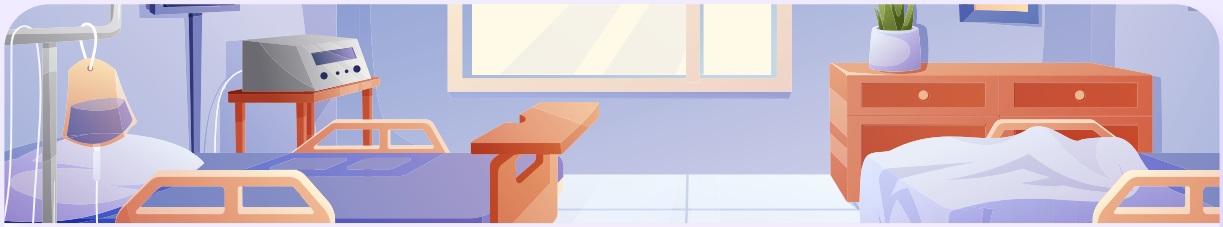
Your policy restores 100% of your sum insured once every policy year after full or partial exhaustion of SI, but for treatments like chemotherapy and dialysis, this restoration can be used only once in your lifetime.

07 Cumulative Bonus

Do you know your insurance coverage can increase without increasing your premium? Yes, with Cumulative Bonus it does happen. If you don't make a claim, your insurer increases your sum insured every year. Some increase the sum insured by a fixed percentage, while others have a cap on how much bonus you can accumulate.

What Does Your Policy Cover?

Your policy offers a Cumulative Bonus that increases your Sum Insured by 50% for every claim-free year, up to a maximum of 100%



08 Pre-Hospitalization

Expenses are the medical costs you incur before being admitted to the hospital for treatment. These include things like doctor consultations, diagnostic tests (like blood tests or X-rays), medicines, and any other treatments or procedures directly related to the illness or condition for which you were later hospitalized.

For example: If you start feeling unwell and visit a doctor who advises tests or medication, and a few days later, you are admitted to the hospital for the same condition, the costs of those initial consultations, tests, and medicines before admission are considered pre-hospitalization expenses.

What Does Your Policy Cover?

Your policy covers pre-hospitalization medical expenses for up to 60 days before your hospital admission, provided they are related to the medical condition leading to your hospitalization.

09 Post-Hospitalization

Hospital bills don't just end when you're discharged. Follow-up doctor visits, tests, medications, and therapies all become a major part of the recovery and the post-hospitalization expenses.

If you have a health insurance plan which provides post-hospitalization coverage, then your insurer will take care of the medical expenses after you are discharged, as long as they're related to the treatment you were hospitalized for. But not all policies offer the same coverage, and the number of days covered varies, which people usually forget to check when getting insurance.

What Does Your Policy Cover?

Your policy covers all the medical expenses for up to 120 days after discharge from the hospital, as long as the expenses are related to the same treatment.

10 Maternity

Maternity cover in health insurance helps manage expenses related to childbirth, including delivery costs, hospital stays, and sometimes prenatal and postnatal care. It ensures that medical bills don't take away the joy of welcoming your baby.

However, maternity benefits aren't available immediately, most policies have waiting periods and coverage limits. Understanding these terms in advance can help you plan better and avoid unexpected costs.

What Does Your Policy Cover?

If your Sum Insured is 15 L, maternity expenses are covered up to 40,000 for normal delivery and 60,000 for C-section. For SI more than 20 L, coverage for Normal delivery is up to 50,000 and for C-section it is up to 1 L, both with a 2-year waiting period.

11 New Born Baby Cover

Welcoming your baby into the world is priceless, but the medical bills that come with it aren't. From hospital charges to the first vaccinations, even basic care can cost more than you expect.

And in those first few weeks, when your baby needs the most attention, the last thing you should be worrying about is money. Newborn Baby Cover can help you with those unavoidable medical expenses but, they aren't covered from day one. Most policies have a waiting period and a limit on how much is covered.

What Does Your Policy Cover?

Your policy covers newborn baby expenses up to 5000, for up to 1 year.

12 Out-Patient Treatment (OPD)

Not every health issue requires a hospital stay, but doctor consultations, diagnostic tests, and medicines can burn a hole in your pocket. Whether it's a routine check-up, a sudden fever, or a dental procedure, OPD expenses are a lot.

But if you have OPD cover you won't have to think twice before seeing a doctor. The point to be considered is that policies come with a fixed coverage limit and a waiting period before you can use them.

What Does Your Policy Cover?

OPD coverage under your policy is 5000 for individual plans and 10,000 for family floater plans.

13 TPA

When you file a health insurance claim, you don't interact directly with your insurer. Instead, a Third-Party Administrator (TPA) handles the claim process, acting as a bridge between you, the hospital, and the insurance company. TPAs come in two types: external TPAs and internal TPAs.

The challenge with external TPAs is that they serve multiple insurers, which can sometimes result in longer processing times and procedural delays. In a medical emergency, delays in approval can add unnecessary stress when you need immediate care. Understanding how your insurer's TPA operates can help you navigate claims more smoothly.

What Does Your Policy Cover?

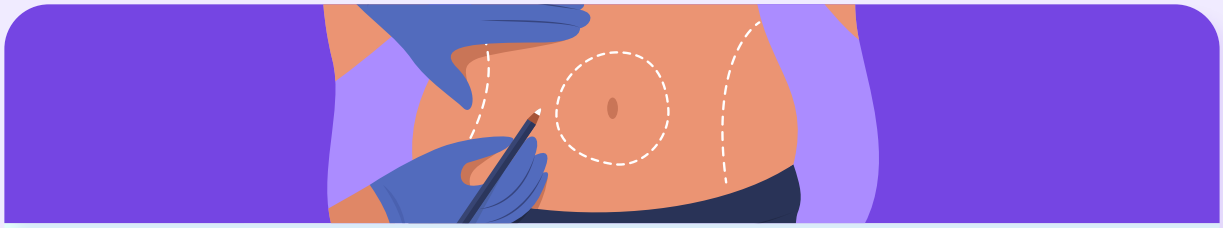
Your policy comes with an internal TPA, which can result in quicker approvals, fewer hassles, and an overall smoother claim experience.

14 Global Cover

Global coverage in health insurance provides medical coverage beyond your home country, allowing you to access healthcare services internationally. Depending on the policy, it may cover planned treatments, emergency medical expenses, hospitalization, and specialized care abroad. However, coverage limits, exclusions, and prior approvals often apply, so it's essential to check the policy details before seeking treatment overseas.

What Does Your Policy Cover?

Global cover is not included in your policy.



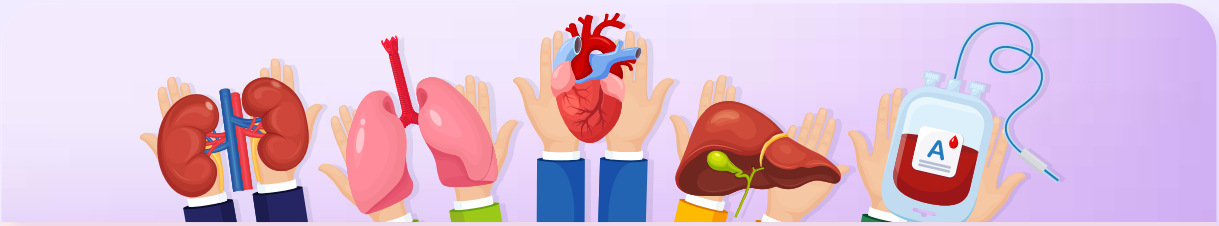
15 Bariatric Surgery

Bariatric surgery, commonly known as weight-loss surgery, is a medical procedure for individuals with severe obesity who have not responded to other weight management methods. Some health insurance policies cover bariatric surgery, but coverage is usually limited to cases where it is medically necessary, such as when obesity leads to serious health conditions like diabetes or heart disease.

Policies may also have waiting periods, specific eligibility criteria, and pre-approval requirements. Always check your insurer's terms to understand the scope of coverage for bariatric procedures.

What Does Your Policy Cover?

Bariatric surgery is covered under your policy up to 50% of the sum insured, subject to a maximum of 7.5 lakh.



16 Organ Donor

Organ donation is a life-saving act, and some health insurance policies offer coverage for expenses related to organ transplantation. Organ donor cover typically includes the cost of organ retrieval surgery and the donor's hospitalization.

However, coverage limits, exclusions, and eligibility criteria vary across insurers. It's important to review your policy details to understand what's included. If you or a loved one may require an organ transplant, being informed about your health insurance terms in advance can help prevent unexpected financial burdens.

What Does Your Policy Cover?

Organ transplant donor expenses are covered up to 100% of your Sum Insured

17 Mental illness

Mental health is just as important as physical health, and many health insurance policies now offer coverage for mental illnesses. This typically includes hospitalization, therapy, and psychiatric consultations for conditions like depression, anxiety, bipolar disorder, and other mental health conditions.

However, coverage varies across insurers, some policies may have limitations on outpatient treatments, specific exclusions, or waiting periods. It's important to check your policy details to understand what is covered. Prioritizing mental well-being is crucial, and having the right health insurance can help ease the financial burden of seeking professional care.

What Does Your Policy Cover?

Mental health treatments are covered under your policy.

18 Annual Preventive Health Check-up Cover

Prevention is better than cure, and many health insurance policies offer annual preventive health check-ups to help detect potential health issues early. These check-ups typically include basic screenings like blood tests, cholesterol levels, diabetes tests, and overall health assessments.

The coverage, eligibility, and tests included may vary by insurer, and some policies may require a claim-free year to avail of this benefit. Regular health check-ups can play a vital role in maintaining good health, so it's essential to review your policy details and make the most of this feature.

What Does Your Policy Cover?

Annual preventive health check-ups are covered under your policy, but only for specific listed tests.

19 Teleconsultations / E-Consultations

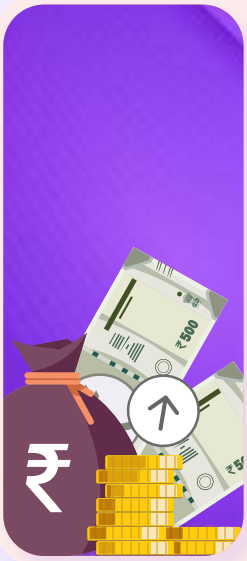
Teleconsultation enables patients to consult doctors virtually via phone or video calls, making healthcare more accessible and convenient. Many health insurance policies now include teleconsultation benefits, covering virtual doctor visits for general medical advice, follow-ups, and specialist consultations.

Coverage details vary across insurers some offer unlimited consultations, while others may have restrictions on the number of visits or types of specialists covered. In most cases, teleconsultations do not impact your No Claim Bonus (NCB), allowing you to seek medical advice without affecting your policy benefits.

Teleconsultation is a valuable feature for quick medical advice, second opinions, and non-emergency healthcare needs. Review your policy details to understand how you can make the most of this service.

What Does Your Policy Cover?

Your policy covers expenses for up to 12 teleconsultations within a policy year.



20 Co-payment For Treatment In A Higher Zone

Health insurance policies classify cities into different zones based on healthcare costs. If you receive treatment in a higher-cost zone than your policy covers, you may need to pay a portion of the medical expenses, which is known as co-payment. However, if you've paid the premium for Zone A (the highest zone), this clause won't apply, and you won't have to pay extra.

What Does Your Policy Cover?
Your policy does not have any co-payments for treatment in a higher zone.

21 Co-payment For Senior Age

As people age, healthcare costs rise, and with that, many insurers add a co-payment clause for senior citizens under which the insured person has to pay a percentage of their hospital bill.

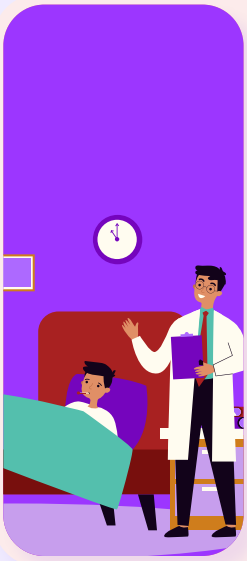
But the co-payment terms differ across policies. Some policies apply it only after a certain age, while some don't have any at all.

What Does Your Policy Cover?
There is 20% copayment in your policy after the age of 61 years.

22 Co-Payment Out Of Network

Most health insurance policies have a network of hospitals where you can get treatment. But if you choose a hospital outside this network, insurers charge a co-payment under which you have to pay a part of the bill yourself but the rules vary. Some policies apply it only to specific treatments, while others have a flat percentage for all out of network claims. In some cases, you might even have to pay first and get reimbursed later.

What Does Your Policy Cover?
Your policy has no co-payment for treatment received in an out of network hospital.

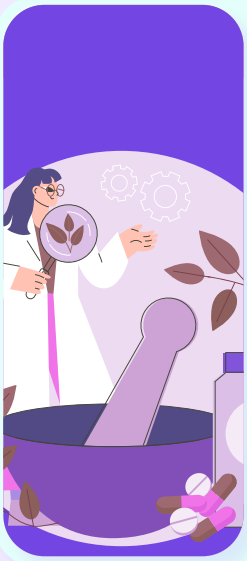


23 Domiciliary Treatment

Domiciliary treatment refers to medical care received at home instead of in a hospital due to the patient's condition or the unavailability of hospital beds. Insurers cover such treatment if prescribed by a doctor, but coverage varies; some policies may have caps or illness-specific limits. Certain treatments may be excluded.

What Does Your Policy Cover?

In your policy, the coverage for domiciliary treatment is up to 20% of your Sum Insured.



24 Ayush Benefit

Instead of allopathy, many people prefer alternative treatments like Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy (AYUSH). Recognizing this, many health insurance policies now cover AYUSH treatments when taken at government-approved or recognized hospitals. However, the coverage varies; some insurers offer full coverage, while others have limits or exclusions.

What Does Your Policy Cover?

AYUSH treatments are covered under your policy up to 100% of your Sum Insured.

25 Second Opinion / E-Opinion

A second opinion allows policyholders to consult another doctor for a re-evaluation of their diagnosis or treatment plan. This benefit is particularly useful for critical illnesses or complex medical conditions. However, not all health insurance policies cover second opinions. Among those that do, coverage varies; some insurers offer unlimited e-opinions, while others impose restrictions on specialists or the number of consultations.

What Does Your Policy Cover?

Your policy covers the expenses of second opinions and e-opinions, but only 2 times during a policy year.

Conclusion

And that's it! Now, you know exactly what your health insurance plan offers.
If you found this helpful, don't keep it to yourself, share **Bima Analyze** with friends and family so they can understand their insurance just as easily!

Thank you!

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