

Caterpillar & Perkins India Health Insurance Program Details – 2026

Simplifying your insurance benefits & coverages

Validity- 1st January 2026 to midnight of 31st December 2026



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With focus on maximizing health benefits, this plan is a solution designed around your unique needs and goes beyond the limitations of standard insurance coverage.

We understand you may have queries regarding your plan, coverage, policy inclusion and exclusion. This document is created with an intent to help you understand your policy and simplify certain insurance aspects.

Key Terminologies & Abbreviations

Terms	Meaning
Cashless claims	Facility where insurers directly settle hospital bills at network hospitals
Co-payment	Fixed percentage of the claim paid by the insured
Daycare procedures	Treatments requiring less than 24 hours of hospitalization
Domiciliary treatment	Medical treatment taken at home when hospitalization isn't possible
Exclusions	Conditions or expenses are not covered under the policy
Inclusions	Treatments and services covered under the policy
Room rent limit	Maximum daily amount payable for hospital room charges
Sub-limits	Caps on specific treatments or expenses within the Sum Insured
External congenital disease	Birth defects visible externally (e.g., left lip)
Internal congenital disease	Birth defects affecting internal organs (e.g., heart malformation)

Know Your Policy

Policy period	1 st January 2026 to midnight of 31 st December 2026
Sum Insured	<p>Family Floater</p> <ul style="list-style-type: none"> • Base Sum Insured INR 4,00,000 • Critical Illness Cover INR 2,00,000
Family definition	<ul style="list-style-type: none"> • Self • Spouse/Partner (same sex partners are covered) • 2 Dependent children (Unmarried & Dependent Son up to 25 years; Unmarried & Dependent Daughter up to marriage) • 2 Dependent parents (Up to 85 years) <p>Note:</p> <ul style="list-style-type: none"> • You cannot interchange Dependents during the policy period • Legal documents to be furnished for adopted children. • Parents above 85 years can be covered only if <ul style="list-style-type: none"> ○ They were covered in the previous year's policy at Caterpillar or in your previous employer's policy. ○ For this cover, authentic proof of coverage details / health card mentioning coverage dates need to be submitted • If both an employee and their spouse work at Caterpillar, they can cover their respective parents as dependents. If an employee and their sibling(s) work at Caterpillar, only one of them can cover their parents as dependents. Duplication of members is not allowed in policy.
Pre-Existing Diseases (PED)	Covered
1 Year / 30 days waiting period for (PED)	Waived off
Pre-hospitalization & post-hospitalization	<ul style="list-style-type: none"> • Pre-hospitalization expenses covered for 30 days prior to date of hospitalization • Post-hospitalization expenses covered for 60 days post discharge from hospital

Daycare treatment	<ul style="list-style-type: none"> Daycare procedures are covered as per our standard GMC policy wordings; all medically justified treatments, under general or local anesthesia or without it, not requiring hospitalization, due to advancement in medical technology, are covered under day care. Cashless facility is available
Room and ICU eligibility	Room rent restricted to 'Single Standard AC room' for normal and ICU at actual and all other charges will be applicable in accordance with the room rent restriction
Emergency ambulance cover	<ul style="list-style-type: none"> Emergency ambulance charges are covered up to 1% of Sum Insured subject to maximum up to INR 2,000 per incident. Air ambulance charges are covered up to Sum Insured within family floater Sum Insured applicable for employees only.
Domiciliary hospitalization expenses	Not covered
Psychiatric/ Mental illness treatment	<ul style="list-style-type: none"> Reasonable and customary charges for medical expenses will be payable for hospitalization due to mental illness 24-hour hospitalization is mandatory Outpatient medical expenses are excluded
Oral Chemotherapy	Covered
Co-payment	<ul style="list-style-type: none"> 10% co-payment is applicable for 1+3 claims (Self, Spouse/Partner & children) 15% co-payment is applicable for parents' claims
Maternity cover	<ul style="list-style-type: none"> Self & Spouse
Maternity waiting period	<ul style="list-style-type: none"> Not applicable
Maternity cost	<ul style="list-style-type: none"> Normal delivery- INR 75,000 Caesarean delivery- INR 75,000 <p>(Maternity benefit is available for first two deliveries in insured's lifespan)</p>
Number of children covered	Maternity event for 2 children is covered under the policy
Pre & post-natal treatment	Pre-natal and post-natal treatment covered within the maternity limits in case of hospitalization only

Newborn baby cover	Covered from day 1
In-Vitro Fertilization (IVF) for employees and spouses	Covered under existing maternity limits. Restricted to two incidences (one incidence per year for IVF).
Corporate buffer is only available for listed conditions	<p>For following listed conditions claims will be paid on indemnity basis only</p> <ul style="list-style-type: none"> • Bone Marrow Transplant • Cerebral/Vascular Strokes • Coronary Artery Bypass Graft (CABG) • Neurosurgery • Open & Close Heart Surgery • Pneumonia leading to respiratory failure • Nephritis / Bacterial Renal Failure requiring Kidney Transplant and Dialysis • End stage liver failure • Encephalitis • Crohn's disease • Myocardial infarction requiring angioplasty • Heart failure requiring pacemaker • Major Accidents • Cancer • Total Replacement of Joints • Severe rheumatoid arthritis • Life Threatening Cases (subject to approval of the Medical Director of Caterpillar)
AYUSH treatment	<ul style="list-style-type: none"> • We will reimburse reasonable and customary charges for medical expenses incurred with respect to the insured person for hospitalization under Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homeopathy (AYUSH) provided that the medical/surgical/para-surgical Treatment has been undergone in AYUSH hospital. • 24-hour hospitalization is mandatory • Comfort treatments involving steam bath/sauna/oil massages are excluded. Such treatments being combined with any stay packages at resorts where the treatment forms a part of an overall leisure package shall not be covered under the insurance policy. <p>Specific exclusions applicable to this benefit:</p> <ul style="list-style-type: none"> • All preventive and rejuvenation treatments (non-curative in nature) including without limitation, treatments that are not medically Necessary are excluded. • Outpatient Medical Expenses are excluded

Voluntary Top-up Plan

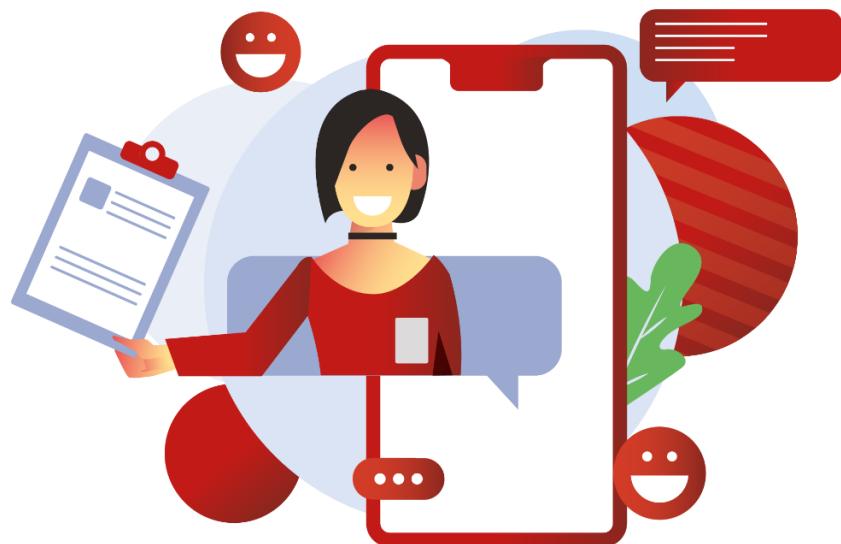
<p>Voluntary Top-up</p>	<ul style="list-style-type: none"> It is an optional health insurance coverage that an employee can purchase at nominal premiums to increase their base sum insured. It kicks in once the base sum insured has been exhausted. All eligible dependents covered under the base policy are covered under the top-up plan. Please note that co-payment is applicable to all claims under both the base policy and top-up policy. Employees can choose to purchase a Top-Up plan during the enrolment window period. Once purchased for the year, the top-up plan cannot be modified or cancelled. Top-up purchase outside of the enrollment window is not permitted. 																																	
<p>Benefits of opting voluntary top-up plan</p>	<p>Provides extended financial protection for hospitalization expenses beyond the base policy limit, especially useful for high-cost treatments</p>																																	
<p>Available top-up plan options</p>	<p>Available top-up plans and associated full year premium amounts are as below</p> <table border="1" data-bbox="616 1275 1426 1792"> <thead> <tr> <th colspan="3">Per family top-up sum insured & full year premium</th> </tr> <tr> <th>Top-Up Sum Insured (INR)</th> <th>Net Premium INR (excluding GST)</th> <th>Total Premium INR (including 18% GST)</th> </tr> </thead> <tbody> <tr> <td>1,00,000</td> <td>6,120</td> <td>7,222</td> </tr> <tr> <td>2,00,000</td> <td>8,902</td> <td>10,504</td> </tr> <tr> <td>3,00,000</td> <td>13,131</td> <td>15,495</td> </tr> <tr> <td>4,00,000</td> <td>15,579</td> <td>18,383</td> </tr> <tr> <td>5,00,000</td> <td>17,582</td> <td>20,747</td> </tr> <tr> <td>7,00,000</td> <td>23,663</td> <td>27,922</td> </tr> <tr> <td>10,00,000</td> <td>31,495</td> <td>37,164</td> </tr> <tr> <td>12,00,000</td> <td>38,896</td> <td>45,897</td> </tr> <tr> <td>15,00,000</td> <td>47,872</td> <td>56,489</td> </tr> </tbody> </table>	Per family top-up sum insured & full year premium			Top-Up Sum Insured (INR)	Net Premium INR (excluding GST)	Total Premium INR (including 18% GST)	1,00,000	6,120	7,222	2,00,000	8,902	10,504	3,00,000	13,131	15,495	4,00,000	15,579	18,383	5,00,000	17,582	20,747	7,00,000	23,663	27,922	10,00,000	31,495	37,164	12,00,000	38,896	45,897	15,00,000	47,872	56,489
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<p>Purchasing a top-up plan</p>	<ul style="list-style-type: none"> You can purchase a top-up plan from the Generali Central digital portal during the health insurance enrollment window. Once the window is closed, mid-term top-up purchase is not allowed. 																																	

Premium payment for top-up plan	<ul style="list-style-type: none"> The premium for the top-up plan that you purchase will be deducted from your payroll in two equal monthly instalments.
Claims for capped ailments under the top-up cover	<ul style="list-style-type: none"> Instances where base sum insured is exhausted, the top-up sum insured will trigger for these claims. However, the payout will be restricted to the limit mentioned under the base policy for that specific capped ailment.

Key exclusions

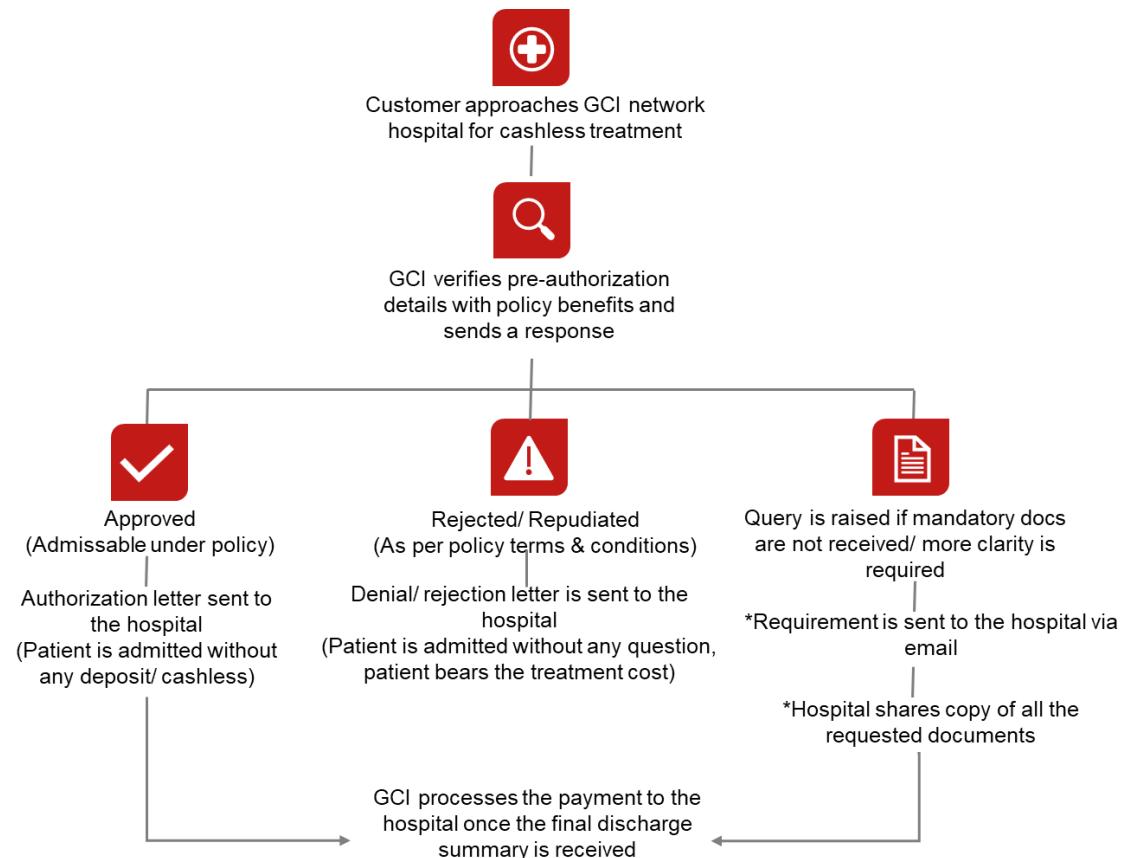
Circumcision	Cosmetic treatment, Plastic surgery	Plastic surgery	Vitamins and Tonics unrelated to treatment
Injuries or diseases caused by nuclear weapons	Voluntary abortion	Experimental / unproven treatments or therapies	
Surcharges, service charges, miscellaneous charges & other non-treatment related expenses are not payable			

**This is an indicative list, please get in touch with GCI for more exclusions*



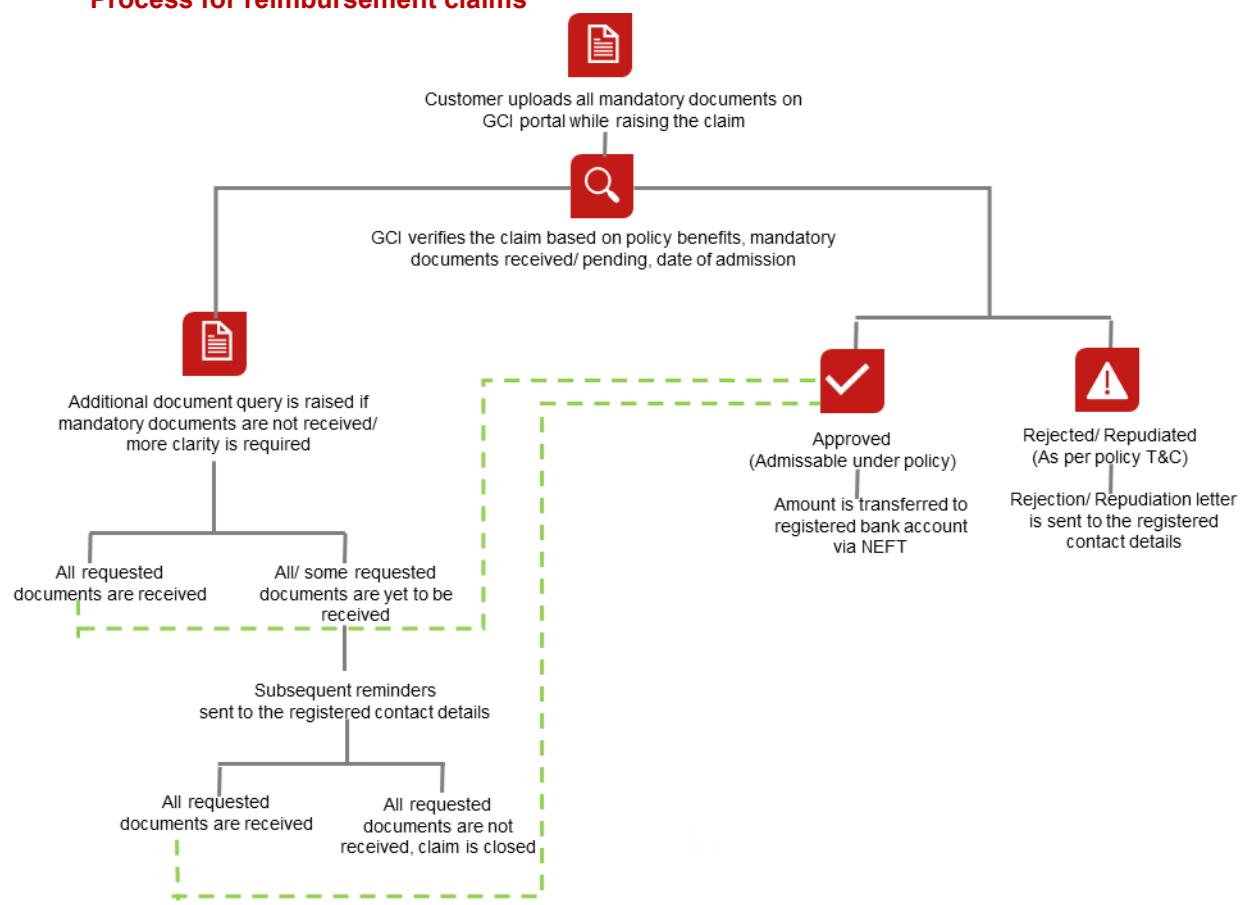
Simplifying Claims

Process for cashless claim



*Please note, we will require 3-hours to assess your claim from the time the claim request is received. During this time, if any query is raised i.e., shared with the hospital for mandatory information/documentation, we will require an additional of 3-hours from the time a response is received on the query to provide a final decision.

Process for reimbursement claims



Please note, you must upload all documents on the portal while raising a claim. If you are unable to do so, you may email the documents to us.

Reimbursement Claim settlement timelines

Claims are processed within 7 working days from the date of receipt of complete documents. The following could be our decision regarding your claim*



Additional document query

If additional information is required to process a claim, 'Deficiency Letter' is sent on the registered contact details within 7 days of receiving the claim request.



Claim approved

If a claim is approved, the sanctioned amount will be transferred to the registered bank account via NEFT.



Claim rejected/ repudiated

If a claim is rejected/ repudiated/ declined, a detailed rejection/ repudiation letter explaining the reason for the decision is sent to the registered contact details.

*Please note that this is an indicative list

Where to Submit Your Claim?

[Click here](#) to upload the documents or email them to gch@generalicentral.com

Need Help?

Call us at 1800-103-8889 | 1800-209-1016
[Email us at gch@generalicentral.com](mailto:gch@generalicentral.com)



Tip- Keep a copy (print/ digital) of all documents for your records.

Our hospital network

Enjoy cashless treatment at any of our network hospitals.

🌐 Find your nearest hospital using our [Hospital Locator | Generali Central](#)

10253

Total number of network
hospitals empanelled
across India

729

Total number of delisted
hospitals

75

Total number of
blacklisted hospitals

732

Total number of
hospitals flagged for
suspected fraud



Mandatory document's checklist

To support smooth and hassle-free claim, we advise you to send the following documents along with the claim request. This is an indicative list of documents.

Claim form	<ul style="list-style-type: none"> • You must send us the claim form with the signature of the patient or any relative. We require this document in the original • You must mention your mobile number and email ID so that we can send you information about your claim
Discharge summary	<p>Original Discharge summary issued by the hospital where the treatment has been taken. Please check that the following information appears on the Discharge Summary</p> <ul style="list-style-type: none"> • The date of admission and discharge, date of surgery, if performed. • Problems with which patient was admitted. • Details of the duration for which the patient has been experiencing this condition. • The patient's condition at the time of admission and discharge. • Details of treatment done during hospitalization. • Final diagnosis (illness / reason for which the patient was treated) • Details of past illnesses or surgeries for the patient • Investigations/Tests done during hospitalization and their findings.
Final hospital bill	Original final bill issued by the hospital for the period of hospitalization
Paid receipt	<p>Original pre-numbered paid receipt with hospital seal and signature of authorized signatory.</p> <p>(Proof of payment that the hospital has given to the patient. The proof must have a serial number, hospital stamp and signature of the hospital representative).</p>
Pharmacy bills	<p>Original pharmacy bills along with copies of prescriptions.</p> <p>(Proof of payment that the medicine store has given to the patient. The proof must have a serial number, stamp of the medicine store and signature of the pharmacist. The advice of the doctor to have those medicines must also be submitted).</p>
Diagnostic bills	<p>Original bills for tests / investigations done like lab tests, X-ray, ECG etc. (Proof of payment that the diagnostic center has given to the patient. The proof must have a serial number, stamp and signature of the diagnostic Centre representative).</p>
Cancelled cheque/ first page of the passbook	Cancelled cheque with printed name of the account holder or copy of 1st page of passbook or bank account statement.

Frequently Asked Questions

Enrollment Details

1. What's the enrolment timeline for new employees?

Please refer to the enrolment email sent to you, which includes detailed instructions and timelines for completing the enrollment, dependent addition, and voluntary top-up purchase.

2. Can I add a Dependent to my medical insurance after the enrolment window is closed?

Dependent addition outside of the enrolment window is not permitted, except in the case of natural addition such as childbirth/ adoption or marriage (allowed within 30 days of the event).

3. What is the process for adding a spouse or newborn?

If you get married or have a baby, you should add your spouse or child to the GCI portal within 30 days of marriage or date of birth of your child. If you miss this window, you'll have to wait until the next renewal period. You can write to us at gch@generalicentral.com for such requests.

4. How to I download health e-card?

Login to the GCI digital portal and click on 'My Policy' tab to download the health card.

Claims

1. What is co-payment?

Co-payment means that a defined percentage of the hospitalization claim amount under the medical insurance policy is to be borne by the employee. Co-payment is applicable to all claims under both the base policy and top-up policies as below:

- 10% copayment for self, spouse/partner & children
- 15% copayment for parents

2. I have a medical emergency, but I haven't yet received the insurance e-card(s) yet. How can I avail cashless treatment?

We understand the importance of seamless access to healthcare services, especially during times of need. If your e-card is not yet generated, please follow the steps below for cashless service in a network hospital.

- **Locate a Network Hospital:** Visit [Hospital Locator | Generali Central](#) to find the nearest network hospital.
- **Request Cashless Service at the Hospital:** Once at the hospital, please go to the Third-Party Administrator (TPA) desk and request cashless service. Remember to mention the corporate entity's name and provide your employee ID.
- **Cashless Request Processing:** The Generali Central Insurance claims team will work diligently to process your cashless request as soon as it is received from the hospital.

Important: To avail cashless facility under the Top-Up policy, you must opt for the top-up coverage and submit dependent details in the digital portal before applying for cashless.

3. What is a preauthorization request?

This is a Request for Cashless Hospitalization. The same must be duly filled up, signed and stamped on by the hospital authorities. Thereafter, it must be sent by e-mail to GCI (contact details are available in the hospital).

4. How to apply for cashless at a network hospital?

To avail cashless services at a network hospital, follow these steps

- Visit a network hospital listed under your health insurance provider
- Present your health insurance card or policy details at the hospital's insurance helpdesk
- The hospital will initiate a pre-authorization request to the insurer or TPA with necessary medical details
- The insurer/TPA will review the request and respond with approval, denial, or a query within the defined turnaround time

5. How to submit reimbursement claim?

To register and process the claim you need to upload mentioned documents under the claim section tab on the portal:

- Duly filled claim form
- Health card of the insured patient
- First prescription / Consultation letter
- Hospital Discharge Summary
- Original final bill received from the hospital
- Payment receipt issued with serial number
- NEFT details- Cancelled cheque copy with the policyholder's name printed on it

6. How does the Hospital verify that the cardholder is genuine?

Since the health card has no photo, show a photo ID like your company ID, driving license, or any valid ID at the hospital admission desk.

7. Where can I find the list of non-payable items?

Visit '[Non-Payable Items](#)' for the list of non-payable items

8. Where can I find the list of daycare procedures?

Visit '[Daycare List](#)' for the list of daycare procedures

9. How do I check blacklisted hospitals and claim status?

Check the portal for the latest list or contact customer care. Claims from blacklisted hospitals may be investigated and paid only if approved.

10. What do you mean by final bill? What happens once it is generated?

Once the treatment is complete, the hospital sends the final bill to the insurer/ TPA for approval. The insurer/ TPA will provide a decision within 3 hours of receiving the final bill.

11. What happens if the insurer raises a query on the final bill?

If a query is raised, the hospital must respond with the required clarification or documents. Once the response is received, the 3-hours TAT restarts for the insurer/TPA to provide a final decision.

12. What is the mode of payment for approved claim?

Payment for approved claims will be made via NEFT. Submission of cancelled cheque copy is mandatory at the time of raising the claim request.

13. Where can I check Claim status?

Employees can log in to the Generali Central Insurance portal and refer to the details in the Claims tab.

Benefits & coverages

- 1. What is the sum insured provided in the medical insurance plan?**
The base sum insured is INR 4,00,000 which covers employees and eligible dependents.
- 2. What is the Critical Illness cover?**
The Critical Illness cover of INR 2,00,000 is available on an indemnity basis for the listed Critical Illnesses below, if the base sum insured is not sufficient to cover such claims.
 - Bone Marrow Transplant
 - Cerebral/Vascular Strokes
 - Coronary Artery Bypass Graft (CABG)
 - Neurosurgery
 - Open & Close Heart Surgery
 - Pneumonia leading to respiratory failure
 - Nephritis / Bacterial Renal Failure requiring Kidney Transplant and Dialysis
 - Major Accidents
 - End stage liver failure
 - Encephalitis
 - Crohn's disease
 - Myocardial infarction requiring angioplasty
 - Heart failure requiring pacemaker
 - Cancer
 - Total Replacement of Joints
 - Severe rheumatoid arthritis
 - Life Threatening Cases (subject to approval of the Medical Director of Caterpillar)
- 3. What is covered under pre-hospitalization and post-hospitalization?**
Pre and post hospitalization tests, consultations etc. related to hospitalization can be claimed up to 30 and 60 days respectively.
- 4. Is there a limit to cataract surgery coverage?**
No, but only Monofocal lens is covered. Multifocal lens are not covered as it is cosmetic in nature.
- 5. Is 24 hours hospitalization mandatory to get the insurance benefits?**
Yes, it is mandatory except for the procedures mentioned in daycare list.
- 6. Are pre-existing diseases covered?**
Yes, pre-existing diseases are covered
- 7. Can I avail the tele-consultation facility through Mobile App?**
Tele-consultation can be booked 24/7 equipped with a panel of super specialized doctors through Pocket Clinic available on the GCI Insure mobile app.
- 8. Where can I take online second opinions from doctors?**
Employees can take second opinion super specialized consultation for their medical diagnosis or treatment through Pocket Clinic, free of cost and unlimited time.
- 9. Does GCI provide nutritional consultation?**
Employees can take nutritional consultation to get balanced diet advice through Pocket Clinic available on the GCI Insure mobile app

10. Which email ID should I use to contact GCI?

Email your queries to gch@generalicentral.com

11. How do I access the Generali Central Health portal?

Click the [portal link](#) > Forgot Password > Enter username > Confirm to receive reset link via email

12. How do I access Generali Central Health Mobile App?

Generali Central Health Mobile app can be searched on Android Play Store and iOS App Store with the key word “Generali Central Health”. All the features available on the portal can be accessed through mobile app including digital claims submission. You can also download the app from below mentioned links

- i. For Android: [Mobile Application](#)
- ii. For iOS: [Mobile Application](#)

GCI Digital Health Portal & Mobile App

[Click here](#) to access our digital health portal



Key features of the portal

Claim intimation	Claim registration	Claim status tracking
Download E-Card	List of network hospitals	Other imp information

Scan the below QR Code to download our mobile app – GC Insure



GCI Pocket Clinic

GCI Pocket Clinic is a complimentary / discounted wellness solution for employees and members enrolled in the policy. [Click here](#) to access the benefits of the Pocket Clinic.

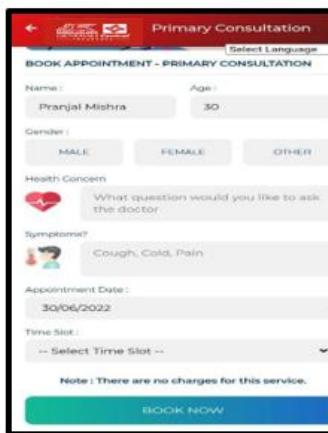
Complimentary services	<ul style="list-style-type: none"> • Tele-consultation • Covid-19 consultation • Second opinion consultation • Risk assessment • Nutritional consultation • Fitness sessions • Dental care consultation • Calorie calculator
Discounted services	<ul style="list-style-type: none"> • Diagnostic services • E-Pharmacy services • Home care • Mental care
Features	<ul style="list-style-type: none"> • Mobile app and portal based unlimited teleconsultations • Specialized doctor's consultation right at your fingertips from the comfort of your home • 24/7 GP consultations • Super specialized consultations (9:00 am to 11:00 pm) • Multilingual support • WhatsApp number support for easy booking

How to access GCI Pocket Clinic

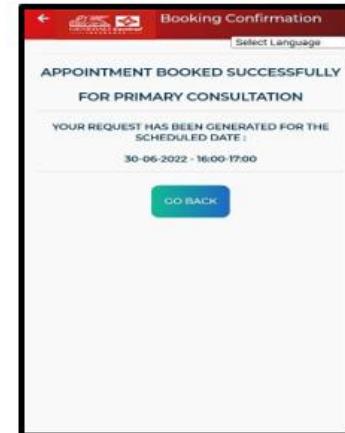
1. Click on the Pocket Clinic tab in the portal or mobile app
2. Tap on the service you want to avail
3. Enter your details to proceed



Select the service you want to avail



Enter purpose of consultation & other details



Receive appointment confirmation

GCI Support

We are always here for your help. You can reach us through any of the following modes.



Call us at 1800-103-8889 / 1800-209-1016



Email us at gch@generalicentral.com

We assure a revert within 24 to 48 hours of receiving the query



Message us at [+ 91 9987952619](https://wa.me/+919987952619)

This is a WhatsApp text only number. We are available between 9:30 am to 10:00 pm.



Email us at gch.swift@generalicentral.com

You can share your grievance/ escalations with us here. We assure a revert within 24 to 48 hours of receiving the query



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gccare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333 / 022 6783 7800

Toll free 18002091016 / 18001038889 **WhatsApp** 9987952619 (9:30AM -10:00PM) Email gch@generalicentral.com