



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - MEDI CLASSIC INSURANCE POLICY (INDIVIDUAL)

Unique Identification No.: SHAHLIP23037V072223

This Policy Provides for Regular Hospitalisation benefit on Individual basis.

I. Eligibility

- Any person aged between 5 Months and 65 years can take this insurance.
- Gold Plan:** Persons aged between 16 days and 65 years can take this insurance
- Beyond 65 yrs, only renewals will be accepted without capping on the exit age.

II. Pre-acceptance medical screening: Applicable for all persons above 50 years of age. However, for those who declare adverse medical history in the proposal form may also be required to undergo pre-acceptance medical screening at the Company designated Centers even if the age of the insured person is 50 yrs or less. At present 100% of cost of medical screening is borne by the Company.

III. What are the Basic sum insured options?

Rs. 1,50,000/-; Rs. 2,00,000/-; Rs. 3,00,000/-; Rs. 4,00,000/-; Rs. 5,00,000/-; Rs. 10,00,000/-; Rs. 15,00,000/-

Gold Plan

Rs. 3,00,000/-; Rs. 4,00,000/-; Rs. 5,00,000/-; Rs. 10,00,000/-; Rs. 15,00,000/- Rs. 20,00,000/-; Rs. 25,00,000/-

IV. Policy term - One year / Two years / Three years: For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof

V. Instalment Facility available: Premium can be paid Half-yearly.

Incase of installment mode of payment, there will be loading on annual premium as given below:

- Half Yearly: 2%

Note: If Instalment Facility is opted for 2 year and 3 year term policies, the full premium applicable for 2 year or 3 year terms should be paid half yearly within the expiry of the first year. Premium can also be paid Annual, Biennial (Once in 2 years) and Triennial (Once in 3 years)

VI. Long term discount: If the policy term opted is 2 years, discount available is 10% on 2nd year premium and if policy term opted is 3 years, discount available is 11.25% on 2nd and 3rd year premium.

VII. What are the benefits available under the policy

A. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limits (Rs.)
1,50,000/-	2% of Basic Sum Insured maximum of Rs.5,000/- per day
2,00,000/-	
3,00,000/-	
4,00,000/-	
5,00,000/-	
10,00,000/-	
15,00,000/-	

Note: Expenses relating to Associated Expenses will be considered in proportion to the eligible room rent/room category stated in the policy schedule 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 rent.

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, stent and such other 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. Ambulance charges up-to Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- 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 there is an admissible claim under the policy

E. Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.

F. Post Hospitalization medical expenses incurred for a period up to 60 days from the date of discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5000/- per hospitalisation. For the purpose of calculation of the 7%, only nursing expenses, surgeon's/consultants fees, diagnostic charges and cost of drugs and medicines will be taken

G. Expenses incurred towards Cost of Health checkup up to 1% of the average Basic Sum Insured of the eligible block subject to a maximum of Rs.5000/- is payable. This benefit is available for Basic Sum Insured of Rs.200000/- and above only. The insured person becomes eligible for this benefit subject to continuous coverage under this policy with the Company after every block of 4 claim free years and payable on renewal

Note: Payment under this benefit does not form part of the Basic Sum Insured.

H. The expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
Up to 2,00,000/-	12,000/- per person per policy period
3,00,000/- to 5,00,000/-	20,000/- per eye per person and not exceeding 30,000/- per person per policy period
10,00,000/- and 15,00,000/-	30,000/- per eye per person and not exceeding 40,000/- per person per policy period

- I. **Psychiatric and Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic sum insured, provided the insured person has been covered under this policy for a continuous period of 24 months without any break.
Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central and State Government / Union Territory.
- J. **Coverage for Modern Treatments:** The expenses payable during the entire policy period for the following treatment / procedures (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	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.											
1,50,000/-	12,500/-	5,000/-	25,000/-	12,500/-	25,000/-	5,000/-	25,000/-	25,000/-	Up to Sum Insured			25,000/-
2,00,000/-	25,000/-	10,000/-	50,000/-	25,000/-	50,000/-	10,000/-	50,000/-	50,000/-				50,000/-
3,00,000/-	37,500/-	15,000/-	75,000/-	37,500/-	75,000/-	15,000/-	75,000/-	75,000/-				75,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-	2,50,000/-	2,00,000/-				2,50,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-

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

- K. **Cumulative bonus:** The insured person will be eligible for Cumulative bonus calculated at 5% of the basic sum insured for every claim free year subject to a maximum of 25%.
- 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"
- L. **Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200%, once during the policy period, immediately upon exhaustion of the limit of coverage which has been defined.
It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restored Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.
- M. **Non Allopathic Treatment / AYUSH:** In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable upto 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

The benefits mentioned under VII above are available as a "Family Package Plan" also

The following are the special conditions applicable for "Family Package Plan":-

- Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
- This plan is applicable for Basic Sum Insured of Rs.2,00,000/- and Rs.3,00,000/- only.
- Plan is applicable for Age band of 5 months to 45 years.
- The Basic Sum Insured is to be equally apportioned among all the persons insured.
- Each family member is covered up-to his/her limit only.
- No transfer of unutilized balance Basic Sum Insured to other insured persons is permissible.
- Health check-up benefit will be calculated on the policy Basic Sum Insured and equally divided among all the insured persons.
- Where any insured member has made a claim then he/she would not be eligible for his/her share of Health check-up benefit. However the other insured members can avail the health check-up benefit up-to their respective share.
- The automatic restoration of Basic Sum Insured facility is not applicable for this Plan

VIII. Gold Plan

- A. Room, boarding, nursing expenses as provided by the Hospital / Nursing Home as per the limits given below;

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	Up to 5000/- per day
4,00,000/-	
5,00,000/-	Private Single A/c Room
10,00,000/-	
15,00,000/-	
20,00,000/-	
25,00,000/-	

Note: Expenses relating to Associated Expenses will be considered in proportion to the eligible room rent/room category stated in the policy schedule 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 rent

- 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, stent and such other 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. Ambulance charges up-to Rs. 2,000/- per hospitalization for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided there is an admissible claim under the policy.
- E. Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.
- F. Post Hospitalization medical expenses incurred for a period up to 60 days from the date of discharge from the hospital wherever recommended by the Medical Practitioner / Hospital, where the treatment was taken, following an admissible claim for hospitalization provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized
- G. Expenses incurred towards **Cost of Health check-up**

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- to 5,00,000/-	Up to 1,500/- for every claim free year
10,00,000/- and 15,00,000/-	Up to 2,500/- for every claim free year
20,00,000/- and 25,00,000/-	Up to 5,000/- for every claim free year

Note :

- This benefit is payable on renewal and when the renewed policy is in force.
- Payment under this benefit does not form part of the Basic Sum Insured.

- H. The Expenses incurred on treatment of cataract are payable up to the limits mentioned hereunder

Basic Sum Insured (Rs.)	Limit for Cataract Surgery (Rs.)
3,00,000/- to 5,00,000/-	30,000/- per eye and not exceeding 40,000/- per person per policy period
10,00,000/- and 15,00,000/-	40,000/- per eye and not exceeding 50,000/- per person per policy period
20,00,000/- and 25,00,000/-	45,000/- per eye and not exceeding 60,000/- per person per policy period

- I. **Psychiatric And Psychosomatic Disorder:** If the insured person is diagnosed with psychiatric or psychosomatic disorder for the first time and hospitalized for minimum period of 5 consecutive days under this policy, then the Company will pay hospitalization expenses up to Basic Sum Insured provided the insured person is covered under this policy for a continuous period of 24 months without any break.

Note: The treatment should be taken at Authorized Psychiatric hospital licensed by Mental Health Authority or any similar Authority of Central and State Government / Union Territory.

- J. **Coverage for Modern Treatments:** The expenses payable during the entire policy period for the following treatment / procedures (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	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.												
3,00,000/-	75,000/-	30,000/-	1,50,000/-	75,000/-	1,50,000/-	30,000/-	1,50,000/-	1,50,000/-	Up to Sum Insured			1,50,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-	2,50,000/-	2,00,000/-				2,50,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-	4,50,000/-	2,75,000/-				4,50,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-				5,00,000/-

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

- K. **Cumulative bonus** In respect of a claim free year, the insured person will be eligible for Cumulative bonus calculated 25% of basic sum insured in the second year and additional 20% of the basic sum insured for each subsequent years subject to a maximum of 100% overall

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"

- L. **Automatic Restoration of Basic Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 200% once during the policy period, immediately upon exhaustion of the limit of coverage which has been defined.

It is made clear that such restored Basic Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The restored Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.

- M. **Super Restoration:** If the limit of coverage under this policy is exhausted during the policy period, an additional Basic Sum Insured of 100% would be provided once for the remaining policy period for the subsequent hospitalization. This additional basic sum insured can be utilized even for illness / disease for which claim/s was / were made. The unused additional Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.

- N. Domiciliary hospitalization treatments for a period exceeding three days:** Coverage for medical treatment (including AYUSH) 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
- ✓ The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - ✓ 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.
- O. Organ Donor Expenses:** 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. Donor screening expenses and post-donation complications of the donor are not payable
- P. Shared accommodation:** If the Insured person occupies, a shared accommodation in a networked hospital during in-patient hospitalization, then amount as per the table given below will be payable for each continuous and completed period of 24 hours of stay, provided the hospitalization exceeds 48 hours in such shared accommodation.

Basic Sum Insured (Rs.)	Limit (Rs.)
3,00,000/- 4,00,000/- and 5,00,000/-	500/- per day subject to maximum of 3,000/- per hospitalization
10,00,000/- 15,00,000/-, 20,00,000/- and 25,00,000/-	1,000/- per day subject to maximum of 6,000/- per hospitalization

Note:

- This benefit is payable only if there is an admissible claim for hospitalization under the policy
- Insured person's stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose
- Payment under this benefit does not form part of the Basic sum insured but will impact the Cumulative bonus
- Date of admission and date of discharge will not be counted for this purpose.

- Q. Additional Basic Sum Insured for Road Traffic Accident (RTA):** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Basic Sum Insured shall be increased by 50% subject to the following:
- It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record.
 - The additional Basic Sum Insured shall be available only once during the policy period.
 - The additional Basic Sum Insured shall be available after exhaustion of the limit of coverage.
 - The additional Basic Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident
 - Automatic Restoration of Basic Sum Insured and Super restoration shall not apply for this benefit
 - This benefit shall not be applicable for day care treatment
 - The unutilized balance cannot be carried forward for the remaining policy period or for renewal
 - Claim under this benefit will impact the Cumulative bonus
- R. Hospitalization expenses for treatment of New Born Baby.** The coverage for New Born Baby starts from the 16th day after its birth till the expiry date of the policy and is subject to a limit of 10% of the Basic Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the Basic Sum Insured, provided the mother has been insured under the policy for a continuous period of 12 months without break.

Note:

- Intimation about the birth of the New Born Baby should be given to the company and policy has to be endorsed for this cover to commence.
- Exclusion no. 3 (Code- Excl03) shall not apply for the New Born Baby
- All other terms, conditions and exclusions shall apply for the New Born Baby

- S. Non Allopathic Treatment / AYUSH:** In patient Hospitalizations Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic is payable upto 25% of the Basic Sum Insured subject to a maximum of Rs 25000/- during entire policy period.

IX. What are the Optional Covers available on payment of additional premium?

Patient Care: The Company will pay the cost of engaging one attendant at the residence of the insured person immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

This benefit is applicable only for insured persons above 60 years of age and becomes payable only upon a valid claim for hospitalization.

Hospital Cash: The Company will pay a Cash Benefit of Rs 1000/- for each completed day of hospitalization subject to a maximum of 7 days per hospitalization and 14 days per policy period, provided however there is a valid claim for hospitalization. For the purpose of this optional cover, the days of admission and discharge will not be taken into account. No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

Note: Patient Care and Hospital Cash are available on payment of additional premium under Gold Plan also.

X. Important Note Applicable under the policy

1. Where Gold Plan is opted, in the event of a claim, the benefits under Gold Plan only shall be applicable.
2. Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Limit of Coverage per person mentioned in the schedule
3. Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less
4. All day care procedures are covered under this policy
5. Expenses on Hospitalization for a 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 Hospital/Nursing Home and the Insured is discharged on the same day.
6. **Co-payment (Not Applicable for Patient Care and Hospital Cash):** This policy is subject to co-payment of 10% of each and every claim amount, for fresh as well as for the policies subsequently renewed for insured persons whose age at the time of entry in to this policy is 61 years and above. This co-payment will not apply for those insured persons who have entered the policy before attaining 61 years of age and renew the policy continuously without any break.

XI. What are the exclusions applicable?

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:-

Standard Exclusions

1. **Pre-Existing Diseases - Code Excl 01**
 - A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 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 for the same would be reduced to the extent of prior coverage
 - D. Coverage under the policy after the expiry of 48 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. 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
 - 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 (other than retinal detachment), 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 Type 2 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**
- 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

Specific Exclusions

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 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 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 therapies similar to those mentioned herein under this exclusion - **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. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
30. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
31. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
32. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36**
33. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37**
34. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38**

XII. Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years 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 and permanent 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.

XIII. Claim Procedure

Claiming process and documents to be submitted in support of claim

For Cashless Treatment

- a. For assistance call 24 hours 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-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ 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.

Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto

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.

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	within 15 days after completion of 60 days from the date of discharge from hospital

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

XIV. Provision for Penal Interest

- a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

XV. What is renewal procedure?

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

1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
4. 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.
5. Coverage is not available during the grace period.
6. No loading shall apply on renewals based on individual claims experience

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

- i. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. 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.
- iv. No interest will be charged if the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

Note: In case of policy cancellation due to non-payment of the instalment within grace period, Company will refund the premium as per the cancellation table.

XVII. Can the sum insured under the policy be reduced or enhanced?

Revision of Basic Sum Insured: Reduction or enhancement of Basic Sum Insured is permissible only at the time of renewal.

The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the basic sum insured is enhanced, the amount of such additional basic sum insured including the respective sublimits shall be subject to the following terms

Exclusions as under shall apply afresh from the date of such enhancement for the increase in the Basic Sum Insured, that is, the difference between the expiring policy Basic Sum Insured and the increased current Basic Sum Insured.

- First 30 days as per exclusion **Code Excl 03**
- 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments for ailments / illness / diseases as per exclusion **Code Excl 02**
- 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as per exclusion **Code Excl 01**
- 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person

XVIII. Possibility of Revision of Terms of the Policy Including the Premium Rates: The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected

XIX. Withdrawal of policy

- 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.
- 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

XX. 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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- 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
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

XXI. Disclosure of Information: 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.

XXII. 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

XXIII. 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 Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

XXIV. Cancellation

- The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Cancellation table applicable for Policy Term 1 Year without installment option

Period on risk	Rate of premium to be retained
Up to 1 mth	25% of the policy premium
Exceeding 1 mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	60% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	100% of the policy premium

Cancellation table applicable for installment option of Half-yearly premium payment for Policy Term 1 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	50% of the total premium received
Exceeding 1 mth up to 4 mths	90% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	87.5% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Year without installment option

Period on risk	Rate of premium to be retained
Up to 1 Mth	22.5% of the policy premium
Exceeding 1 mth up to 3 mths	27.5% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	50% of the policy premium
Exceeding 9 mths up to 12 mths	60% of the policy premium
Exceeding 12 mths up to 15 mths	70% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	100% of the policy premium

Cancellation table applicable for installment option of Half-yearly premium payment for Policy Term 2 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	43% of the total premium received
Exceeding 1 mth up to 4 mths	63.5% of the total premium received
Exceeding 4 mths up to 6 mths	77% of the total premium received
Exceeding 6 mths up to 7 mths	42% of the total premium received
Exceeding 7 mths up to 10 mths	52% of the total premium received
Exceeding 10 mths up to 13 mths	62.5% of the total premium received
Exceeding 13 mths up to 16 mths	72.5% of the total premium received
Exceeding 16 mths up to 19 mths	83% of the total premium received
Exceeding 19 mths up to 22 mths	93% of the total premium received
Exceeding 22 mths	100% of the total premium received

Cancellation table applicable for Policy Term 3 Year without installment option

Period on risk	Rate of premium to be retained
Up to 1 Mth	20% of the policy premium
Exceeding 1 mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	32.5% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	45% of the policy premium
Exceeding 12 mths up to 15 mths	52.5% of the policy premium
Exceeding 15 mths up to 18 mths	60% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	87.5% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33 mths	100% of the policy premium

Cancellation table applicable for installment option of Half-yearly premium payment for Policy Term 3 Year

Period on risk	Rate of premium to be retained
Up to 1 Mth	40.5% of the total premium received
Exceeding 1 mth up to 4 mths	54% of the total premium received
Exceeding 4 mths up to 6 mths	63.5% of the total premium received
Exceeding 6 mths up to 7 mths	34% of the total premium received
Exceeding 7 mths up to 10 mths	41% of the total premium received
Exceeding 10 mths up to 15 mths	52% of the total premium received
Exceeding 15 mths up to 21 mths	66% of the total premium received
Exceeding 21 mths up to 27 mths	79.5% of the total premium received
Exceeding 27 mths up to 33 mths	93% of the total premium received
Exceeding 33 mths	100% of the total premium received

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- 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

XXV. Automatic Expiry

Applicable for VII Coverage: 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.
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable

Applicable for Gold Plan: 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.
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured wherever applicable
- ✓ Upon exhaustion of Limit of Coverage Plus Restored Basic Sum Insured Plus Super Restored Basic Sum Insured, wherever applicable

XXVI. How much does it cost to take this insurance?

The premium sheet is attached

XXVII. What are the discount available under the policy ?

Family Discount (Available only if Gold Plan is chosen): 5% discount is available if 2 or more family members are covered under this policy

Major Organ Donor Discount (Available only if Gold Plan is chosen): If at the time of renewal if the insured person submits proofs that he / she has donated a major organ, a discount of 25% of the premium is available at the time of renewal. This discount is available even for subsequent renewals also.

Online discount: 5% discount for first purchased online and its renewals (If the policy is first purchased online and the same is renewed online, then 5% discount will be given for such renewals too). For Intermediary online sales this will be offset against their remuneration.

XXVIII. 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.

XXIX. How to buy this insurance?

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

XXX. Important Note: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.**XXXI. 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.

PREMIUM CHART

Premium Chart for 1 year Policy Term

Premium in Rs. (Excluding GST)

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5months - 35years	4,613	4,781	5,927	6,638	7,233	9,403	11,284
36-45	5,924	6,138	7,611	8,523	9,287	12,073	14,488
46-50	8,736	9,053	11,225	12,571	13,697	17,806	21,368
51-55	11,729	12,154	15,069	16,876	18,388	23,905	28,686
56-60	14,710	15,244	18,900	21,166	23,063	29,982	35,978
61-65	19,488	20,195	25,039	28,041	30,554	39,721	47,665
66-70	26,680	27,648	34,279	38,390	41,830	54,379	65,255
71-75	30,373	31,474	39,023	43,703	47,619	61,905	74,286
76-80	35,598	36,889	45,736	51,221	55,811	72,554	87,065
Above 80	40,937	42,421	52,596	58,903	64,182	83,436	1,00,124

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5months - 35years	3,604	3,735	5,154	6,262	6,889	8,955	10,746
36-45	4,628	4,796	6,618	8,041	8,845	11,498	13,798
46-50	6,825	7,073	9,761	11,859	13,045	16,959	20,350
51-55	9,163	9,495	13,104	15,921	17,513	22,767	27,320
56-60	11,492	11,909	16,435	19,968	21,965	28,554	34,265
61-65	15,225	15,777	21,773	26,454	29,100	37,829	45,395
66-70	20,844	21,600	29,808	36,217	39,838	51,790	62,148
71-75	23,729	24,589	33,933	41,229	45,352	58,957	70,749
76-80	27,811	28,819	39,771	48,321	53,153	69,100	82,919
Above 80	31,982	33,142	45,736	55,569	61,126	79,463	95,356

Premium Chart for 2 years Policy Term

Premium in Rs. (Excluding GST)

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5months - 34years	8,766	9,084	11,262	12,613	13,743	17,866	21,439
35	9,945	10,305	12,777	14,309	15,592	20,269	24,323
36-44	11,255	11,663	14,460	16,194	17,646	22,939	27,527
45	13,786	14,286	17,713	19,837	21,615	28,099	33,719
46-49	16,599	17,201	21,327	23,884	26,025	33,832	40,599
50	19,292	19,992	24,787	27,759	30,247	39,321	47,185
51-54	22,284	23,093	28,631	32,064	34,938	45,420	54,503
55	24,968	25,873	32,079	35,925	39,145	50,889	61,066
56-59	27,949	28,963	35,909	40,215	43,820	56,966	68,359
60	32,250	33,419	41,435	46,403	50,562	65,731	78,877
61-64	37,028	38,371	47,574	53,279	58,054	75,470	90,563
65	43,501	45,078	55,890	62,592	68,202	88,662	1,06,395
66-69	50,692	52,531	65,130	72,940	79,477	1,03,320	1,23,985
70	54,016	55,975	69,400	77,722	84,687	1,10,094	1,32,112
71-74	57,708	59,801	74,144	83,035	90,477	1,17,620	1,41,143
75	62,410	64,674	80,186	89,801	97,849	1,27,204	1,52,645
76-79	67,635	70,089	86,899	97,319	1,06,041	1,37,854	1,65,424
80	72,441	75,068	93,073	1,04,233	1,13,575	1,47,647	1,77,177
Above 80	77,780	80,601	99,932	1,11,915	1,21,946	1,58,529	1,90,235

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5months - 34years	6,848	7,097	9,793	11,899	13,089	17,015	20,418
35	7,769	8,051	11,110	13,499	14,849	19,304	23,165
36-44	8,793	9,112	12,574	15,278	16,805	21,847	26,216
45	10,771	11,161	15,403	18,714	20,585	26,761	32,113
46-49	12,968	13,439	18,545	22,532	24,786	32,221	38,665
50	15,072	15,619	21,554	26,188	28,807	37,449	44,938
51-54	17,410	18,041	24,897	30,249	33,274	43,257	51,908
55	19,506	20,213	27,895	33,892	37,281	48,465	58,159
56-59	21,835	22,627	31,226	37,939	41,733	54,253	65,103
60	25,195	26,109	36,030	43,777	48,154	62,601	75,121
61-64	28,928	29,977	41,369	50,263	55,289	71,876	86,251
65	33,985	35,217	48,600	59,049	64,954	84,440	1,01,328
66-69	39,603	41,040	56,635	68,811	75,693	98,400	1,18,080
70	42,200	43,730	60,348	73,322	80,655	1,04,851	1,25,821
71-74	45,084	46,720	64,473	78,335	86,168	1,12,019	1,34,422
75	48,758	50,527	69,727	84,718	93,190	1,21,147	1,45,376
76-79	52,840	54,757	75,564	91,811	1,00,992	1,31,289	1,57,547
80	56,594	58,647	80,933	98,333	1,08,167	1,40,616	1,68,740
Above 80	60,765	62,969	86,898	1,05,581	1,16,139	1,50,980	1,81,176

Premium Chart for 3 years Policy Term

Premium in Rs. (Excluding GST)

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5months - 33years	12,802	13,267	16,449	18,421	20,072	26,094	31,312
34	13,965	14,472	17,943	20,094	21,895	28,463	34,156
35	15,128	15,677	19,436	21,767	23,718	30,833	37,000
36-43	16,438	17,034	21,120	23,652	25,772	33,504	40,204
44	18,934	19,621	24,327	27,244	29,686	38,592	46,310
45	21,431	22,208	27,535	30,836	33,600	43,680	52,416
46-48	24,244	25,123	31,149	34,884	38,010	49,413	59,296
49	26,899	27,875	34,560	38,705	42,173	54,825	65,791
50	29,555	30,627	37,972	42,526	46,337	60,238	72,285
51-53	32,547	33,727	41,817	46,831	51,028	66,336	79,604
54	35,193	36,469	45,216	50,638	55,177	71,730	86,076
55	37,839	39,211	48,616	54,446	59,325	77,123	92,547
56-58	40,821	42,301	52,447	58,736	64,000	83,200	99,840
59	45,061	46,696	57,895	64,838	70,648	91,843	1,10,212
60	49,302	51,090	63,344	70,939	77,297	1,00,486	1,20,584
61-63	54,080	56,042	69,483	77,815	84,789	1,10,225	1,32,270
64	60,463	62,656	77,684	86,999	94,796	1,23,235	1,47,881
65	66,846	69,270	85,884	96,183	1,04,803	1,36,244	1,63,493
66-68	74,038	76,723	95,124	1,06,531	1,16,079	1,50,902	1,81,083
69	77,315	80,119	99,335	1,11,246	1,21,216	1,57,581	1,89,098
70	80,592	83,515	1,03,545	1,15,962	1,26,354	1,64,261	1,97,113
71-73	84,284	87,341	1,08,289	1,21,274	1,32,143	1,71,786	2,06,144
74	88,921	92,146	1,14,247	1,27,947	1,39,414	1,81,238	2,17,485
75	93,558	96,952	1,20,205	1,34,619	1,46,684	1,90,689	2,28,827
76-78	98,783	1,02,366	1,26,918	1,42,137	1,54,876	2,01,339	2,41,606
79	1,03,522	1,07,276	1,33,006	1,48,955	1,62,305	2,10,996	2,53,196
80	1,08,260	1,12,187	1,39,094	1,55,773	1,69,734	2,20,654	2,64,785
Above 80	1,13,599	1,17,719	1,45,954	1,63,455	1,78,105	2,31,536	2,77,843

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	1,50,000/-	2,00,000/-	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-
5months - 33years	10,002	10,365	14,303	17,378	19,116	24,851	29,821
34	10,910	11,306	15,602	18,957	20,852	27,108	32,530
35	11,819	12,247	16,901	20,535	22,588	29,365	35,238
36-43	12,842	13,308	18,365	22,313	24,545	31,908	38,290
44	14,792	15,329	21,154	25,702	28,272	36,754	44,105
45	16,743	17,350	23,943	29,091	32,000	41,600	49,920
46-48	18,940	19,627	27,086	32,909	36,200	47,060	56,472
49	21,015	21,777	30,052	36,514	40,165	52,215	62,658
50	23,090	23,927	33,019	40,118	44,130	57,369	68,843
51-53	25,427	26,349	36,362	44,180	48,598	63,178	75,813
54	27,494	28,492	39,319	47,772	52,549	68,314	81,977
55	29,562	30,634	42,275	51,364	56,500	73,450	88,140
56-58	31,891	33,048	45,606	55,411	60,952	79,238	95,085
59	35,204	36,481	50,344	61,168	67,284	87,470	1,04,963
60	38,517	39,914	55,081	66,924	73,616	95,701	1,14,842
61-63	42,250	43,783	60,420	73,410	80,751	1,04,976	1,25,972
64	47,237	48,950	67,551	82,074	90,282	1,17,366	1,40,840
65	52,223	54,117	74,682	90,739	99,812	1,29,756	1,55,707
66-68	57,842	59,940	82,717	1,00,501	1,10,551	1,43,716	1,72,460
69	60,402	62,593	86,378	1,04,949	1,15,444	1,50,078	1,80,093
70	62,962	65,246	90,039	1,09,398	1,20,337	1,56,439	1,87,726
71-73	65,847	68,235	94,165	1,14,410	1,25,851	1,63,606	1,96,327
74	69,470	71,989	99,345	1,20,705	1,32,775	1,72,607	2,07,129
75	73,093	75,744	1,04,526	1,26,999	1,39,699	1,81,609	2,17,931
76-78	77,175	79,974	1,10,364	1,34,092	1,47,501	1,91,751	2,30,101
79	80,876	83,810	1,15,657	1,40,524	1,54,576	2,00,949	2,41,139
80	84,578	87,646	1,20,951	1,46,956	1,61,651	2,10,147	2,52,176
Above 80	88,749	91,968	1,26,916	1,54,203	1,69,624	2,20,511	2,64,613

GOLD PLAN PREMIUM CHART

Gold Plan Premium Chart for 1 year Policy Term

Premium in Rs. (Excluding GST)

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 35years	6,639	7,435	8,101	10,531	12,638	14,533	16,277
36-45	8,143	9,120	9,937	12,918	15,502	17,828	19,967
46-50	11,674	13,074	14,245	18,519	22,222	25,556	28,623
51-55	15,672	17,551	19,124	24,861	29,833	34,308	38,425
56-60	19,656	22,013	23,985	31,181	37,417	43,030	48,194
61-65	26,040	29,163	31,777	41,310	49,572	57,007	63,848
66-70	35,650	39,925	43,503	56,554	67,865	78,045	87,410
71-75	40,584	45,451	49,524	64,381	77,257	88,846	99,508
76-80	47,566	53,269	58,044	75,457	90,548	1,04,130	1,16,626
Above 80	54,700	61,259	66,749	86,774	1,04,129	1,19,748	1,34,118

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 35years	5,773	7,014	7,715	10,030	12,036	13,841	15,502
36-45	7,081	8,604	9,464	12,303	14,764	16,979	19,016
46-50	10,151	12,333	13,567	17,637	21,164	24,339	27,260
51-55	13,628	16,558	18,213	23,677	28,413	32,675	36,596
56-60	17,092	20,767	22,843	29,696	35,636	40,981	45,899
61-65	22,644	27,512	30,263	39,343	47,211	54,293	60,808
66-70	31,000	37,665	41,432	53,861	64,634	74,329	83,248
71-75	35,290	42,878	47,166	61,315	73,579	84,615	94,769
76-80	41,361	50,254	55,280	71,863	86,236	99,172	1,11,072
Above 80	47,565	57,791	63,571	82,642	99,170	1,14,046	1,27,731

Gold Plan Premium Chart for 2 years Policy Term

Premium in Rs. (Excluding GST)

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 34years	12,614	14,126	15,392	20,010	24,012	27,614	30,927
35	13,968	15,643	17,045	22,158	26,590	30,578	34,248
36-44	15,473	17,328	18,881	24,545	29,454	33,872	37,937
45	18,650	20,886	22,758	29,585	35,502	40,828	45,727
46-49	22,180	24,840	27,066	35,186	42,223	48,556	54,383
50	25,778	28,869	31,457	40,894	49,073	56,433	63,206
51-54	29,776	33,347	36,336	47,236	56,684	65,186	73,008
55	33,362	37,362	40,711	52,924	63,509	73,035	81,800
56-59	37,346	41,824	45,572	59,244	71,093	81,757	91,568
60	43,092	48,259	52,584	68,360	82,032	94,337	1,05,657
61-64	49,477	55,410	60,376	78,488	94,186	1,08,314	1,21,312
65	58,126	65,096	70,930	92,209	1,10,650	1,27,248	1,42,518
66-69	67,735	75,858	82,656	1,07,453	1,28,944	1,48,285	1,66,080
70	72,176	80,831	88,075	1,14,497	1,37,397	1,58,006	1,76,967
71-74	77,110	86,356	94,096	1,22,324	1,46,789	1,68,808	1,89,064
75	83,393	93,393	1,01,763	1,32,292	1,58,751	1,82,563	2,04,471
76-79	90,375	1,01,212	1,10,283	1,43,368	1,72,041	1,97,847	2,21,589
80	96,795	1,08,403	1,18,118	1,53,553	1,84,264	2,11,903	2,37,332
Above 80	1,03,930	1,16,392	1,26,823	1,64,870	1,97,845	2,27,521	2,54,824

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 34years	10,968	13,327	14,659	19,057	22,868	26,299	29,454
35	12,146	14,757	16,233	21,103	25,324	29,122	32,617
36-44	13,454	16,347	17,982	23,376	28,052	32,259	36,130
45	16,217	19,704	21,674	28,177	33,812	38,884	43,550
46-49	19,287	23,434	25,777	33,510	40,212	46,244	51,793
50	22,416	27,235	29,959	38,947	46,736	53,746	60,196
51-54	25,893	31,459	34,605	44,987	53,984	62,082	69,532
55	29,010	35,248	38,772	50,404	60,485	69,558	77,904
56-59	32,475	39,457	43,402	56,423	67,708	77,864	87,207
60	37,471	45,528	50,080	65,105	78,126	89,844	1,00,626
61-64	43,023	52,273	57,501	74,751	89,701	1,03,156	1,15,535
65	50,544	61,411	67,552	87,818	1,05,381	1,21,188	1,35,731
66-69	58,900	71,564	78,720	1,02,336	1,22,804	1,41,224	1,58,171
70	62,762	76,255	83,881	1,09,045	1,30,854	1,50,482	1,68,540
71-74	67,052	81,468	89,615	1,16,499	1,39,799	1,60,769	1,80,061
75	72,516	88,107	96,917	1,25,993	1,51,191	1,73,870	1,94,734
76-79	78,587	95,483	1,05,031	1,36,541	1,63,849	1,88,426	2,11,037
80	84,170	1,02,267	1,12,493	1,46,241	1,75,489	2,01,813	2,26,030
Above 80	90,374	1,09,804	1,20,784	1,57,019	1,88,423	2,16,687	2,42,689

Gold Plan Premium Chart for 3 years Policy Term

Premium in Rs. (Excluding GST)

Zone 1 Mumbai, Thane, Delhi (including Faridabad, Gurgaon, Ghaziabad and Noida), Ahmedabad, Baroda and Surat

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 33years	18,422	20,632	22,481	29,225	35,070	40,330	45,170
34	19,758	22,127	24,110	31,343	37,612	43,254	48,444
35	21,093	23,623	25,740	33,462	40,154	46,177	51,719
36-43	22,598	25,308	27,576	35,849	43,019	49,471	55,408
44	25,731	28,817	31,399	40,819	48,983	56,330	63,090
45	28,864	32,325	35,222	45,789	54,947	63,189	70,772
46-48	32,394	36,279	39,530	51,389	61,667	70,918	79,428
49	35,943	40,253	43,860	57,018	68,422	78,685	88,128
50	39,491	44,227	48,190	62,647	75,177	86,453	96,828
51-53	43,489	48,704	53,069	68,990	82,788	95,206	1,06,631
54	47,025	52,664	57,384	74,599	89,519	1,02,946	1,15,300
55	50,561	56,624	61,698	80,208	96,249	1,10,687	1,23,969
56-58	54,545	61,085	66,560	86,528	1,03,833	1,19,408	1,33,737
59	60,211	67,431	73,474	95,517	1,14,620	1,31,813	1,47,631
60	65,877	73,777	80,389	1,04,506	1,25,407	1,44,218	1,61,524
61-63	72,262	80,927	88,180	1,14,634	1,37,561	1,58,195	1,77,179
64	80,791	90,479	98,588	1,28,164	1,53,797	1,76,866	1,98,090
65	89,320	1,00,030	1,08,995	1,41,694	1,70,032	1,95,537	2,19,002
66-68	98,929	1,10,792	1,20,722	1,56,938	1,88,326	2,16,575	2,42,564
69	1,03,308	1,15,696	1,26,065	1,63,885	1,96,662	2,26,161	2,53,300
70	1,07,687	1,20,600	1,31,408	1,70,831	2,04,997	2,35,747	2,64,036
71-73	1,12,621	1,26,125	1,37,429	1,78,658	2,14,389	2,46,548	2,76,134
74	1,18,817	1,33,065	1,44,990	1,88,487	2,26,185	2,60,113	2,91,326
75	1,25,013	1,40,004	1,52,551	1,98,317	2,37,980	2,73,677	3,06,518
76-78	1,31,995	1,47,823	1,61,071	2,09,392	2,51,271	2,88,961	3,23,637
79	1,38,326	1,54,913	1,68,797	2,19,436	2,63,324	3,02,822	3,39,161
80	1,44,658	1,62,004	1,76,523	2,29,480	2,75,376	3,16,683	3,54,685
Above 80	1,51,792	1,69,994	1,85,229	2,40,798	2,88,957	3,32,301	3,72,177

Zone 2 rest of India (other than those mentioned in Zone 1)

Sum Insured (Rs.) Age (in yrs)	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-
16days - 33years	16,020	19,464	21,410	27,833	33,400	38,410	43,019
34	17,181	20,875	22,962	29,851	35,821	41,194	46,137
35	18,342	22,286	24,514	31,868	38,242	43,978	49,256
36-43	19,650	23,875	26,263	34,142	40,970	47,116	52,769
44	22,375	27,185	29,904	38,875	46,650	53,648	60,086
45	25,099	30,496	33,545	43,609	52,331	60,180	67,402
46-48	28,169	34,225	37,648	48,942	58,731	67,540	75,645
49	31,255	37,974	41,772	54,303	65,164	74,939	83,931
50	34,340	41,723	45,896	59,664	71,597	82,337	92,217
51-53	37,817	45,947	50,542	65,705	78,846	90,672	1,01,553
54	40,891	49,683	54,651	71,046	85,256	98,044	1,09,809
55	43,966	53,418	58,760	76,388	91,666	1,05,416	1,18,066
56-58	47,430	57,627	63,390	82,407	98,889	1,13,722	1,27,369
59	52,357	63,614	69,976	90,968	1,09,162	1,25,536	1,40,601
60	57,285	69,601	76,561	99,529	1,19,435	1,37,350	1,53,833
61-63	62,837	76,347	83,981	1,09,176	1,31,011	1,50,662	1,68,742
64	70,253	85,357	93,893	1,22,061	1,46,473	1,68,444	1,88,657
65	77,669	94,368	1,03,805	1,34,946	1,61,936	1,86,226	2,08,573
66-68	86,026	1,04,521	1,14,973	1,49,465	1,79,358	2,06,262	2,31,013
69	89,833	1,09,147	1,20,062	1,56,081	1,87,297	2,15,391	2,41,238
70	93,641	1,13,774	1,25,151	1,62,696	1,95,235	2,24,521	2,51,463
71-73	97,931	1,18,986	1,30,885	1,70,150	2,04,180	2,34,808	2,62,984
74	1,03,319	1,25,533	1,38,086	1,79,512	2,15,414	2,47,726	2,77,453
75	1,08,707	1,32,079	1,45,287	1,88,873	2,26,648	2,60,645	2,91,922
76-78	1,14,778	1,39,455	1,53,401	1,99,421	2,39,305	2,75,201	3,08,225
79	1,20,284	1,46,145	1,60,759	2,08,987	2,50,784	2,88,402	3,23,010
80	1,25,789	1,52,834	1,68,117	2,18,553	2,62,263	3,01,603	3,37,795
Above 80	1,31,993	1,60,371	1,76,409	2,29,331	2,75,197	3,16,477	3,54,454

Family Package Plan for One Year Premium

Premium in Rs. (Excluding GST)

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5months - 25years	6,363	8,841	11,493	7,051	9,545	12,090
26-30	6,527	9,068	11,788	7,232	9,790	12,400
31-35	6,690	9,294	12,083	7,412	10,035	12,710
36-40	8,170	10,515	13,125	9,053	11,352	13,807
41-45	8,589	11,054	13,798	9,517	11,934	14,515

The Sum Insured is apportioned equally among all the family members who are insured

A-Adult | C-Child

Family Package Plan for Two Years Premium

Premium in Rs. (Excluding GST)

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5months - 24years	12,090	16,798	21,838	13,397	18,136	22,972
25	12,237	17,002	22,103	13,559	18,356	23,251
26-29	12,400	17,229	22,397	13,740	18,601	23,561
30	12,547	17,433	22,663	13,903	18,821	23,840
31-34	12,710	17,660	22,957	14,084	19,066	24,150
35	14,043	18,758	23,896	15,560	20,251	25,137
36-39	15,524	19,978	24,938	17,201	21,569	26,233
40	15,901	20,464	25,544	17,619	22,093	26,871
41-44	16,320	21,003	26,217	18,083	22,675	27,579

The Sum Insured is apportioned equally among all the family members who are insured

A-Adult | C-Child

Family Package Plan for Three Years Premium

Premium in Rs. (Excluding GST)

Sum Insured (Rs.)	2,00,000/-			3,00,000/-		
Family Size Age (in yrs)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5months - 23years	17,658	24,534	31,894	19,566	26,488	33,551
24	17,803	24,735	32,156	19,726	26,705	33,826
25	17,948	24,936	32,417	19,887	26,922	34,101
26-28	18,111	25,163	32,712	20,068	27,167	34,411
29	18,256	25,364	32,974	20,228	27,384	34,686
30	18,401	25,566	33,235	20,389	27,601	34,961
31-33	18,564	25,792	33,530	20,569	27,846	35,271
34	19,878	26,875	34,455	22,026	29,015	36,245
35	21,192	27,958	35,380	23,482	30,185	37,218
36-38	22,673	29,179	36,423	25,122	31,502	38,315
39	23,045	29,657	37,020	25,534	32,019	38,943
40	23,417	30,136	37,618	25,946	32,535	39,571
41-43	23,836	30,675	38,291	26,411	33,118	40,280

The Sum Insured is apportioned equally among all the family members who are insured

A-Adult | C-Child

Premium for Add-ons

Premium in Rs. (Excluding GST)

Name of the add-on	Hospital Cash	Patient Care
Premium for 1 Year	678	580
Premium for 2 Years	1288	1102
Premium for 3 Years	1881	1610