STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034.Phone:044- 28288800
Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone: 044 - 4788 6666
★ Email : support@starhealth.in ★ Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - Super Surplus Insurance Policy

Unique Identification No.: SHAHLIP22035V062122

Super Surplus Insurance Policy is a top-up plan with sum insured on individual. There are two plans viz. Gold Plan and Silver Plan available under this policy

❖ **Eligibility**
- Any person aged between 18 years and 65 years can take this insurance. Beyond 65 years, only renewals are allowed. Economically dependent children aged from 91 days to 25 years can be covered with parents.
- Family means self, spouse and economically dependent children not over 25 years of age.
- In case of economically dependent children, when they complete 25 yrs of age, a separate policy has to be taken. In such an event, continuity of benefits in terms of waiting period will be provided.

❖ **Pre-acceptance medical screening:** No pre-acceptance medical screening. However the proposer has to submit all the past medical records of the person proposed for insurance.

❖ **What is the policy term:** 1 Year / 2 Years. For policies more than one year, the basic sum insured is for each year, without carry over benefit thereof.
Note: Where the policy is issued for more than 1 year, the Sum Insured including Deductibles / Defined limit is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year cannot be utilized in the 1st year itself. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year

❖ **Long Term Discount** : If the policy term opted is 2 years, discount available is 5% .
Example of Long term discount :
Two Year premium = (Yearly Premium x 2) Less 5% discount

❖ **Family means Self, Spouse and 3 dependent children.**

❖ **How many plans available?**
There are two plans available;
Gold Plan
Silver Plan

❖ **Instalment Facility available:** Premium can be paid Quarterly and Half yearly. Premium can also be paid Annual and Biennial (Once in 2 years)
Note: If premium is paid on instalment basis, long term discount of 5% is not available

GOLD PLAN

❖ **What are the sum insured and the respective defined limits available?**

Sum Insured Rs.	Defined Limit Rs.
5,00,000/-, 7,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-, 50,00,000/-, 75,00,000/-, 100,00,000/-	3,00,000/-
5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-, 50,00,000/-, 75,00,000/-, 100,00,000/-	5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-
Note: Defined Limit once opted cannot be changed either during the currency of the policy or at the time of renewal	

❖ **What are the benefits available under Gold Plan ?**

A) Room (**Single Private A/C room**), Boarding, nursing expenses as provided by the Hospital / Nursing Home.
Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room category stated in the policy or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees. Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

C) **Emergency ambulance charges** up-to a sum of Rs.3000/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalization claim is admissible as per the Policy.

D) **Air Ambulance expenses** Subject to an admissible hospitalization claim, the insured person is eligible for reimbursement, expenses incurred towards cost of air ambulance up-to 10% of the sum insured, provided the same is availed on the advices of the treating medical practitioner / Hospital. Air ambulance is payable for only from the place of first occurrence of illness / accident to the nearest appropriate hospital. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s. This is applicable for sum insured of Rs.7 lacs and above.

E) **E-Medical Opinion:** The Insured Person is given the facility of obtaining "E Medical Opinion" from the Company's expert panel.
Subject to the following conditions :-
- This should be specifically requested for by the Insured Person
- This opinion is given without examining the patient, based only on the medical records submitted.
- The opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the opinion provided by the Medical Practitioner is outside the scope of this policy.

F) **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.

G) **Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital

H) **Delivery Expenses** for a Delivery including Delivery by Caesarean section (including pre-natal, post-natal expenses and lawful medical termination of pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable *while the policy is in force.*

Special Conditions
1. This Benefit is subject to a waiting period of 12 months from the date of commencement of first Super Surplus Insurance Policy and continuous renewal thereof with the company.
2. Pre-hospitalization and Post Hospitalization expenses are not applicable for this benefit.
3. This cover is available only when both Self and Spouse are covered under this policy
4. The policy covering the self and spouse are in force when this benefit becomes payable.
5. Claims under this section will not reduce the Sum Insured

I) **Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable.

J) **Coverage for Modern Treatments:** The expenses payable during the entire policy period for the following treatment/procedure (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below:-

Sum Insured Rs.	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
Treatment / Procedure	Limit per person per policy period for each treatment / procedure Rs.				
Uterine artery Embolization and HIFU	1,25,000	1,25,000	1,50,000	1,75,000	2,00,000
Balloon Sinuplasty	50,000	50,000	1,00,000	1,25,000	1,50,000
Deep Brain Stimulation	2,50,000	2,50,000	3,00,000	4,00,000	4,50,000
Oral Chemotheraphy*	1,25,000	1,25,000	2,00,000	2,50,000	2,75,000
Immunotheraphy-Monoclonal Antibody to be given as injection	2,50,000	2,75,000	4,00,000	5,00,000	5,50,000
Intra Vitreal injections	50,000	60,000	75,000	1,00,000	1,25,000
Robotic surgeries	2,50,000	2,75,000	3,00,000	4,00,000	4,50,000
Stereotactic radio surgeries	2,00,000	2,75,000	2,25,000	2,50,000	2,75,000
Bronchical Thermoplasty	Upto Sum Insured				
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)					
IONM-(Intra Operative Neuro Monitoring)					
Stemcell Theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	2,50,000	2,75,000	3,00,000	4,00,000	4,50,000

Sum Insured Rs.	25,00,000	50,00,000	75,00,000	1,00,00,000
Treatment / Procedure	Limit per person per policy period for each treatment / procedure Rs.			
Uterine artery Embolization and HIFU	2,00,000	2,25,000	2,50,000	3,00,000
Balloon Sinuplasty	1,50,000	1,75,000	2,00,000	2,00,000
Deep Brain Stimulation	5,00,000	6,00,000	7,00,000	7,50,000
Oral Chemotheraphy*	3,00,000	4,00,000	5,00,000	6,00,000
Immunotherapy-Monoclonal Antibody to be given as injection	6,00,000	7,50,000	9,00,000	10,00,000
Intra Vitreal injections	1,50,000	1,75,000	2,00,000	2,00,000
Robotic surgeries	5,00,000	6,00,000	7,00,000	7,50,000
Stereotactic radio surgeries	3,00,000	3,50,000	3,75,000	4,00,000
Bronchical Thermoplasty	Upto Sum Insured			
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)				
IONM-(Intra Operative Neuro Monitoring)				
Stemcell Theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions	5,00,000	7,50,000	9,00,000	10,00,000

* Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization

K) AYUSH Treatment: Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.
Note : Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

L) Recharge Benefit: If the sum insured under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. The unutilized Recharge amount cannot be carried forward. This benefit is not available for Modern Treatments

Defined Limit Rs.	Recharge Limit Rs.
3,00,000/-	50,000/-
5,00,000/-	75,000/-
10,00,000/-	1,00,000/-
15,00,000/- and above	2,50,000/-

Note (Applicable for Benefits A to K)

1. All Day care procedures are covered
2. Expenses on Hospitalization for minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day
3. The Company's liability will begin only when the aggregate of the hospitalization expenses admissible under this policy during this policy period exceed the Defined limit. The amount payable shall be the amount in excess of the **defined limit,** however not exceeding the Sum Insured for the policy period.
4. For the purpose of calculating the Defined limit the pre-hospitalization and post-hospitalization expenses will not be taken into account.

M) Wellness Services: The following wellness services can be availed through "Star Health" Mobile App.

1. **Online Chat with Doctor:** Insured can consult qualified healthcare professionals at their convenience. The Doctor Chat feature allows Insured to "Chat" with qualified Doctors, to help Insured with advice and quick consultations including on Diet & Nutrition and Second Medical Opinion. They do not prescribe any medications or diagnose any health issues.
2. **Medical Concierge Services:** The Insured can also contact Star Health to avail the following services: - Emergency assistance information such as nearest ambulance / hospital / blood bank etc.
3. **Period & Fertility Tracker:** The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.
4. **Digital Health Vault:** A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.
5. **Wellness Content:** The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.
6. **Health Quiz & Gamification:**
   - The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
   - Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.
7. **Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
8. **Discounts from Network Providers:** The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

   Terms and conditions under wellness activity
   - Any information provided by the Insured in this regard shall be kept confidential.
   - Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.
   - No activity, report, document, receipt can be submitted in the last month of each policy year.
   - For services that are provided through empaneled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.
   - All medical services are being provided by empaneled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion.
   - Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.
   - Services offered are subject to guidelines issued by IRDAI from time to time.
   - In case of newly wedded / married spouse or new born baby included in midterm, the wellness benefit will be available only after completion of 1 year of insurance cover.

❖ **What is the special feature of this Gold plan?**

The Company's liability under the policy will begin when the aggregate of the admissible hospitalization expenses during the policy period exceed the Defined limit. The amount payable shall be the amount in excess of the Defined limit**,** however not exceeding the Sum Insured for the policy period.

The Proposer can opt at the beginning of 6th year before renewal of this policy or later during any successive renewal, for an Indemnity Health Insurance policy without defined limit offered by the Company (subject to underwriting) with continuity of benefits for the average sum insured of immediately preceding 5 years period subject to the following :-

a) All Insured Persons are insured with the Company under this policy before the age of 50 years and have been continuously renewed without any break
b) No claim has been made during the immediately preceding 5 years
c) The proposer should exercise this option for all the insured persons.
d) This policy shall not be further renewed if the option is exercised

❖ **What is defined limit and how does it work when there is a claim during the policy period?**

Defined Limit means the limit of admissible claim amount as per the terms of the policy, opted for and mentioned in the Schedule of the policy, up to which the Company will not be liable during the policy period

Scenario	Claim No.	Sum Insured under the policy (Rs.)	Defined Limit under the policy (Rs.)	Hospitalization Amount (Rs.)	Defined Limit applied for claim (Rs.)	Claim Payable (Rs.)	Balance Sum Insured available for next claim (Rs.)
1	1	10,00,000	3,00,000	3,00,000	3,00,000	0	10,00,000
	2			6,00,000	0	6,00,000	4,00,000
	3			6,00,000	0	4,00,000	0
2	1	10,00,000	3,00,000	6,00,000	3,00,000	3,00,000	7,00,000
	2			5,00,000	0	5,00,000	2,00,000
	3			3,00,000	0	2,00,000	0

SILVER PLAN

❖ **What are the sum insured and the respective deductibles?**

Sum Insured Rs.	Deductible Rs.
7,00,000/-	3,00,000/-
10,00,000/-	3,00,000/-
Note: Deductible opted cannot be changed at the time of renewal	

❖ **What are the benefits available under Silver Plan?**

A) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home subject to a maximum of Rs.4,000/- per day.

Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room category stated in the policy or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

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, cost of Pacemaker and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

D) **Pre-hospitalization Expenses:** Medical expenses incurred up to 30 days immediately before the insured person is hospitalized.

E) **Post Hospitalization Expenses:** Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital

F) **Coverage for Modern Treatments**: The expenses payable during the entire policy period for treatment of the following treatment/procedure (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below:-

Sum Insured in Rs.	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per person per policy period for each treatment / procedure Rs.					
7,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,75,000/-	60,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-

Sum Insured in Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person per policy period for each treatment / procedure Rs.					
7,00,000/-	2,75,000/-	2,75,000/-	Up to Sum Insured			2,75,000/-
10,00,000/-	3,00,000/-	3,00,000/-				3,00,000/-

* Sublimit all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization

G) **AYUSH Treatment:** Medical expenses for Inpatient Hospitalization incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the sum insured.

Note : Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

Note

1. For the purpose of calculating the Deductible per hospitalization, **pre hospitalization expenses** and **post hospitalization expenses** will not be taken into account
2. All Day care procedures are covered
3. Expenses on Hospitalization for minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day

❖ **What is the special feature of this Silver plan?**

Under this plan, the policy comes into operation when the per hospitalization expenses exceeds deductible opted.

Scenario	Claim No.	Sum Insured under the policy (Rs.)	Deductible Limit under the policy (Rs.)		Deductible Limit applied for claim (Rs.)	Claim Payable (Rs.)	Balance Sum Insured available for next claim (Rs.)
1	1	10,00,000	3,00,000	3,00,000	3,00,000	0	10,00,000
	2			6,00,000	3,00,000	3,00,000	7,00,000
	3			9,00,000	3,00,000	6,00,000	1,00,000

❖ **Exclusions (Applicable for Both Silver and Gold Plan):** 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;

1. Pre-Existing Diseases - Code Excl 01

A. **Applicable for Silver Plan:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
Applicable for Gold Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer.

B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

D. **Applicable for Silver Plan:** Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
Applicable for Gold Plan: Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease / procedure waiting period - Code Excl 02

A. **Applicable for Silver Plan:** Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
Applicable for Gold Plan: Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

F. List of specific diseases/procedures;

1. 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
2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
3. 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]
4. 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),
5. 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.
6. All types of Hernia,
7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,

8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
10. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
12. Varicose veins and Varicose ulcers
13. All types of transplant and related surgeries
14. Congenital Internal disease / defect

3. **30-day waiting period - Code Excl 03**
   A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
   C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
4. **Investigation & Evaluation - Code Excl 04**
   A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
   1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
6. **Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
   A. Surgery to be conducted is upon the advice of the Doctor.
   B. The surgery/Procedure conducted should be supported by clinical protocols.
   C. The member has to be 18 years of age or older and,
   D. Body Mass Index (BMI);
      1. greater than or equal to 40 or
      2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
         a. Obesity-related cardiomyopathy
         b. Coronary heart disease
         c. Severe Sleep Apnea
         d. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **- Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **- Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **- Code Excl 14**
15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres
16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes:
    a. Any type of contraception, sterilization.
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.
    c. Gestational Surrogacy.
    d. Reversal of sterilization.
18. **Maternity - Code Excl 18: (except to the extent covered under Delivery expenses)**
    a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
    b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
19. Circumcision(unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA **- Code Excl 19**
20. Congenital External Condition / Defects / Anomalies **- Code Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states **- Code Excl 21**
22. Intentional self injury **- Code Excl 22**
23. 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) **- Code Excl 24**
24. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials **- Code Excl 25**
25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies **- Code Excl 26**
26. Unconventional, Untested, Experimental therapies **- Code Excl 27**
27. Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy **- Code Excl 28**
28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted **- Code Excl 29**
29. All treatment for Priapism and erectile dysfunctions **- Code Excl 30**
30. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons) **- Code Excl 31**
31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) **- Code Excl 32**
32. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders **- Code Excl 33**
33. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **- Code Excl 34**
34. Cochlear implants and procedure related hospitalization expenses **- Code Excl 35**
35. Expenses incurred for treatment of diseases/illness/accidental injuries which does not warrant hospitalization **- Code Excl 36**
36. Other Excluded Expenses as detailed in our website www.starhealth.in **- Code Excl 37**
37. Existing disease/s, disclosed by the Insured and mentioned in the policy schedule under Permanent Exclusion (based on Insured's consent) **- Code Excl 38**
38. Any medical expenses incurred towards treatment of New Born Baby **- Code Excl 44**

❖ **Moratorium Period (Applicable for both Silver and Gold Plan):** After completion of sixty continuous months of coverage (including portability and migration) under the health insurance policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud, nondisclosure, misrepresentation and exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

❖ **What is a claim procedure? (Applicable for both Silver and Gold Plan)**

1. **Claim Settlement**

A. **Condition Precedent to Admission of Liability**: The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy

B. **Documents for Cashless Treatment**
   a. For assistance call 24 hour help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888.
   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-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.

e. The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company

f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.

g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.

h. In case of emergency hospitalization information to be given within 24 hours after hospitalization

i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

Note: The Company reserves the right to call for additional documents wherever required.

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

C. **For Reimbursement claims**: Time limit for submission of;

Sl.No.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	**Siler Plan:** within 15 days after completion of 60 days from the date of discharge from hospital **Gold Plan:** within 15 days after completion of 90 days from the date of discharge from hospital

D. **Notification of Claim:** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

Note: Conditions C and D are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

E. **Document to be submitted**

a. Duly completed claim form, and

b. Pre Admission investigations and treatment papers.

c. Discharge Summary from the hospital

d. Cash receipts from hospital, chemists

e. Cash receipts and reports for tests done

f. Receipts from doctors, surgeons, anaesthetist

g. Certificate from the attending doctor regarding the diagnosis.

h. Copy of PAN card

i. Address proof

j. KYC (Identity proof with Address) of the proposer as per AML Guidelines

k. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code

l. CKYC No. of the proposer (if available)

Note: For assistance call 24 hour help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888.

F. **For Obtaining Medical opinion Second Opinion (Applicable for Gold Plan)**

a. Send mail to e_medicalopinion@starhealth.in attaching scanned copies of medical reports about which the insured seeks the second opinion

b. The response will be communicated by email

G. **Applicable for Gold Plan:** Intimation of all hospitalizations during the policy period irrespective of whether a claim is made or not must be given to the Company within 15 days of its occurrence

For both Reimbursement and Cashless claims: certified true copies of the bills, receipts, discharge summary and other medical documents will be accepted, provided

- such hospitalization is claimed from any other source, up to the 'defined limits' opted for and
- such documents are certified as true copies by the company / body, if any, from which claim was made up to the 'defined limits'.

H. **Complete Discharge:** Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

I. **Multiple Policies**

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

J. **Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

❖ **What is renewal procedure?(Applicable for Both Silver and Gold Plan)**

Renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

1. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
2. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
3. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
4. Coverage is not available during the grace period.
5. No loading shall apply on renewals based on individual claims experience

❖ **Instalment Premium Options:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly, as mentioned in the policy Schedule / Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

a. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.

b. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.

c. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

d. No interest will be charged If the instalment premium is not paid on due date

e. In case of instalment premium due not received within the grace period, the policy will get cancelled.

f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

g. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

h. For premium paid in instalments during the policy period, coverage is available during the grace period also

❖ **Can the sum insured under the policy be reduced or enhanced?**

Reduction or enhancement of sum insured is permissible only at the time of renewal.

Enhancement of sum insured is subject to no claim being lodged or paid under this policy, both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of additional sum insured by way of such enhancement shall be subject to the following terms

1. **Exclusion Code - Excl 01, Exclusion Code - Excl 02 and Exclusion Code - Excl 03** shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.
2. Waiting Periods as under shall apply afresh from the date of such enhancement for the additional sum insured in respect of diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods;
   i) **For Silver Plan:** 36 months of continuous coverage without break
   ii) **For Gold Plan:** 12 months of continuous coverage without break
3. The above applies to each relevant insured person

❖ **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on

Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

- **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

  For Detailed Guidelines on portability, kindly refer the link
  https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

- **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, may revise or modify the terms of the policy including premium rates as per the extant Guidelines. The insured person shall be notified thirty days before the changes are effected.

- **Withdrawal of the policy**
  1. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
  2. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

- **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

  The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

  If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to

  I. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person

  ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

  iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

- **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.

- **Cancellation**
  i. The Policyholder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall
  a. refund proportionate premium for unexpired policy period, if policy term is upto one year and there is no claim (s) made during the policy period.
  b. refund premium for the unexpired policy period, in respect of policies with policy term more than 1 year and risk coverage for such policy years has not commenced.
  ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

  Note: In case of longterm policies refund will be given after adjusting long term discount availed by the insured/policy holder

- **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, the cover for the surviving members of the family will continue, subject to other terms of the policy.
  - ✓ Upon exhaustion of the sum insured under the policy

- **How much does it cost to take this insurance?**
  The premium sheet is attached

- **Redressal of Grievance**: Incase of any grievance the insured person may contact the Company through

  Website : www.starhealth.in
  E-mail : gro@starhealth.in, grievances@starhealth.in
  Ph. No. : 044-69006aji Complex, No.15, Whites Lane, Whites Road, Royapettah, 900 | Toll Free No. 1800 425 2255
  Senior Citizens may call at 044-69007500
  Courier/Post : Star Health and Allied Insurance Company Limited., 4th Floor, BalChennai- 600014

  Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

  If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.

  For updated details of grievance officer, kindly refer the link

  https://www.starhealth.in/grievance-redressal

  If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman

  of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

  Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

- **Is there any Income Tax Benefit?**

  Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.

- **What are the discounts available in the premium?**

  A discount of 5% is allowable for On-line purchase. This discount is available for first purchase only.

- **Excluded Hospitals (providers):** Insured can refer the company website using the following link to get the list of excluded hospitals.

  https://www.starhealth.in/lookup/hospital/#excluded-hospital

- **How to buy this insurance?**

  All that needs to be done is to call the nearest office

- **Important Note:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

- **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): 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 lakhs rupees.

1 YEAR PREMIUM CHART (Excluding Tax)

SILVER PLAN

Deductible Rs.3,00,000/-

Age in Yrs	Sum Insured (Rs.)	
	7,00,000	10,00,000
91days-35	1,165	1,460
36-45	1,460	1,820
46-50	1,820	2,275
51-55	2,025	2,530
56-60	2,130	2,660
61-65	2,240	2,800
66-70	2,580	3,220
71-75	2,965	3,705
76-80	3,410	4,260
Above 80	3,920	4,900

GOLD PLAN

Defined Rs.3,00,000/-

Family size	Age-band	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-35	1,530	1,835	2,140	2,675	3,210	3,690	4,335	4,770	5,005
	36-45	1,960	2,350	2,745	3,430	4,115	4,730	5,555	6,110	6,420
	46-50	2,545	3,055	3,565	4,455	5,345	6,150	7,225	7,945	8,345
	51-55	3,055	3,665	4,280	5,345	6,415	7,375	8,670	9,535	10,010
	56-60	3,515	4,215	4,920	6,150	7,375	8,485	9,965	10,965	11,510
	61-65	4,215	5,060	5,900	7,375	8,850	10,180	11,960	13,155	13,815
	66-70	4,850	5,820	6,785	8,485	10,180	11,705	13,755	15,130	15,885
	71-75	5,575	6,690	7,805	9,755	11,705	13,460	15,815	17,400	18,270
	76-80	6,410	7,695	8,975	11,220	13,460	15,480	18,190	20,005	21,010
	Above 80	7,375	8,845	10,320	12,900	15,480	17,800	20,915	23,010	24,160

Defined Rs.5,00,000/-

Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-35	1,225	1,715	2,140	2,570	2,950	3,470	3,815	4,005
	36-45	1,570	2,195	2,745	3,290	3,785	4,445	4,890	5,135
	46-50	2,040	2,855	3,565	4,280	4,920	5,780	6,355	6,675
	51-55	2,445	3,425	4,280	5,135	5,900	6,935	7,630	8,010
	56-60	2,810	3,935	4,920	5,900	6,785	7,975	8,770	9,210
	61-65	3,375	4,720	5,900	7,080	8,145	9,570	10,525	11,050
	66-70	3,880	5,430	6,785	8,145	9,365	11,005	12,105	12,710
	71-75	4,460	6,245	7,805	9,365	10,770	12,655	13,920	14,615
	76-80	5,130	7,180	8,975	10,770	12,385	14,550	16,005	16,805
	Above 80	5,900	8,255	10,320	12,385	14,240	16,735	18,405	19,325

Defined Rs.10,00,000/-

Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-35	920	1,285	1,605	1,925	2,215	2,600	2,860	3,005
	36-45	1,175	1,645	2,060	2,470	2,840	3,335	3,670	3,850
	46-50	1,530	2,140	2,675	3,210	3,690	4,335	4,770	5,005
	51-55	1,835	2,570	3,210	3,850	4,425	5,200	5,720	6,005
	56-60	2,110	2,950	3,690	4,425	5,090	5,980	6,580	6,910
	61-65	2,530	3,540	4,425	5,310	6,110	7,175	7,895	8,290
	66-70	2,910	4,075	5,090	6,110	7,025	8,255	9,080	9,530
	71-75	3,345	4,685	5,855	7,025	8,080	9,490	10,440	10,960
	76-80	3,850	5,385	6,730	8,080	9,290	10,915	12,005	12,605
	Above 80	4,425	6,195	7,740	9,290	10,680	12,550	13,805	14,495

A=Adult

Defined Rs.15,00,000/-									
Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-35	690	965	1,205	1,445	1,660	1,950	2,145	2,255
	36-45	885	1,235	1,545	1,850	2,130	2,500	2,750	2,890
	46-50	1,150	1,605	2,005	2,405	2,770	3,250	3,575	3,755
	51-55	1,375	1,925	2,405	2,890	3,320	3,900	4,290	4,505
	56-60	1,585	2,215	2,770	3,320	3,820	4,485	4,935	5,180
	61-65	1,900	2,655	3,320	3,985	4,580	5,385	5,920	6,220
	66-70	2,185	3,055	3,820	4,580	5,270	6,190	6,810	7,150
	71-75	2,510	3,515	4,390	5,270	6,060	7,120	7,830	8,220
	76-80	2,885	4,040	5,050	6,060	6,965	8,185	9,005	9,455
	Above 80	3,320	4,645	5,805	6,965	8,010	9,415	10,355	10,875

Defined Rs.20,00,000/-									
Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-35	550	770	965	1,155	1,330	1,560	1,720	1,805
	36-45	705	990	1,235	1,480	1,705	2,000	2,200	2,310
	46-50	920	1,285	1,605	1,925	2,215	2,600	2,860	3,005
	51-55	1,100	1,540	1,925	2,310	2,655	3,120	3,435	3,605
	56-60	1,265	1,770	2,215	2,655	3,055	3,590	3,950	4,145
	61-65	1,520	2,125	2,655	3,190	3,665	4,305	4,740	4,975
	66-70	1,745	2,445	3,055	3,665	4,215	4,955	5,450	5,720
	71-75	2,010	2,810	3,515	4,215	4,850	5,695	6,265	6,580
	76-80	2,310	3,235	4,040	4,850	5,575	6,550	7,205	7,565
	Above 80	2,655	3,715	4,645	5,575	6,410	7,530	8,285	8,700

Defined Rs.25,00,000/-									
Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-35	470	620	770	925	1,065	1,250	1,375	1,445
	36-45	565	790	990	1,185	1,365	1,600	1,760	1,850
	46-50	735	1,030	1,285	1,540	1,770	2,080	2,290	2,405
	51-55	880	1,235	1,540	1,850	2,125	2,500	2,750	2,885
	56-60	1,015	1,420	1,770	2,125	2,445	2,870	3,160	3,315
	61-65	1,215	1,700	2,125	2,550	2,935	3,445	3,790	3,980
	66-70	1,400	1,955	2,445	2,935	3,375	3,965	4,360	4,575
	71-75	1,610	2,250	2,810	3,375	3,880	4,555	5,010	5,265
	76-80	1,850	2,585	3,235	3,880	4,460	5,240	5,765	6,050
	Above 80	2,125	2,975	3,715	4,460	5,130	6,025	6,630	6,960

A=Adult

2 YEAR PREMIUM CHART (Excluding Tax)

SILVER PLAN		
Deductible Rs.3,00,000/-		
Age in Yrs	Sum Insured (Rs.)	
	7,00,000	10,00,000
91days-34	2,214	2,774
35	2,494	3,116
36-44	2,774	3,458
45	3,116	3,890
46-49	3,458	4,323
50	3,653	4,565
51-54	3,848	4,807
55	3,947	4,931
56-59	4,047	5,054
60	4,152	5,187
61-64	4,256	5,320
65	4,579	5,719
66-69	4,902	6,118
70	5,268	6,579
71-74	5,634	7,040
75	6,056	7,567
76-79	6,479	8,094
80	6,964	8,702
Above 80	7,448	9,310

GOLD PLAN

Defined Rs.3,00,000/-

Family size	Age-band	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-34	2,905	3,485	4,065	5,080	6,095	7,010	8,235	9,055	9,510
	35	3,315	3,975	4,635	5,795	6,955	7,995	9,395	10,335	10,850
	36-44	3,720	4,465	5,210	6,510	7,815	8,985	10,555	11,610	12,190
	45	4,280	5,135	5,990	7,485	8,985	10,330	12,140	13,355	14,020
	46-49	4,835	5,805	6,770	8,465	10,155	11,680	13,720	15,095	15,850
	50	5,320	6,385	7,450	9,310	11,170	12,845	15,095	16,605	17,435
	51-54	5,805	6,965	8,125	10,155	12,185	14,015	16,465	18,110	19,020
	55	6,240	7,485	8,735	10,915	13,100	15,065	17,700	19,470	20,445
	56-59	6,675	8,010	9,345	11,680	14,015	16,115	18,935	20,830	21,870
	60	7,340	8,810	10,280	12,845	15,415	17,725	20,830	22,910	24,055
	61-64	8,010	9,610	11,210	14,015	16,815	19,340	22,720	24,995	26,245
	65	8,610	10,330	12,050	15,065	18,075	20,790	24,425	26,870	28,210
	66-69	9,210	11,050	12,895	16,115	19,340	22,240	26,130	28,745	30,180
	70	9,900	11,880	13,860	17,325	20,790	23,905	28,090	30,900	32,445
	71-74	10,590	12,710	14,825	18,535	22,240	25,575	30,050	33,055	34,705
	75	11,385	13,660	15,940	19,925	23,905	27,490	32,305	35,535	37,310
	76-79	12,180	14,615	17,050	21,310	25,575	29,410	34,555	38,010	39,910
	80	13,095	15,710	18,330	22,910	27,490	31,615	37,150	40,860	42,905
	Above 80	14,005	16,805	19,610	24,510	29,410	33,820	39,740	43,715	45,900

Defined Rs.5,00,000/-

Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-34	2,325	3,250	4,065	4,875	5,605	6,590	7,245	7,610
	35	2,650	3,710	4,635	5,565	6,400	7,515	8,270	8,680
	36-44	2,980	4,170	5,210	6,250	7,190	8,445	9,290	9,755
	45	3,425	4,795	5,990	7,190	8,265	9,710	10,685	11,215
	46-49	3,870	5,420	6,770	8,125	9,345	10,980	12,075	12,680
	50	4,255	5,960	7,450	8,935	10,280	12,075	13,285	13,945
	51-54	4,645	6,500	8,125	9,750	11,210	13,175	14,490	15,215
	55	4,990	6,990	8,735	10,480	12,050	14,160	15,575	16,355
	56-59	5,340	7,475	9,345	11,210	12,895	15,150	16,665	17,495
	60	5,875	8,225	10,280	12,335	14,180	16,665	18,330	19,245
	61-64	6,410	8,970	11,210	13,455	15,470	18,180	19,995	20,995
	65	6,890	9,640	12,050	14,460	16,630	19,540	21,495	22,570
	66-69	7,370	10,315	12,895	15,470	17,790	20,905	22,995	24,145
	70	7,920	11,090	13,860	16,630	19,125	22,470	24,720	25,955
	71-74	8,475	11,860	14,825	17,790	20,460	24,040	26,445	27,765
	75	9,110	12,750	15,940	19,125	21,995	25,845	28,425	29,850
	76-79	9,745	13,640	17,050	20,460	23,530	27,645	30,410	31,930
	80	10,475	14,665	18,330	21,995	25,295	29,720	32,690	34,325
	Above 80	11,205	15,685	19,610	23,530	27,055	31,790	34,970	36,720

Defined Rs.10,00,000/-

Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-34	1,745	2,440	3,050	3,660	4,205	4,940	5,435	5,705
	35	1,990	2,785	3,480	4,175	4,800	5,640	6,200	6,510
	36-44	2,235	3,125	3,910	4,690	5,390	6,335	6,970	7,315
	45	2,570	3,595	4,495	5,390	6,200	7,285	8,015	8,415
	46-49	2,905	4,065	5,080	6,095	7,010	8,235	9,055	9,510
	50	3,195	4,470	5,585	6,705	7,710	9,055	9,965	10,460
	51-54	3,485	4,875	6,095	7,315	8,410	9,880	10,870	11,410
	55	3,745	5,240	6,550	7,860	9,040	10,620	11,685	12,265
	56-59	4,005	5,605	7,010	8,410	9,670	11,360	12,500	13,125
	60	4,405	6,170	7,710	9,250	10,635	12,500	13,750	14,435
	61-64	4,805	6,730	8,410	10,090	11,605	13,635	15,000	15,745
	65	5,165	7,230	9,040	10,845	12,475	14,655	16,120	16,930
	66-69	5,525	7,735	9,670	11,605	13,345	15,680	17,245	18,110
	70	5,940	8,315	10,395	12,475	14,345	16,855	18,540	19,465
	71-74	6,355	8,895	11,120	13,345	15,345	18,030	19,835	20,825
	75	6,830	9,565	11,955	14,345	16,495	19,385	21,320	22,385
	76-79	7,310	10,230	12,790	15,345	17,645	20,735	22,810	23,950
	80	7,855	11,000	13,745	16,495	18,970	22,290	24,520	25,745
	Above 80	8,405	11,765	14,705	17,645	20,295	23,845	26,230	27,540

A=Adult

Defined Rs.15,00,000/-

Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-34	1,310	1,830	2,285	2,745	3,155	3,705	4,075	4,280
	35	1,490	2,090	2,610	3,130	3,600	4,230	4,650	4,885
	36-44	1,675	2,345	2,930	3,515	4,045	4,750	5,225	5,490
	45	1,925	2,695	3,370	4,045	4,650	5,465	6,010	6,310
	46-49	2,180	3,050	3,810	4,570	5,255	6,175	6,795	7,135
	50	2,395	3,355	4,190	5,030	5,780	6,795	7,475	7,845
	51-54	2,615	3,660	4,570	5,485	6,310	7,410	8,150	8,560
	55	2,810	3,930	4,915	5,895	6,780	7,965	8,765	9,200
	56-59	3,005	4,205	5,255	6,310	7,255	8,520	9,375	9,845
	60	3,305	4,625	5,780	6,940	7,980	9,375	10,310	10,825
	61-64	3,605	5,045	6,310	7,570	8,705	10,225	11,250	11,810
	65	3,875	5,425	6,780	8,135	9,355	10,995	12,090	12,695
	66-69	4,145	5,805	7,255	8,705	10,010	11,760	12,935	13,580
	70	4,455	6,240	7,795	9,355	10,760	12,640	13,905	14,600
	71-74	4,765	6,675	8,340	10,010	11,510	13,525	14,875	15,620
	75	5,125	7,175	8,965	10,760	12,375	14,540	15,990	16,790
	76-79	5,480	7,675	9,590	11,510	13,235	15,550	17,105	17,960
	80	5,895	8,250	10,310	12,375	14,230	16,720	18,390	19,310
	Above 80	6,305	8,825	11,030	13,235	15,220	17,885	19,670	20,655

Defined Rs.20,00,000/-

Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-34	1,045	1,465	1,830	2,195	2,525	2,965	3,260	3,425
	35	1,195	1,670	2,090	2,505	2,880	3,385	3,720	3,910
	36-44	1,340	1,875	2,345	2,815	3,235	3,800	4,180	4,390
	45	1,540	2,160	2,695	3,235	3,720	4,370	4,810	5,050
	46-49	1,745	2,440	3,050	3,660	4,205	4,940	5,435	5,705
	50	1,915	2,685	3,355	4,025	4,625	5,435	5,980	6,280
	51-54	2,090	2,925	3,660	4,390	5,045	5,930	6,520	6,850
	55	2,250	3,145	3,930	4,720	5,425	6,375	7,010	7,360
	56-59	2,405	3,365	4,205	5,045	5,805	6,820	7,500	7,875
	60	2,645	3,700	4,625	5,550	6,385	7,500	8,250	8,660
	61-64	2,885	4,040	5,045	6,055	6,965	8,180	9,000	9,450
	65	3,100	4,340	5,425	6,510	7,485	8,795	9,675	10,160
	66-69	3,315	4,645	5,805	6,965	8,010	9,410	10,350	10,865
	70	3,565	4,990	6,240	7,485	8,610	10,115	11,125	11,680
	71-74	3,815	5,340	6,675	8,010	9,210	10,820	11,900	12,495
	75	4,100	5,740	7,175	8,610	9,900	11,630	12,795	13,435
	76-79	4,385	6,140	7,675	9,210	10,590	12,440	13,685	14,370
	80	4,715	6,600	8,250	9,900	11,385	13,375	14,710	15,450
	Above 80	5,045	7,060	8,825	10,590	12,175	14,310	15,740	16,525

Defined Rs.25,00,000/-

Family size	Age-band	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	91days-34	890	1,170	1,465	1,755	2,020	2,375	2,610	2,740
	35	980	1,335	1,670	2,005	2,305	2,710	2,980	3,125
	36-44	1,075	1,500	1,875	2,250	2,590	3,040	3,345	3,515
	45	1,235	1,725	2,160	2,590	2,975	3,500	3,845	4,040
	46-49	1,395	1,950	2,440	2,925	3,365	3,955	4,350	4,565
	50	1,535	2,145	2,685	3,220	3,700	4,350	4,785	5,025
	51-54	1,675	2,340	2,925	3,510	4,040	4,745	5,220	5,480
	55	1,800	2,515	3,145	3,775	4,340	5,100	5,610	5,890
	56-59	1,925	2,695	3,365	4,040	4,645	5,455	6,000	6,300
	60	2,115	2,960	3,700	4,440	5,105	6,000	6,600	6,930
	61-64	2,310	3,230	4,040	4,845	5,570	6,545	7,200	7,560
	65	2,480	3,475	4,340	5,210	5,990	7,035	7,740	8,125
	66-69	2,655	3,715	4,645	5,570	6,405	7,525	8,280	8,695
	70	2,855	3,995	4,990	5,990	6,885	8,090	8,900	9,345
	71-74	3,050	4,270	5,340	6,405	7,365	8,655	9,520	9,995
	75	3,280	4,590	5,740	6,885	7,920	9,305	10,235	10,745
	76-79	3,510	4,910	6,140	7,365	8,470	9,955	10,950	11,495
	80	3,775	5,280	6,600	7,920	9,105	10,700	11,770	12,360
	Above 80	4,035	5,650	7,060	8,470	9,740	11,445	12,590	13,220

A=Adult