STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - MEDI CLASSIC INSURANCE POLICY (INDIVIDUAL)

Unique Identification No.: SHAHLIP25038V082425

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 Monthly or Quarterly or Half-yearly.
Incase of installment mode of payment, there will be loading on annual premium as given below:

- Monthly: 4%
- Quarterly: 3%
- 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 monthly, quarterly or 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 Medical 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. 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/-				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/-	Up to Sum Insured			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.

J. 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

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
2. 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.
3. **In the event of a claim resulting in;**
   a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued
   b. 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
   c. 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 after the reduction at the same rate at which it has accrued. At any point of time, the cumulative bonus will not be less than “zero”.
   d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be “nil” or “zero”

K. 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.

L. 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.

Note: 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":-

a) Family means the Insured Person, insured spouse and insured dependent children not exceeding two in numbers.
b) This plan is applicable for Basic Sum Insured of Rs.2,00,000/- and Rs.3,00,000/- only.
c) Plan is applicable for Age band of 5 months to 45 years.
d) The Basic Sum Insured is to be equally apportioned among all the persons insured.
e) Each family member is covered up-to his/her limit only.
f) No transfer of unutilized balance Basic Sum Insured to other insured persons is permissible.
g) Health check- up benefit will be calculated on the policy Basic Sum Insured and equally divided among all the insured persons.
h) 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.
i) The automatic restoration of Basic Sum Insured facility is not applicable for this Plan

Optional Covers

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 Medical 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 :

1. This benefit is payable on renewal and when the renewed policy is in force.
2. 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. 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/-

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

J. 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

1. The Cumulative bonus will be calculated on the expiring Basic Sum Insured or on the renewed Basic Sum Insured whichever is less.
2. 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
3. In the event of a claim resulting in
   a. Partial utilization of Basic Sum Insured, such cumulative bonus so granted will be reduced at the same rate at which it has accrued.
   b. 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.
   c. 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 after the reduction at the same rate at which it has accrued. At any point of time, the cumulative bonus will not be less than "zero".
   d. Full utilization of Basic Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be "nil" or "zero"

K. 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.

L. 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 unutilized additional Basic Sum Insured cannot be carried forward. This Benefit is not available for Modern Treatment.

M. 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.

N. 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

O. 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.

P. 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

Q. 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

R. 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.
7. **Add-on cover:** Star Extra Protect – Add on cover | UIN: SHAHLIA23061V012223 and its subsequent revisions. This Add on cover can be availed along with this Product. Please ask for the Prospectus and Proposal Form of the same at the time of purchase. All terms and conditions of the Add-on cover will apply.

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 36 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 applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
   - D. 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
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 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**
    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 under Permanent Exclusion (based on Insured's consent) **- Code Excl 38**

XII. Moratorium Period: 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.

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

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

Documents to be submitted for Reimbursement: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit;

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, anesthetist
g. Certificate from the attending doctor regarding the diagnosis.
h. KYC (Identity proof with Address) of the proposer, as per AML guidelines.
i. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
j. CKYC No. of the proposer (if available)

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. What is renewal procedure?

Renewal of policy: 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

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

i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
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 installments from the claim amount due under the policy.
viii. For premium paid in instalments during the policy period, coverage is available during the grace period also

XVI. 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.

a) First 30 days as per exclusion **Code Excl 03**
b) 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**
c) 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as per exclusion **Code Excl 01**
d) 36 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

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

XVIII. Withdrawal of policy

i. 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.

ii. 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

XIX. 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 and the stamp duty charges or
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

XX. 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.

XXI. 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.

XXII. 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 30 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.

XXIII. 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

XXIV. 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

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

The premium sheet is attached

XXVI. 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. : 044-69006900 | Toll Free No. 1800 425 2255
Senior Citizens may call at 044-69007500
Courier/Post : Star Health and Allied Insurance Company Limited., 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai-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.
Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

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. 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

XXX. How to buy this insurance?

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

XXXI. 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.

XXXII. 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 Years)	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000
5m-35	5,167	5,355	6,638	7,435	8,101	10,531	12,638
36-45	6,635	6,875	8,524	9,546	10,401	13,522	16,227
46-50	9,784	10,139	12,572	14,080	15,341	19,943	23,932
51-55	13,136	13,612	16,877	18,901	20,595	26,774	32,128
56-60	16,475	17,073	21,168	23,706	25,831	33,580	40,295
61-65	21,827	22,618	28,044	31,406	34,220	44,488	53,385
66-70	29,882	30,966	38,392	42,997	46,850	60,904	73,086
71-75	34,018	35,251	43,706	48,947	53,333	69,334	83,200
76-80	39,870	41,316	51,224	57,368	62,508	81,260	97,513
Above 80	45,849	47,512	58,908	65,971	71,884	93,448	1,12,139

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

Sum Insured (Rs) Age (in Years)	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000
5m-35	4,036	4,183	5,772	7,013	7,716	10,030	12,036
36-45	5,183	5,372	7,412	9,006	9,906	12,878	15,454
46-50	7,644	7,922	10,932	13,282	14,610	18,994	22,792
51-55	10,263	10,634	14,676	17,832	19,615	25,499	30,598
56-60	12,871	13,338	18,407	22,364	24,601	31,980	38,377
61-65	17,052	17,670	24,386	29,628	32,592	42,368	50,842
66-70	23,345	24,192	33,385	40,563	44,619	58,005	69,606
71-75	26,576	27,540	38,005	46,176	50,794	66,032	79,239
76-80	31,148	32,277	44,544	54,120	59,531	77,392	92,869
Above 80	35,820	37,119	51,224	62,237	68,461	88,999	1,06,799

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-35	7,436	8,327	9,073	11,795	14,155	16,277	18,230
36-45	9,120	10,214	11,129	14,468	17,362	19,967	22,363
46-50	13,075	14,643	15,954	20,741	24,889	28,623	32,058
51-55	17,553	19,657	21,419	27,844	33,413	38,425	43,036
56-60	22,015	24,655	26,863	34,923	41,907	48,194	53,977
61-65	29,165	32,663	35,590	46,267	55,521	63,848	71,510
66-70	39,928	44,716	48,723	63,340	76,009	87,410	97,899
71-75	45,454	50,905	55,467	72,107	86,528	99,508	1,11,449
76-80	53,274	59,661	65,009	84,512	1,01,414	1,16,626	1,30,621
Above 80	61,264	68,610	74,759	97,187	1,16,624	1,34,118	1,50,212

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

Sum Insured (Rs.) Age (in Years)	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
16days-35	6,466	7,856	8,641	11,234	13,480	15,502	17,362
36-45	7,931	9,636	10,600	13,779	16,536	19,016	21,298
46-50	11,369	13,813	15,195	19,753	23,704	27,260	30,531
51-55	15,263	18,545	20,399	26,518	31,823	36,596	40,988
56-60	19,143	23,259	25,584	33,260	39,912	45,899	51,407
61-65	25,361	30,813	33,895	44,064	52,876	60,808	68,105
66-70	34,720	42,185	46,404	60,324	72,390	83,248	93,238
71-75	39,525	48,023	52,826	68,673	82,408	94,769	1,06,141
76-80	46,324	56,284	61,914	80,487	96,584	1,11,073	1,24,401
Above 80	53,273	64,726	71,200	92,559	1,11,070	1,27,732	1,43,059

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 years)	2A	2A+1C	2A+2C	2A	2A+1C	2A+2C
5m-25	7,127	9,902	12,872	7,897	10,690	13,541
26-30	7,310	10,156	13,203	8,100	10,965	13,888
31-35	7,493	10,409	13,533	8,301	11,239	14,235
36-40	9,150	11,777	14,700	10,139	12,714	15,464
41-45	9,620	12,380	15,454	10,659	13,366	16,257

The Sum Insured is apportioned equally among all the family members who are insured A-Adult | C-Child

Premium for Optional Covers		Premium in Rs. (Excluding GST)
Name of the add-on	Hospital Cash	Patient Care
Premium for 1 Year	759	650