

STAR COMPREHENSIVE INSURANCE POLICY

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When health issues can't be predicted, health insurance is the best option available to overcome the heavy financial loss that occurs in the form of hospitalization and medical expenses.

The right decision of purchasing a health insurance policy should complement the wise move of picking the right one. Precise to say, having a policy that offers complete protection is more essential than just having a health insurance cover.

Presenting STAR Comprehensive Insurance Policy with renewed features. This policy is carefully crafted to offer complete protection against all health care eventualities for an entire family on individual and floater basis.

- ✦ **Eligibility**
 - Entry age between 3 months and 65 years
 - Lifelong renewals guaranteed.
 - No exit age
 - Policy Type: Individual / Floater (Family Size: Maximum 2 Adults + 3 Dependent Children)
 - Dependent children (those who are economically dependent on their parents) can be covered upto 25 years of age.
- ✦ **Sum Insured Options:** Rs.5,00,000 ; Rs.7,50,000 ; Rs.10,00,000 ; Rs.15,00,000 ; Rs.20,00,000 ; Rs.25,00,000 ; Rs.50,00,000 ; Rs.75,00,000 ; Rs.1,00,00,000
- ✦ **Policy Term:** 1 Year and 2 Years
- ✦ **Pre-acceptance medical screening:** No Pre-acceptance medical screening
- ✦ **Day Care Procedures:** All Day Care Procedures are covered
- ✦ **Midterm inclusion** of newly married / wedded spouse and New Born Baby is permissible on paying additional premium. The intimation about the marriage / new born should be given within 60 days from the date of marriage or new born. The cover will be from the date of payment of premium.
- ✦ **Coverage (Section 1)**
 - A. **Hospitalisation cover:** Room (Private Single A/C room), Boarding and Nursing Expenses.
Note: Hospitalization Expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit / room category stated in the policy schedule or actuals whichever is less
 - B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
 - C. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker.
 - D. **Road ambulance** expenses: Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
 - i. for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons or
 - ii. for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment or
 - iii. for transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner.
 - E. **Air Ambulance expenses** up to Rs.2,50,000/- per hospitalization, not exceeding Rs.5,00,000/- per policy period.
 - F. **Pre-Hospitalization** medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization.
 - G. **Post-Hospitalization** Medical expenses incurred for a period up to 90 days from the date of discharge from the hospital.
 - H. **Outpatient Medical Consultation:** Expenses on Medical Consultations as an Out Patient incurred in a Networked Facility for other than Dental and Ophthalmic treatments, up to the limits mentioned in the schedule of benefits with a limit of Rs.300/- per consultation. This benefit will not reduce the sum insured.
 - I. **Domiciliary hospitalization:** Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances.
 - i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - ii. The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism.
Pre-hospitalisation and Post-hospitalization expenses are not payable for this cover

*Unbeatable in features.
Uncompromising in protection*



❖ **Delivery and New Born (Section 2)**

- Expenses incurred as in-patient for Delivery including Delivery by Caesarean section
- Treatment of the New Born
- Vaccination expenses for the new born baby are payable up to the limits mentioned in the schedule of Benefits, until the new born baby completes one year of age and is added in the policy on renewal. Claim under this is admissible only if claim under A of Section-2 above has been admitted and while the policy is in force.

Coverage under this section is subject to a waiting period of 24 months and payable only while the policy is in force.

❖ **Out-patient Dental and Ophthalmic Treatment (Section 3)**

Expenses incurred on acute treatment to a natural tooth or teeth or Eye are payable, once in every block of 3 years of continuous coverage. The treatment can be taken as an Outpatient. For limits please refer schedule of Benefits. This is in addition to sum insured.

❖ **Organ Donor Expenses (Section 4)**

In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery/ICU admission will be covered. The coverage limit under this section is over and above the Limit of Coverage and up to the Basic Sum Insured. This additional Sum Insured can be utilized by the Donor and not by the Insured.

❖ **Hospital Cash Benefit (Section 5)**

- Payable for each completed day of Hospitalisation up to 7 days per occurrence and maximum of 120 days during the entire policy period.
- This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim. Claims under this section will not reduce the Sum Insured.

❖ **Health Check Up (Section 6)**

This Benefit is payable for every claim free year up to the limits mentioned in the schedule of benefits.

❖ **Bariatric Surgery (Section 7)**

- The expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable upto the limits mentioned in the schedule of Benefits, during the policy period.
- This maximum limit of Rs. 2,50,000/- and Rs. 5,00,000/- are inclusive of pre-hospitalization and post hospitalization expenses.
- The limit of cover for Bariatric Surgery forms part of sum insured under Section 1
- Coverage under this section is subject to a waiting period of 36 months and payable only while the policy is in force.

❖ **Option for Second Medical Opinion (Section 8)**

The Insured Person is given the facility of obtaining a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners.

To utilize this benefit all medical records should be forwarded to the mail id e_medicalopinion@starhealth.in

❖ **AYUSH Treatment (Section 9)**

In patient hospitalization expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health as in patient is payable up to the limits mentioned in the Schedule of Benefits.

Note:

- Payment under this benefit forms part of the sum insured and also will impact the Bonus
- Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment

❖ **Accidental Death and Permanent Total Disablement (Section 10)**

- Accidental Death
 - Permanent Total Disability following an accident
 - Dependent children and persons above 70 years can be covered under accidental death and permanent total disablement upto the sum insured of Rs.10,00,000/-.
- * The sum insured for this cover is separately indicated in schedule of benefits. Cover is available for one insured person opted by the proposer

❖ **Special Features**

➤ **Star Wellness Program (Section 11)**

This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as detailed in the website are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium.

The following table shows the discount on premium available under the Wellness Program:

Wellness Points Earned	Discount in Premium
200 to 350	2%
351 to 600	5%
601 to 750	7%
751 to 1000	10%

For more information, Please visit our website : www.starhealth.in

➤ **Buy Back Pre-Existing Disease (Section 12)**

The prospect has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months on payment of additional premium. This option is available only if the first purchase of an indemnity insurance policy is a Star Comprehensive Insurance Policy and also only upto Sum Insured chosen at that time. This option is not available for renewal or policies ported from other Insurance Companies. The prospect has to undergo pre-acceptance medical screening at Company's nominated centre. At present 100% of cost of the pre-acceptance medical screening will be borne by the Company. The Company may require the prospect to share this cost (maximum 50%).

❖ **Automatic Restoration of Sum Insured**

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the policy period

It is made clear that such restored Sum Insured can be utilized for the subsequent hospitalization even for the illness /disease for which claim/s was / were already made.

Such restoration will be available for section 1 other than outpatient medical consultation

❖ **Cumulative Bonus (Applicable for Section 1 other than 1H, Section 4, Section 7 and Section 9)**

Where the sum insured under the policy is Rs.5,00,000/-, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 50% of the basic sum insured under this policy following after every claim free year up to a maximum of 100%.

Where the sum insured under the policy is Rs.7,50,000/- or above, the insured person would be entitled to the benefit of Cumulative Bonus calculated at 100% of the basic sum insured under this policy following a claim free year. The maximum benefit of bonus is 100% of the basic sum insured.

Special Conditions

- The Cumulative Bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
- If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative Bonus shall not exceed such reduced basic sum insured.
- In the event of a claim resulting in :-**
 - Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
 - Full utilization of Basic Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
 - Full utilization of Basic Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
 - Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero"

❖ **Waiting periods (Applicable for Section 1, Section 4 and Section 9)**

The Company shall not be liable to make any payment under this policy if the hospitalization is directly or indirectly for

- Any disease contracted by the insured person during the first 30 days from the commencement date of this policy
- The following specified ailments / illness / diseases for 24 consecutive months from the inception date of this policy :-
 - Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
 - All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
 - All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
 - All types of Hernia,
 - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
 - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 - Varicose veins and Varicose ulcers
 - All types of transplant and related surgeries (Other than Bone Marrow Transplant for acute hematological malignancies and acute medical emergencies when indicated)
 - Congenital Internal disease / defect

Note: Such of those Pre-Existing Diseases which fall under waiting period II (A) to II (N) above will be covered only after 36 consecutive months of continuous coverage from the inception of this policy.

- A waiting period of 36 consecutive months of continuous coverage from the inception of this policy will apply in respect of Pre Existing Diseases as defined in the policy.

The waiting periods I, II and III above are subject to Portability Regulations.

- Buy back Pre-Existing Diseases (Optional Cover):** A waiting period of 12 consecutive months of continuous coverage from the inception of this policy will apply in respect of Pre Existing Diseases as defined in the policy.

Note: If Buy Back Pre-Existing Diseases is opted then such of those Pre-Existing Diseases which fall under waiting period II.(A) to II (N) above will be covered only after 24 consecutive months of continuous coverage from the inception of this policy.

❖ **Exclusions (Applicable for Section 1 to 9)**

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

- Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
- Congenital External Condition / Defects / Anomalies (except to the extent provided under Section 2 for New Born)
- Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
- Intentional self injury
- Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
- Venereal Disease and Sexually Transmitted Diseases,
- Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity (except to the extent provided as per "Coverage" under Section 7).

10. Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field/Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned under this exclusion.
11. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
13. Unconventional, Untested, Unproven, Experimental therapies.
14. Stem cell Therapy, Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Hospital record charges and such other charges
19. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons).
20. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization
21. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2).
22. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
23. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
24. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
25. Cochlear implants and procedure related hospitalization expenses
26. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids
27. Hospital registration charges, admission charges, telephone charges and such other charges
28. Any hospitalizations which are not Medically Necessary / does not warrant Hospitalization
29. Other Excluded Expenses as detailed in the website www.starhealth.in

Applicable for Section 10

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any injuries/conditions which are Pre-existing conditions
3. Any claim arising out of Accidents that the Insured Person has caused
 - a) intentionally or
 - b) by committing a crime / involved in it or
 - c) as a result of / in a state of drunkenness or addiction (drugs, alcohol).
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
11. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
12. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule
13. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned In Table.
14. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
15. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save human life.

Co-Payment:

This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years. This co-payment will not apply for those insured persons who have entered the policy before attaining 60 years of age and renew the policy continuously without any break. This co-payment is applicable for Section 1 A to 1 G, 11, Section 4, Section 7 and Section 9

Renewal procedure

The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period, the continuity of benefits with reference to waiting periods will be allowed.

Note:

1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from Regulator

Enhancement of Sum Insured:

Any revision in sum insured is permissible only at the time of renewal. The insured person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.

Modification of the terms of the policy

The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance

Withdrawal of the policy

The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

Free Look Period

At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows :
If the Insured has not made any claim during the free look period, the Insured shall be entitled to –

1. a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges
or
2. where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover
or
3. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
Free look period shall not be applicable at the time of renewal

Portability

This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869. The optional cover is not available for policies ported from other insurance companies.

Disclosure to information norms: The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim.

Cancellation

The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

Policy Term with 1 Year	
Period on risk	Rate of premium to be retained
Up to one month	30% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium

Policy Term with 2 Years	
Period on risk	Rate of premium to be retained
Up to one month	25% of the policy premium
Exceeding one month up to 3 months	30% of the policy premium
Exceeding 3 months up to 6 months	40% of the policy premium
Exceeding 6 months up to 9 months	50% of the policy premium
Exceeding 9 months upto 12 months	60% of the policy premium
Exceeding 12 months upto 15 months	70% of the policy premium
Exceeding 15 months upto 18 months	80% of the policy premium
Exceeding 18 months upto 21 months	90% of the policy premium
Exceeding 21 months	Full Policy Premium

SCHEDULE OF BENEFITS										
S.No.	Sum Insured (INR)	5 lacs	7.5 lacs	10 lacs	15 lacs	20 lacs	25 lacs	50 lacs	75 lacs	100 lacs
1	Room, Boarding and Nursing charges	Private Single Standard A/C	Private Single Standard A/C	Private Single Standard A/C	Private Single Standard A/C	Private Single Standard A/C	Private Single Standard A/C	Private Single Standard A/C	Private Single Standard A/C	Private Single Standard A/C
2	ICU/Operation Theatre Charges	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
3	Road Ambulance Charges (per policy period)	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
4	Air Ambulance (per policy period)	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period	Up to Rs.2,50,000 per hospitalization, not exceeding Rs.5,00,000/- per policy period
5	Pre Hospitalisation Expenses incurred	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days	Up to 60 days
6	Post Hospitalisation Expenses incurred	Up to 90 days	Up to 90 days	Up to 90 days	Up to 90 days	Up to 90 days	Up to 90 days	Up to 90 days	Up to 90 days	Up to 90 days
7a.	Delivery Charges – Normal Delivery	15,000/-	25,000/-	30,000/-	30,000/-	30,000/-	30,000/-	50,000/-	50,000/-	50,000/-
7b.	Delivery Charges – Caesarean Section	20,000/-	40,000/-	50,000/-	50,000/-	50,000/-	50,000/-	1,00,000/-	1,00,000/-	1,00,000/-
8	Waiting Period for Delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery	24 months for first delivery from first inception of the policy 24 months from claim under 7a or 7b for next delivery
9	Coverage for New Born Child (Subject to a valid claim under 7a or 7b above)	Up to 1,00,000/-	Up to 1,00,000/-	Up to 1,00,000/-	Up to 1,00,000/-	Up to 1,00,000/-	Up to 1,00,000/-	Up to 2,00,000/-	Up to 2,00,000/-	Up to 2,00,000/-
10	Vaccination Expenses for New Born (Subject to a valid claim under 7a or 7b above)	5,000/-	5,000/-	5,000/-	5,000/-	5,000/-	5,000/-	10,000/-	10,000/-	10,000/-
11	Out Patient Dental/Ophthalmic Coverage- Once in a block of every 3 years of continuous renewal	Up to 5,000/-	Up to 5,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-
12	Out Patient Medical Consultation Coverage other than Out Patient Dental/Ophthalmic	Up to 1,200/- (per Consultation limit Rs.300/-)	Up to 1,500/- (per consultation limit Rs.300/-)	Up to 2,100/- (per consultation limit Rs.300/-)	Up to 2,400/- (per consultation limit Rs.300/-)	Up to 3,000/- (per consultation limit Rs.300/-)	Up to 3,300/- (per consultation limit Rs.300/-)	Up to 5,500/- (per consultation limit Rs.300/-)	Up to 5,500/- (per consultation limit Rs.300/-)	Up to 5,500/- (per consultation limit Rs.300/-)
13	Hospital Cash upto 7 days per occurrence & upto 120 days per policy period. (1 day time excess)	500/- per day	750/- per day	750/- per day	1000/- per day	1000/- per day	1500/- per day	2500/- per day	2500/- per day	2500/- per day
14	Health Check Up once in a block of every claim free years of continuous renewal	Up to 2,000/-	Up to 2,500/-	Up to 3,000/-	Up to 4,000/-	Up to 4,500/-	Up to 4,500/-	Up to 5,000/-	Up to 5,000/-	Up to 5,000/-
15	Restoration benefit after exhaustion of sum insured (Applicable for Section 1 only)	100% (once during policy period)	100% (once during policy period)	100% (once during policy period)	100% (once during policy period)	100% (once during policy period)	100% (once during policy period)	100% (once during policy period)	100% (once during policy period)	100% (once during policy period)
16	Bariatric Surgery (per policy period)	2,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	5,00,000/-	5,00,000/-	5,00,000/-	5,00,000/-	5,00,000/-
17	Cover for Accidental Death and Permanent Total Disablement	5,00,000/-	7,50,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-	50,00,000/-	75,00,000/-	1,00,00,000/-
18	AYUSH Treatment	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	Up to 15,000/-	Up to 20,000/-	Up to 20,000/-	Up to 30,000/-	Up to 30,000/-	Up to 30,000/-
19	Wellness Program	Available	Available	Available	Available	Available	Available	Available	Available	Available
20	Buy Back Pre-Existing Diseases (Optional Cover)	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months	Available Note: PED Waiting Period reduces from 36 months to 12 months

Automatic Expiry:

The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Limit of Coverage Plus Restored Basic Sum Insured under the policy

Claim Procedure

- a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. In case of emergency hospitalization, information to be given within 24 hours after hospitalization
- f. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Tax Benefits

Payments of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.

The Company:

Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.

Star Advantages:

- No Third Party Administrator, direct in-house claims settlement.
- Faster and hassle-free claim settlement
- Cashless facility wherever possible in network hospitals.

Prohibition of Rebates: (Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale
Or
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Star Comprehensive Insurance Policy

Unique Identification No. : SHAHLIP2077V041920

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STAR HEALTH AND ALLIED INSURANCE CO LTD

REGD & CORPORATE OFFICE: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.

Premium Chart for 1 year (Excluding Tax) (in Rs.)										
Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
1A	3m-35	7,015	8,540	9,725	12,225	14,100	15,265	16,795	18,225	19,505
	36-45	8,075	10,125	11,775	14,275	16,150	17,615	19,380	21,030	22,505
	46-50	13,200	16,865	19,865	22,365	24,435	26,215	28,840	31,295	33,490
	51-55	16,100	19,635	22,395	26,410	29,875	32,140	35,355	38,365	41,055
	56-60	18,700	22,885	26,170	30,985	34,920	37,665	41,435	44,960	48,110
	61-65	25,750	30,625	34,295	40,610	44,780	47,555	52,315	56,765	60,740
	66-70	35,315	40,830	44,745	49,335	51,730	53,885	59,275	64,315	68,820
	>75	41,410	49,255	55,170	61,935	64,940	67,655	74,425	80,755	86,410
1A+1C	3m-35	9,180	11,340	13,250	16,230	18,730	21,130	23,245	25,225	26,995
	36-45	10,120	12,340	14,670	18,400	20,900	23,900	26,290	28,525	30,525
	46-50	14,240	17,170	20,710	25,710	28,210	31,210	34,335	37,255	39,865
	51-55	16,190	20,600	24,590	29,590	32,590	35,590	39,150	42,480	45,455
	56-60	19,700	26,880	32,300	37,300	40,300	43,300	47,630	51,680	55,300
	61-65	31,420	37,660	44,972	51,472	58,431	73,931	81,325	88,240	94,420
	66-70	39,280	47,080	56,220	61,770	70,120	88,720	97,595	1,05,895	1,13,310
	>75	51,070	61,210	73,090	80,310	91,160	1,15,340	1,26,875	1,37,660	1,47,300
1A+2C	3m-35	10,950	13,330	15,000	19,000	21,630	24,130	26,545	28,805	30,825
	36-45	12,020	14,490	16,540	21,540	24,810	27,810	30,595	33,200	35,525
	46-50	19,480	23,330	26,920	31,920	34,920	37,920	41,715	45,265	48,435
	51-55	20,510	24,600	29,040	34,040	37,040	40,040	44,045	47,790	51,140
	56-60	23,580	29,470	35,060	42,060	45,560	49,560	54,520	59,155	63,300
	61-65	36,990	44,059	47,226	53,726	76,588	94,088	1,03,500	1,12,300	1,20,165
	66-70	46,240	55,080	59,040	64,480	91,910	1,12,910	1,24,205	1,34,765	1,44,200
	>75	60,120	71,610	76,760	83,830	1,19,490	1,46,790	1,61,470	1,75,195	1,87,460
1A+3C	3m-35	15,590	18,990	20,950	26,450	29,810	33,310	36,645	39,760	42,545
	36-45	17,060	20,620	23,030	29,530	33,640	37,340	41,075	44,570	47,690
	46-50	23,460	28,840	33,250	43,250	48,250	52,250	57,475	62,365	66,735
	51-55	26,900	33,550	39,250	50,250	55,250	59,250	65,175	70,715	75,670
	56-60	30,270	38,010	44,900	58,900	64,400	69,400	76,340	82,830	88,630
	61-65	41,360	49,066	60,670	73,170	94,745	1,12,245	1,23,470	1,33,965	1,43,345
	66-70	51,700	61,340	75,840	87,810	1,13,700	1,34,700	1,48,170	1,60,765	1,72,020
	>75	67,210	79,750	98,600	1,14,160	1,47,810	1,75,110	1,92,625	2,09,000	2,23,630
2A	3m-35	10,420	13,310	15,560	19,560	22,560	25,060	27,570	29,915	32,010
	36-45	12,120	16,330	18,840	22,840	25,840	28,340	31,175	33,825	36,195
	46-50	22,400	28,020	33,860	37,860	40,860	43,360	47,700	51,755	55,380
	51-55	23,640	29,520	35,830	40,330	43,330	46,030	50,635	54,940	58,790
	56-60	28,560	35,670	43,470	47,970	50,970	53,670	59,040	64,060	68,545
	61-65	38,800	47,030	57,270	61,770	64,770	67,470	74,220	80,530	86,170
	66-70	48,500	58,790	71,590	74,130	77,730	80,970	89,070	96,645	1,03,415
	>75	63,050	76,430	93,070	96,370	1,01,050	1,05,270	1,15,800	1,25,645	1,34,445
2A+1C	3m-35	13,170	16,660	19,110	23,760	26,760	29,260	32,190	34,930	37,380
	36-45	14,340	18,450	21,510	26,510	29,510	32,010	35,215	38,210	40,885
	46-50	23,540	29,320	34,910	39,910	42,910	45,410	49,955	54,205	58,000
	51-55	25,810	32,280	38,750	44,250	47,450	50,150	55,165	59,855	64,045
	56-60	31,070	38,310	45,540	51,040	54,540	57,240	62,965	68,320	73,105
	61-65	49,800	59,235	72,987	81,737	97,237	1,14,737	1,26,215	1,36,945	1,46,535
	66-70	62,250	74,050	91,240	98,090	1,16,690	1,37,690	1,51,460	1,64,335	1,75,840
	>75	80,930	96,270	1,18,620	1,27,520	1,51,700	1,79,000	1,96,900	2,13,640	2,28,595
	>75	1,05,210	1,25,160	1,54,210	1,65,780	1,97,210	2,32,700	2,55,970	2,77,730	2,97,175

Premium Chart for 1 year (Excluding Tax) (in Rs.)

Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
2A+2C	3m-35	14,800	18,480	20,920	25,560	28,560	31,260	34,390	37,315	39,930
	36-45	16,410	20,260	23,520	28,520	31,520	34,220	37,645	40,845	43,705
	46-50	25,390	31,500	37,090	37,090	45,090	47,790	52,570	57,040	61,035
	51-55	28,170	34,950	41,610	46,610	50,110	53,110	58,425	63,395	67,835
	56-60	33,330	41,350	49,570	55,070	58,570	61,570	67,730	73,490	78,635
	61-65	53,400	64,384	77,414	86,164	1,01,664	1,19,164	1,31,085	1,42,230	1,52,190
	66-70	66,750	80,480	96,770	1,03,400	1,22,000	1,43,000	1,57,300	1,70,675	1,82,625
	71-75	86,780	1,04,630	1,25,810	1,34,420	1,58,600	1,85,900	2,04,490	2,21,875	2,37,410
>75	1,12,820	1,36,020	1,63,560	1,74,750	2,06,180	2,41,670	2,65,840	2,88,440	3,08,635	
2A+3C	3m-35	17,000	21,020	23,630	30,630	35,090	39,110	43,025	46,685	49,955
	36-45	19,150	22,980	26,210	33,210	37,710	41,710	45,885	49,790	53,280
	46-50	28,510	34,470	39,480	46,480	50,980	54,980	60,480	65,625	70,220
	51-55	31,200	38,380	44,000	51,500	56,000	60,500	66,550	72,210	77,265
	56-60	36,430	45,430	54,150	65,150	70,650	76,150	83,765	90,890	97,255
	61-65	56,000	66,731	81,103	93,603	1,09,103	1,26,603	1,39,265	1,51,105	1,61,685
	66-70	70,000	83,420	1,01,380	1,12,330	1,30,930	1,51,930	1,67,125	1,81,335	1,94,030
	71-75	91,000	1,08,450	1,31,800	1,46,030	1,70,210	1,97,510	2,17,265	2,35,735	2,52,240
>75	1,18,300	1,40,990	1,71,340	1,89,840	2,21,280	2,56,770	2,82,450	3,06,460	3,27,915	

Premium for Optional Cover Premium Excluding Tax (in Rs)		
Age band in years	Additional premium to be paid	
	1-year policies	2-year policies
3m-35	20%	10%
36-45	30%	15%
46-50	35%	17.5%
Above 50	50%	25%

Premium for midterm inclusion :- Policy Term 1 Year					
Risk period up to	1 mth	3 mths	6 mths	9 mths	> 9 mths
Refund on existing plan's premium	74%	60%	40%	20%	NA
% to be charged on proposed plan's premium	74%	60%	40%	20%	

Premium Chart for 2 years (Excluding Tax) (In Rs.)

Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
1A	3m-35	13,545	16,495	18,785	23,625	27,250	29,505	32,465	35,230	37,705
	36-45	15,595	19,560	22,750	27,590	31,215	34,050	37,465	40,655	43,510
	46-50	25,510	32,600	38,405	43,240	47,245	50,685	55,765	60,515	64,760
	51-55	31,120	37,960	43,295	51,065	57,770	62,150	68,370	74,195	79,395
	56-60	36,150	44,245	50,600	59,915	67,530	72,840	80,130	86,950	93,045
	61-65	49,790	59,220	66,320	78,535	86,605	91,970	1,01,180	1,09,790	1,17,480
	66-70	68,290	78,960	86,535	95,415	1,00,050	1,04,215	1,14,645	1,24,395	1,33,110
	71-75	80,085	95,260	1,06,705	1,19,790	1,25,605	1,30,855	1,43,955	1,56,200	1,67,140
>75	1,04,895	1,24,155	1,38,535	1,54,370	1,61,860	1,68,630	1,85,500	2,01,275	2,15,370	
1A+1C	3m-35	17,730	21,910	25,605	31,370	36,205	40,850	44,940	48,770	52,195
	36-45	19,550	23,845	28,355	35,570	40,405	46,210	50,835	55,155	59,025
	46-50	27,520	33,190	40,040	49,710	54,545	60,350	66,395	72,045	77,095
	51-55	31,295	39,825	47,545	57,215	63,020	68,825	75,710	82,155	87,910
	56-60	38,085	51,975	62,460	72,130	77,935	83,740	92,115	99,950	1,06,955
	61-65	60,755	72,830	86,975	99,550	1,13,010	1,42,995	1,57,300	1,70,680	1,82,635
	66-70	75,965	91,050	1,08,735	1,19,470	1,35,625	1,71,610	1,88,780	2,04,835	2,19,180
	71-75	98,770	1,18,390	1,41,370	1,55,340	1,76,330	2,23,105	2,45,420	2,66,285	2,84,935
>75	1,28,430	1,53,925	1,83,795	2,01,960	2,29,240	2,90,065	3,19,070	3,46,205	3,70,445	
1A+2C	3m-35	21,155	25,760	28,990	36,730	41,815	46,655	51,325	55,700	59,605
	36-45	23,225	28,005	31,970	41,645	47,970	53,775	59,160	64,200	68,700
	46-50	37,660	45,105	52,050	61,725	67,530	73,330	80,675	87,540	93,675
	51-55	39,650	47,565	56,155	65,825	71,630	77,435	85,180	92,425	98,905
	56-60	45,590	56,985	67,800	81,340	88,110	95,850	1,05,445	1,14,415	1,22,430
	61-65	71,535	85,210	91,335	1,03,910	1,48,135	1,81,995	2,00,200	2,17,225	2,32,440
	66-70	89,425	1,06,530	1,14,190	1,24,715	1,77,780	2,18,405	2,40,255	2,60,685	2,78,940
	71-75	1,16,280	1,38,510	1,48,470	1,62,150	2,31,135	2,83,950	3,12,350	3,38,900	3,62,630
>75	1,51,180	1,80,080	1,93,025	2,10,805	3,00,490	3,69,150	4,06,070	4,40,590	4,71,440	

Premium Chart for 2 years (Excluding Tax) (In Rs.)										
Plan type	Age band	500000	750000	1000000	1500000	2000000	2500000	5000000	7500000	10000000
1A+3C	3m-35	30,135	36,710	40,500	51,140	57,640	64,415	70,865	76,890	82,280
	36-45	32,975	39,865	44,525	57,100	65,050	72,210	79,435	86,195	92,235
	46-50	45,360	55,765	64,295	83,645	93,315	1,01,055	1,11,160	1,20,625	1,29,075
	51-55	52,015	64,880	75,905	97,185	1,06,860	1,14,595	1,26,060	1,36,775	1,46,360
	56-60	58,530	73,505	86,835	1,13,920	1,24,560	1,34,230	1,47,660	1,60,215	1,71,435
	61-65	79,985	94,895	1,17,345	1,41,525	1,83,265	2,17,120	2,38,835	2,59,140	2,77,285
	66-70	99,990	1,18,640	1,46,690	1,69,850	2,19,935	2,60,560	2,86,620	3,10,985	3,32,760
	>75	1,29,995	1,54,255	1,90,720	2,20,825	2,85,925	3,38,735	3,72,620	4,04,300	4,32,600
2A	3m-35	20,130	25,720	30,075	37,815	43,615	48,455	53,310	57,845	61,900
	36-45	23,420	31,565	36,420	44,160	49,960	54,800	60,285	65,410	69,995
	46-50	43,305	54,180	65,475	73,215	79,020	83,855	92,250	1,00,095	1,07,110
	51-55	45,705	57,080	69,290	77,995	83,800	89,020	97,930	1,06,260	1,13,705
	56-60	55,225	68,980	84,070	92,775	98,580	1,03,800	1,14,190	1,23,900	1,32,580
	61-65	75,035	90,955	1,10,765	1,19,470	1,25,275	1,30,500	1,43,555	1,55,765	1,66,675
	66-70	93,800	1,13,705	1,38,470	1,43,385	1,50,345	1,56,615	1,72,285	1,86,940	2,00,035
	>75	1,21,950	1,47,830	1,80,025	1,86,410	1,95,460	2,03,625	2,23,995	2,43,045	2,60,065
2A+1C	3m-35	25,450	32,205	36,940	45,940	51,740	56,580	62,245	67,545	72,285
	36-45	27,715	35,665	41,585	51,260	57,060	61,900	68,100	73,895	79,070
	46-50	45,510	56,695	67,510	77,180	82,985	87,820	96,615	1,04,835	1,12,180
	51-55	49,905	62,420	74,935	85,580	91,770	96,990	1,06,695	1,15,765	1,23,875
	56-60	60,080	74,085	88,075	98,715	1,05,485	1,10,710	1,21,785	1,32,145	1,41,400
	61-65	96,315	1,14,570	1,41,170	1,58,100	1,88,085	2,21,940	2,44,145	2,64,905	2,83,455
	66-70	1,20,400	1,43,230	1,76,485	1,89,735	2,25,720	2,66,345	2,92,985	3,17,890	3,40,150
	>75	1,56,540	1,86,215	2,29,450	2,46,670	2,93,450	3,46,260	3,80,890	4,13,275	4,42,210
2A+2C	3m-35	28,605	35,725	40,445	49,420	55,225	60,445	66,505	72,160	77,220
	36-45	31,720	39,165	45,475	55,145	60,950	66,175	72,800	78,990	84,525
	46-50	49,090	60,910	71,725	81,400	87,205	92,425	1,01,675	1,10,320	1,18,050
	51-55	54,470	67,585	80,470	90,145	96,915	1,02,720	1,13,000	1,22,615	1,31,205
	56-60	64,450	79,965	95,870	1,06,510	1,13,280	1,19,085	1,31,000	1,42,145	1,52,100
	61-65	1,03,280	1,24,530	1,49,735	1,66,665	1,96,650	2,30,505	2,53,565	2,75,130	2,94,395
	66-70	1,29,105	1,55,665	1,87,180	2,00,010	2,35,990	2,76,615	3,04,280	3,30,155	3,53,275
	>75	1,67,855	2,02,390	2,43,360	2,60,020	3,06,795	3,59,610	3,95,575	4,29,205	4,59,260
2A+3C	3m-35	32,860	40,635	45,685	59,230	67,855	75,635	83,210	90,290	96,615
	36-45	37,020	44,430	50,680	64,220	72,925	80,665	88,740	96,295	1,03,045
	46-50	55,125	66,655	76,350	89,890	98,595	1,06,335	1,16,975	1,26,930	1,35,820
	51-55	60,330	74,220	85,095	99,605	1,08,310	1,17,015	1,28,720	1,39,670	1,49,450
	56-60	70,450	87,860	1,04,730	1,26,010	1,36,650	1,47,290	1,62,025	1,75,805	1,88,120
	61-65	1,08,310	1,29,070	1,56,875	1,81,055	2,11,040	2,44,895	2,69,390	2,92,295	3,12,765
	66-70	1,35,395	1,61,355	1,96,100	2,17,285	2,53,265	2,93,895	3,23,290	3,50,780	3,75,340
	>75	1,76,020	2,09,780	2,54,950	2,82,480	3,29,255	3,82,070	4,20,290	4,56,020	4,87,950
		2,28,835	2,72,730	3,31,445	3,67,235	4,28,055	4,96,715	5,46,395	5,92,845	6,34,350

Premium for midterm inclusion :- Policy Term 2 Years										
Risk period up to	1 mth	3 mths	6 mths	9 mths	12 mths	15 mths	18 mths	21 mths	> 21 mths	
Retention on existing plan's premium	23%	30%	40%	50%	60%	70%	80%	90%	NA	
Refund on existing plan's premium	77%	70%	60%	50%	40%	30%	20%	10%		
% to be charged on proposed plan's premium	77%	70%	60%	50%	40%	30%	20%	10%		