



## FAMILY HEALTH OPTIMA INSURANCE PLAN

*A cover for You and  
Your Loved Ones too*



*The Health Insurance Specialist*

# FAMILY HEALTH OPTIMA INSURANCE PLAN

Unique Identification No.: SHAHIP23164V072223

Secure your health and that of your loved ones with Family Health Optima Insurance Plan – A super saver health insurance for the entire family with single sum insured. The availability of wider coverage and many exclusive benefits make this policy the best health protection for you and your loved ones.

## ➲ A Super Saver Policy

- ↳ Single Sum Insured
- ↳ Extra Benefits
- ↳ Coverage for entire family
- ↳ Considerable saving in premium as the family is covered under single sum insured

## ➲ Eligibility

- ↳ Any person aged between 18 years and 65 years, residing in India, can take this insurance
- ↳ Beyond 65 years, It can be renewed for life time
- ↳ Child above 16 days of age can be covered as part of the family. If, at the commencement of the policy, the new born child is less than 16 days of age, the proposer can opt to cover such child also in the same policy by paying the applicable premium in full. However, the cover for such child will commence only from the 16th day after its birth and continue till the expiry date of the policy
- ↳ **Family:** Self, Spouse / Live in partner / Same Sex partner, dependent children from 16 days up to 25 years (Dependent children means children who are economically dependent on their parents), Dependent Parent / Parent in law also covered

**➲ Sum Insured Options:** Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/- and Rs.25,00,000/-

**➲ Instalment Facility available:** Premium can be paid Half-yearly or Quarterly, Premium can also be paid Annually and Biennially.(once in 2 years). For instalment mode of payment, there will be loading as given below:

- ↳ Quarterly -3% | Half Yearly - 2% (will be applicable on the annual premium)

**Note:** If Instalment Facility is opted for 2 year term policies, the full premium applicable for 2 year terms should be paid in quarterly or half yearly within the expiry of the first year.

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

**➲ Long term discount:** If the policy term opted is 2 years, discount available is at 10% on 2nd year premium.

**➲ Upfront Discount:** We will provide upfront discount of 5% on the premium, if the questions related to lifestyle and habits are answered by the insured at the time of purchasing this policy.

## Note

- This discount will be available only on the base policy premium not on Optional/Add-on covers.
- This discount will be available only once, that is at the time of first purchase of this policy and if purchased online.
- The discount will be given only if all the Adult Members proposed for Insurance answered the questions.

## ➲ Policy Benefits

### ↳ In-Patient Hospitalisation Benefits

- Room, Boarding, Nursing Expenses as given below;

Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	Upto 5,000/- per day
4,00,000/-	
5,00,000/-	
10,00,000/-	
15,00,000/-	
20,00,000/-	Single Standard A/C Room
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 category

- Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees

- **Emergency Road ambulance:** Emergency ambulance charges up to a sum of Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period

➢ 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 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.

➢ **Air Ambulance:** Up to 10% of the sum insured per policy period. Available for Sum Insured of Rs. 5 Lakhs and above only

### ↳ Pre & Post Hospitalization

- Pre-hospitalization medical expenses incurred up to 60 days prior to the date of hospitalization are payable
- Post-hospitalization medical expenses incurred up to 90 days from the date of discharge from hospital are payable

### ↳ Coverage for Modern Treatment:

Expenses are subject to the limits.  
(For details please refer website: [www.starhealth.in](http://www.starhealth.in))

### ↳ Day Care Procedures:

All day care procedures covered.

➢ **Pre-Acceptance Medical Screening:** All persons above 50 years of age and those who declare adverse medical history in the proposal form are required to undergo pre-acceptance medical screening at the Company designated Centers The cost of such screening will be borne by the Company.

## ➲ Special Features

➢ **Domiciliary Hospitalization:** 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 is actually 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.

➢ **Organ Donor Expenses** for organ transplantation payable where the insured is the recipient. Maximum payable under this head is 10% of the sum insured or Rupees one lakh whichever is less, subject to availability of the sum insured and provided the claim for transplantation is payable. Donor screening expenses are not payable.

➢ **Cost of Health Check Up:** Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for every claim free year provided the health checkup is done at network hospitals and the policy is in force. If a claim is made by any of the insured persons, the health check up benefits will not be available under the policy.

### 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 sum insured and will not impact the Bonus

Sum Insured (Rs.)	Limit Per Policy Period (Rs.)
3,00,000/-	Up to 750/-
4,00,000/-	Up to 1,000/-
5,00,000/-	Up to 1,500/-
10,00,000/-	Up to 2,000/-
15,00,000/-	Up to 2,500/-
20,00,000/-	Up to 3,000/-
25,00,000/-	Up to 3,500/-

**Note:** Payment of any claim under this benefit shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract

➢ **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 Sum Insured or Rupees Fifty thousand, whichever is less, subject to the availability of the sum insured, provided the mother is 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 Excl 03)** shall not apply for the New Born Baby

- All other terms, conditions and exclusions shall apply for the New Born Baby
- The **Exclusion No.1 (Code Excl 01), Exclusion No.2 (Code Excl 02), Exclusion No.3 (Code Excl 03)** and the above mentioned sublimit will not apply for treatment related to Congenital Internal disease / defects for the new born.

→ **Emergency Domestic Medical Evacuation:** Subject to limits mentioned in the table given below, the Company will reimburse reasonable and necessary expenses incurred towards transportation of the insured person from the hospital where the insured person is currently undergoing treatment to another hospital for further treatment provided;

- The medical condition of the Insured Person is a life threatening emergency
- Further treatment facilities are not available in the current hospital
- The Medical Evacuation is recommended by the treating Medical Practitioner
- Claim for Hospitalization is admissible under the policy

Sum Insured (Rs.)	Limit per hospitalization (Rs.)
Up to 4,00,000/-	Up to 5,000/-
5,00,000/- to 15,00,000/-	Up to 7,500/-
20,00,000/- and 25,00,000/-	Up to 10,000/-

**Note:** Payment under this benefit does not form part of the sum insured but will impact the Bonus.

→ **Compassionate travel:** In the event of the insured person being hospitalized for a life threatening emergency at a place away from his usual place of residence as recorded in the policy, the Company will reimburse the transportation expenses by air incurred upto Rs.5,000/- for one immediate family member (other than the travel companion) for travel towards the place where hospital is located, provided the claim for hospitalization is admissible under the policy.

**Note:** This benefit is available for sum insured options of Rs.10,00,000/- and above only. Payment under this benefit does not form part of the sum insured but will impact the Bonus.

→ **Repatriation of Mortal Remains:** Following an admissible claim for hospitalization under the policy, the Company shall reimburse up to Rs.5,000/- per policy period towards the cost of repatriation of mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the Insured as recorded in the policy. Payment under this benefit does not form part of the sum insured but will impact the Bonus.

→ **Treatment in Valuable Service Providers:** In the event of a medical contingency requiring hospitalization, if the insured seeks advice from the Company, the Company may suggest an appropriate hospital from the network for treatment. Where the insured accepts the same and undergoes treatment in the suggested hospital, an amount calculated at 1% of Sum Insured subject to a maximum of Rs. 5,000/- per policy period is payable as lump sum.

**Note:** Payment under this benefit does not form part of the sum insured but will impact Bonus.

→ **Shared Accommodation:** If the Insured person occupies, a shared accommodation during in-patient hospitalization, then amount as per table given below will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.

**Note:** Payment under this benefit does not form part of the sum insured but will impact Bonus

Sum Insured (Rs.)	Limit per day (Rs.)
3,00,000/-	
4,00,000/-	
5,00,000/-	800/- per day
10,00,000/-	
15,00,000/-	
20,00,000/-	1000/- per day
25,00,000/-	

→ **AYUSH Treatment:** In Patient Hospitalization Expenses incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable upto the limits given below;

Sum Insured (Rs.)	Limit per policy period (Rs.)
3,00,000/-	
4,00,000/-	Up to 10,000/-

Sum Insured (Rs.)	Limit per policy period (Rs.)
5,00,000/- to 15,00,000/-	Up to 15,000/-
20,00,000/- and 25,00,000/-	Up to 20,000/-

**Note**

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

→ **Second Medical Opinion:** The Insured Person is given the facility of obtaining a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners. To utilize this benefit, all medical records should be forwarded to the mail-id: e\_medicalopinion@starhealth.in or through post/courier.

→ **Assisted Reproduction Treatment:** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment, where indicated, for sub-fertility subject to;

- Awaiting period of 36 months from the date of first inception of this policy with the Company for the insured person
- The maximum liability of the Company for such treatment shall be limited to Rs.1,00,000/- for Sum Insured of Rs.5,00,000/- and Rs.2,00,000/- for Sum Insured of Rs.10,00,000/- and above for every block of 36 months and payable on renewal

- For the purpose of claiming under this benefit, in- patient treatment is not mandatory

- Automatic Restoration of Sum Insured, Recharge Benefit shall not be applicable for this benefit

**Note:** To be eligible for this benefit both husband and spouse should stay insured continuously without break under this policy for every block. This coverage is available only for sum insured options of Rs.5,00,000/- and above.

This benefit covers intrauterine insemination (IUI), Intra-Cytoplasmic Sperm Injection (ICSI), In-Vitro Fertilisation(IVF) and TESA/ TESE (Testicular / Epididymal Sperm Aspiration / Extraction)

→ **Limits for cataract surgery:** Expenses incurred on treatment of Cataract is subject to the limits as per the following table;

Sum Insured (Rs.)	Limit per eye (in Rs.)	Limit per policy period (in Rs.)
3,00,000/-	Up to 25,000/-	Up to 35,000/-
4,00,000/-	Up to 30,000/-	Up to 45,000/-
5,00,000/-	Up to 40,000/-	Up to 60,000/-
10,00,000/-		
15,00,000/-		
20,00,000/-	Up to 50,000/-	Up to 75,000/-
25,00,000/-		

→ **Additional Sum Insured for Road Traffic Accident (RTA):** If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the sum insured shall be increased by 25% subject to a maximum of Rs. 5,00,000/- . This benefit is payable only if the insured person was wearing a helmet and travelling in a two wheeler either as a rider or as a pillion rider. The additional sum insured shall be available only once during the policy period and should be used for the particular hospitalization following RTA and cannot be carried forward.

Automatic Restoration of Sum Insured and Recharge Benefit shall not apply for this benefit.

→ **Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Sum Insured immediately upon exhaustion of the limit of coverage which has been defined during the policy period. Such Automatic Restoration is available 3 times at 100% each time, during the policy period. Each restoration will operate only after the exhaustion of the earlier one.

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

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

Sum Insured (Rs.)	Limit (Rs.)
3,00,000/-	75,000/-
4,00,000/-	1,00,000/-
5,00,000/-	
10,00,000/-	
15,00,000/-	1,50,000/-
20,00,000/-	
25,00,000/-	

→ **Cumulative Bonus:** In respect of a claim free year of Insurance, the insured would be entitled to benefit of bonus of 25% of the expiring Sum Insured in the second year and additional 10% of the expiring sum Insured for the subsequent years. The maximum allowable bonus shall not exceed 100%.

The Bonus will be calculated on the expiring sum insured or on the renewed sum insured whichever is less. Bonus will be given on that part of sum insured which is continuously renewed. If the insured opts to reduce the sum insured at the subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced sum insured.

Bonus shall be available only upon timely renewal without break or upon renewal within the grace period allowed. In the event of a claim, such bonus so granted will be reduced at the same rate at which it has accrued. However the sum insured, will not be reduced.

→ **Co-Payment:** This policy is subject to co-payment of 20% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is 61 years and above.

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

This Wellness Program is enabled and administered online through Star Health Mobile Applications.

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

Wellness Points Earned	Discount in Premium
200 to 350	4%
351 to 600	10%
601 to 750	14%
751 and above	20%

→ **Exclusions:** 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 waiting period 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, 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 calculi 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 (other than due to Cancer), 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 (except for coverage under "Hospitalization expenses for treatment of New Born Baby")

##### 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;

- i. 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
- ii. 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;

- 1. Surgery to be conducted is upon the advice of the Doctor
- 2. The surgery/Procedure conducted should be supported by clinical protocols
- 3. The member has to be 18 years of age or older and
- 4. Body Mass Index (BMI);
  - a. greater than or equal to 40 or
  - b. 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;
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. 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, paragliding, 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 Insured 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;
  - i. Any type of contraception, sterilization
  - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - iii. Gestational Surrogacy
  - iv. Reversal of sterilization

**Note:** Except to the extent covered under Assisted Reproduction Treatment
18. **Maternity - Code Excl 18**
  - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
  - ii. 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**
- ⌚ **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.
- ⌚ **Renewal of Policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
  - ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
  - iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
  - iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 120 days to maintain continuity of benefits without break in policy.
  - v. Coverage is not available during the grace period
  - vi. No loading shall apply on renewals based on individual claims experience
- ⌚ **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.
- ⌚ **Revision of Sum Insured:** Reduction or enhancement of 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 and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03**.
- ⌚ **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.irda.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irda.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)
- ⌚ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
- For Detailed Guidelines on portability, kindly refer the link**  
[https://www.irda.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irda.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)
- ⌚ **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
- ⌚ **Premium Payment in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);
  - 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 installments 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.
- If Instalment Facility is opted for 2 year term policies, the full premium applicable for 2 year terms should be paid in quarterly or half yearly within the expiry of the first year.

☞ **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;

- 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;

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

☞ **Cancellation**

- i. The policyholder may cancel 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	57.5% 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	47.5% 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	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

**Cancellation table applicable for installment option of Quarterly premium payment for Policy Term 1 Year**

Period on risk	Rate of premium to be retained
Up to 1 Mth	95% of the total premium received
Exceeding 1 mth up to 3 mths	100% of the total premium received
Exceeding 3 mths 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	87.5% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% 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	12.5% of the policy premium
Exceeding 1 mth up to 3 mths	20% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	40% of the policy premium
Exceeding 9 mths up to 12 mths	50% 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	24% of the total premium received
Exceeding 1 mth up to 4 mths	44.5% of the total premium received
Exceeding 4 mths up to 6 mths	58.5% of the total premium received
Exceeding 6 mths up to 7 mths	32.5% of the total premium received
Exceeding 7 mths up to 10 mths	43% of the total premium received
Exceeding 10 mths up to 12 mths	50% of the total premium received
Exceeding 12 mths up to 16 mths	72.5% of the total premium received
Exceeding 16 mths up to 19 mths	82.5% 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 installment option of Quarterly premium payment for Policy Term 2 Year**

Period on risk	Rate of premium to be retained
Up to 1 Mth	47.5% of the total premium received
Exceeding 1 mth up to 3 mths	75% of the total premium received
Exceeding 3 mths up to 4 mths	45% of the total premium received
Exceeding 4 mths up to 6 mths	57.5% of the total premium received
Exceeding 6 mths up to 7 mths	42.5% of the total premium received
Exceeding 7 mths up to 9 mths	52.5% of the total premium received
Exceeding 9 mths up to 10 mths	42.5% of the total premium received
Exceeding 10 mths up to 12 mths	50% of the total premium received
Exceeding 12 mths up to 13 mths	62.5% of the total premium received
Exceeding 13 mths up to 15 mths	70% of the total premium received
Exceeding 15 mths up to 18 mths	80% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 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

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

- Upon the death of the Insured Person This means that, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- Upon exhaustion of the Sum Insured, Limit of Coverage, Limit of Coverage plus Restore and / or Recharge Sum Insured.

- ⌚ **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.
- ⌚ **Star Advantages**
  - No Third Party Administrator, direct in-house claims settlement
  - Faster and hassle – free claim settlement
  - Cashless hospitalization
- ⌚ **Claims Procedure**
  - For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255  
Senior Citizens may call at 044-40020888
  - In case of planned hospitalization, inform 24 hours prior to admission in the hospital
  - In case of emergency hospitalization information to be given within 24 hours after hospitalization
  - Cashless facility wherever possible in network hospital
  - In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
  - KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- ⌚ **Tax Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.
- ⌚ **Taxes are subject to Changes in Tax Laws**
- ⌚ **Prohibition of rebates:** (Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

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

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## FAMILY HEALTH OPTIMA INSURANCE PLAN

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REGD & CORPORATE OFFICE: #1, New Tank Street,  
Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.  
CIN: L66010TN2005PLC056649 « IRDAI Regn. No: 129

# FAMILY HEALTH OPTIMA INSURANCE PLAN

## ONE YEAR Premium Chart & Schedule of Benefits

Unique Identification No.: SHAHLIP23164V072223 - BRO / FHO / V.14 / 2023

### NON - PARENT/PARENT-IN-LAW

### A-Adult | C-Child

### EXCLUDING TAX

**Zone A:** Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Ahmedabad, Surat, Vadodara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffar nagar, Palwal, Panchsheel Nagar, Panipat, Rewari, Rohtak, Saharanpur, Sirsa and Sonipat

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+1C	16days-35	11,014	11,915	12,516	15,019	17,272	19,344
	36-45	13,887	15,024	15,781	18,937	21,778	24,391
	46-50	18,895	20,441	21,472	25,766	29,631	33,187
	51-55	25,039	27,087	28,453	34,144	39,265	43,977
	56-60	30,177	32,646	34,292	41,150	47,323	53,002
	61-65	38,931	42,116	44,240	53,088	61,051	68,377
	66-70	50,455	54,583	57,335	68,802	79,122	88,617
	71-75	62,939	68,089	71,522	85,826	98,700	1,10,544
	76-80	75,423	81,594	85,708	1,02,850	1,18,277	1,32,471
	Above 80	86,659	93,749	98,476	1,18,171	1,35,897	1,52,205
Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+2C	16days-35	15,033	16,263	17,082	20,499	23,574	26,403
	36-45	15,905	17,206	18,074	21,689	24,942	27,935
	46-50	20,830	22,534	23,670	28,404	32,665	36,585
	51-55	25,968	28,093	29,509	35,411	40,723	45,609
	56-60	30,806	33,326	35,006	42,008	48,309	54,106
	61-65	39,449	42,677	44,828	53,794	61,863	69,287
	66-70	50,973	55,143	57,924	69,508	79,935	89,527
	71-75	63,457	68,649	72,110	86,532	99,512	1,11,454
	76-80	75,941	82,155	86,297	1,03,556	1,19,090	1,33,380
	Above 80	87,177	94,310	99,065	1,18,878	1,36,709	1,53,115
Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+3C	16days-35	18,265	19,759	20,755	24,906	28,642	32,079
	36-45	19,325	20,906	21,960	26,352	30,305	33,941
	46-50	22,764	24,627	25,868	31,042	35,698	39,982
	51-55	26,897	29,098	30,565	36,678	42,180	47,241
	56-60	31,434	34,006	35,721	42,865	49,294	55,210
	61-65	39,967	43,237	45,417	54,501	62,676	70,197
	66-70	51,491	55,704	58,512	70,215	80,747	90,437
	71-75	63,975	69,209	72,699	87,239	1,00,325	1,12,364
	76-80	76,459	82,715	86,886	1,04,263	1,19,902	1,34,290
	Above 80	87,695	94,870	99,653	1,19,584	1,37,522	1,54,024
Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A	16days-35	11,425	12,360	12,983	15,579	17,916	20,066
	36-45	15,827	17,121	17,985	21,582	24,819	27,797
	46-50	22,614	24,465	25,698	30,838	35,463	39,719
	51-55	32,146	34,776	36,530	43,836	50,411	56,460
	56-60	39,398	42,621	44,770	53,724	61,783	69,197
	61-65	51,217	55,408	58,201	69,842	80,318	89,956
	66-70	66,582	72,030	75,662	90,794	1,04,413	1,16,943
	71-75	83,228	90,037	94,577	1,13,493	1,30,517	1,46,179
	76-80	99,874	1,08,045	1,13,493	1,36,191	1,56,620	1,75,414
	Above 80	1,14,855	1,24,252	1,30,517	1,56,620	1,80,113	2,01,726
Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+1C	16days-35	15,734	17,021	17,880	21,456	24,674	27,635
	36-45	18,517	20,032	21,042	25,250	29,037	32,522
	46-50	25,194	27,255	28,629	34,355	39,508	44,249
	51-55	33,385	36,117	37,938	45,525	52,354	58,636
	56-60	40,236	43,528	45,723	54,867	63,097	70,669
	61-65	51,908	56,155	58,986	70,784	81,401	91,169
	66-70	67,273	72,777	76,447	91,736	1,05,496	1,18,156
	71-75	83,919	90,785	95,362	1,14,435	1,31,600	1,47,392
	76-80	1,00,564	1,08,792	1,14,278	1,37,133	1,57,703	1,76,627
	Above 80	1,15,545	1,24,999	1,31,301	1,57,562	1,81,196	2,02,940
Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+2C	16days-35	20,043	21,683	22,777	27,332	31,432	35,204
	36-45	21,207	22,942	24,099	28,918	33,256	37,247
	46-50	27,773	30,045	31,560	37,872	43,553	48,779
	51-55	34,624	37,457	39,346	47,215	54,297	60,813
	56-60	41,074	44,435	46,675	56,010	64,412	72,141
	61-65	52,599	56,902	59,771	71,725	82,484	92,382
	66-70	67,964	73,524	77,232	92,678	1,06,580	1,19,369
	71-75	84,609	91,532	96,147	1,15,376	1,32,683	1,48,605
	76-80	1,01,255	1,09,539	1,15,062	1,38,075	1,58,786	1,77,841
	Above 80	1,16,236	1,25,746	1,32,086	1,58,504	1,82,279	2,04,153
Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+3C	16days-35	24,353	26,345	27,674	33,208	38,190	42,772
	36-45	25,766	27,874	29,280	35,136	40,406	45,255
	46-50	30,352	32,836	34,491	41,390	47,598	53,310
	51-55	35,863	38,797	40,754	48,904	56,240	62,989
	56-60	41,912	45,341	47,627	57,153	65,726	73,613
	61-65	53,289	57,649	60,556	72,667	83,567	93,596
	66-70	68,655	74,272	78,017	93,620	1,07,663	1,20,582
	71-75	85,300	92,279	96,932	1,16,318	1,33,766	1,49,818
	76-80	1,01,946	1,10,287	1,15,847	1,39,017	1,59,869	1,79,054
	Above 80	1,16,927	1,26,493	1,32,871	1,59,446	1,83,362	2,05,366

**Zone B: Mumbai (Including suburban), Rest of Gujarat, Thane, Palghar and Raigad**

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+1C	16days-35	10,440	11,294	11,863	14,236	16,371	18,336
	36-45	13,164	14,241	14,959	17,950	20,643	23,120
	46-50	17,910	19,376	20,352	24,423	28,086	31,457
	51-55	23,733	25,675	26,970	32,364	37,218	41,685
	56-60	28,604	30,944	32,504	39,005	44,856	50,239
	61-65	36,901	39,921	41,933	50,320	57,868	64,812
	66-70	47,824	51,737	54,346	65,215	74,997	83,997
	71-75	59,658	64,539	67,793	81,352	93,554	1,04,781
	76-80	71,491	77,340	81,240	97,488	1,12,111	1,25,564
	Above 80	82,141	88,862	93,342	1,12,011	1,28,812	1,44,270

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+2C	16days-35	14,249	15,415	16,192	19,430	22,345	25,026
	36-45	15,076	16,309	17,132	20,558	23,642	26,479
	46-50	19,744	21,359	22,436	26,923	30,962	34,677
	51-55	24,614	26,628	27,971	33,565	38,600	43,232
	56-60	29,200	31,589	33,181	39,818	45,790	51,285
	61-65	37,392	40,452	42,491	50,990	58,638	65,675
	66-70	48,316	52,269	54,904	65,885	75,767	84,860
	71-75	60,149	65,070	68,351	82,021	94,324	1,05,643
	76-80	71,982	77,872	81,798	98,158	1,12,881	1,26,427
	Above 80	82,632	89,393	93,900	1,12,680	1,29,582	1,45,132

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+3C	16days-35	17,312	18,729	19,673	23,608	27,149	30,407
	36-45	18,317	19,816	20,815	24,978	28,725	32,172
	46-50	21,577	23,343	24,520	29,424	33,837	37,898
	51-55	25,495	27,581	28,972	34,766	39,981	44,779
	56-60	29,795	32,233	33,858	40,630	46,725	52,331
	61-65	37,883	40,983	43,049	51,659	59,408	66,537
	66-70	48,807	52,800	55,462	66,554	76,538	85,722
	71-75	60,640	65,601	68,909	82,691	95,094	1,06,506
	76-80	72,473	78,403	82,356	98,827	1,13,651	1,27,289
	Above 80	83,123	89,924	94,458	1,13,350	1,30,352	1,45,995

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A	16days-35	10,829	11,715	12,306	14,767	16,982	19,020
	36-45	15,001	16,229	17,047	20,457	23,525	26,348
	46-50	21,435	23,189	24,358	29,230	33,615	37,648
	51-55	30,470	32,963	34,625	41,550	47,783	53,517
	56-60	37,344	40,399	42,436	50,924	58,562	65,590
	61-65	48,547	52,519	55,167	66,201	76,131	85,266
	66-70	63,111	68,275	71,717	86,061	98,970	1,10,846
	71-75	78,889	85,344	89,647	1,07,576	1,23,712	1,38,558
	76-80	94,667	1,02,412	1,07,576	1,29,091	1,48,455	1,66,269
	Above 80	1,08,867	1,17,774	1,23,712	1,48,455	1,70,723	1,91,210

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+1C	16days-35	14,914	16,134	16,948	20,337	23,388	26,194
	36-45	17,551	18,987	19,945	23,934	27,524	30,827
	46-50	23,880	25,834	27,137	32,564	37,449	41,942
	51-55	31,645	34,234	35,960	43,152	49,625	55,580
	56-60	38,138	41,259	43,339	52,007	59,808	66,985
	61-65	49,202	53,227	55,911	67,093	77,157	86,416
	66-70	63,766	68,983	72,461	86,954	99,997	1,11,996
	71-75	79,544	86,052	90,391	1,08,469	1,24,739	1,39,708
	76-80	95,322	1,03,121	1,08,320	1,29,984	1,49,482	1,67,419
	Above 80	1,09,522	1,18,482	1,24,456	1,49,348	1,71,750	1,92,360

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+2C	16days-35	18,999	20,553	21,589	25,907	29,793	33,368
	36-45	20,101	21,746	22,842	27,411	31,522	35,305
	46-50	26,325	28,479	29,915	35,898	41,283	46,236
	51-55	32,819	35,504	37,294	44,753	51,466	57,642
	56-60	38,933	42,118	44,242	53,090	61,054	68,380
	61-65	49,857	53,936	56,655	67,986	78,184	87,566
	66-70	64,421	69,691	73,205	87,846	1,01,023	1,13,146
	71-75	80,198	86,760	91,135	1,09,362	1,25,766	1,40,858
	76-80	95,976	1,03,829	1,09,064	1,30,877	1,50,508	1,68,569
	Above 80	1,10,176	1,19,191	1,25,200	1,50,240	1,72,776	1,93,510

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+3C	16days-35	23,083	24,972	26,231	31,477	36,199	40,543
	36-45	24,423	26,421	27,753	33,304	38,300	42,896
	46-50	28,770	31,124	32,693	39,232	45,117	50,531
	51-55	33,993	36,775	38,629	46,355	53,308	59,705
	56-60	39,727	42,978	45,144	54,173	62,299	69,775
	61-65	50,511	54,644	57,399	68,879	79,211	88,716
	66-70	65,075	70,400	73,949	88,739	1,02,050	1,14,296
	71-75	80,853	87,468	91,879	1,10,254	1,26,793	1,42,008
	76-80	96,631	1,04,537	1,09,808	1,31,770	1,51,535	1,69,719
	Above 80	1,10,831	1,19,899	1,25,944	1,51,133	1,73,803	1,94,660

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+1C	16days-35	8,980	9,715	10,205	12,246	14,083	15,773	17,350
	36-45	11,323	12,250	12,868	15,441	17,757	19,888	21,877
	46-50	15,407	16,667	17,508	21,009	24,160	27,060	29,766
	51-55	20,416	22,086	23,200	27,840	32,016	35,858	39,444
	56-60	24,605	26,619	27,961	33,553	38,586	43,216	47,538
	61-65	31,743	34,340	36,072	43,286	49,779	55,752	61,328
	66-70	41,139	44,505	46,749	56,099	64,514	72,256	79,481
	71-75	51,319	55,517	58,317	69,980	80,477	90,134	99,147
	76-80	61,498	66,529	69,884	83,861	96,440	1,08,012	1,18,814
	Above 80	70,659	76,440	80,294	96,353	1,10,806	1,24,103	1,36,513
Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+2C	16days-35	12,257	13,260	13,929	16,714	19,221	21,528	23,681
	36-45	12,969	14,030	14,737	17,684	20,337	22,777	25,055
	46-50	16,984	18,374	19,300	23,160	26,634	29,830	32,813
	51-55	21,174	22,906	24,061	28,873	33,204	37,189	40,907
	56-60	25,118	27,173	28,543	34,252	39,389	44,116	48,528
	61-65	32,166	34,797	36,552	43,862	50,441	56,494	62,144
	66-70	41,562	44,962	47,229	56,675	65,176	72,997	80,297
	71-75	51,741	55,974	58,797	70,556	81,139	90,876	99,964
	76-80	61,920	66,986	70,364	84,437	97,102	1,08,754	1,19,630
	Above 80	71,081	76,897	80,774	96,929	1,11,469	1,24,845	1,37,329
Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
1A+3C	16days-35	14,892	16,111	16,923	20,308	23,354	26,156	28,772
	36-45	15,757	17,046	17,905	21,486	24,709	27,675	30,442
	46-50	18,561	20,080	21,092	25,311	29,107	32,600	35,860
	51-55	21,931	23,726	24,922	29,906	34,392	38,519	42,371
	56-60	25,630	27,727	29,125	34,951	40,193	45,016	49,518
	61-65	32,588	35,254	37,032	44,438	51,104	57,236	62,960
	66-70	41,984	45,419	47,709	57,251	65,839	73,739	81,113
	71-75	52,163	56,431	59,277	71,132	81,802	91,618	1,00,780
	76-80	62,343	67,443	70,844	85,013	97,765	1,09,496	1,20,446
	Above 80	71,504	77,354	81,254	97,505	1,12,131	1,25,587	1,38,146
Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A	16days-35	9,315	10,078	10,586	12,703	14,608	16,361	17,997
	36-45	12,904	13,960	14,664	17,597	20,237	22,665	24,931
	46-50	18,439	19,948	20,953	25,144	28,916	32,386	35,624
	51-55	26,211	28,355	29,785	35,742	41,104	46,036	50,640
	56-60	32,124	34,752	36,504	43,805	50,376	56,421	62,063
	61-65	41,761	45,178	47,456	56,947	65,489	73,347	80,682
	66-70	54,289	58,731	61,692	74,031	85,135	95,352	1,04,887
	71-75	67,862	73,414	77,115	92,538	1,06,419	1,19,190	1,31,108
	76-80	81,434	88,097	92,538	1,11,046	1,27,703	1,43,027	1,57,330
	Above 80	93,649	1,01,311	1,06,419	1,27,703	1,46,859	1,64,482	1,80,930

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A+1C	16days-35	12,829	13,879	14,579	17,494	20,118	22,533	24,786
	36-45	15,098	16,333	17,157	20,588	23,676	26,517	29,169
	46-50	20,542	22,223	23,343	28,012	32,214	36,079	39,687
	51-55	27,221	29,448	30,933	37,120	42,688	47,810	52,591
	56-60	32,807	35,491	37,281	44,737	51,448	57,621	63,383
	61-65	42,324	45,787	48,096	57,715	66,372	74,337	81,770
	66-70	54,852	59,340	62,332	74,799	86,019	96,341	1,05,975
	71-75	68,425	74,023	77,755	93,306	1,07,302	1,20,179	1,32,197
	76-80	81,997	88,706	93,178	1,11,814	1,28,586	1,44,017	1,58,418
	Above 80	94,212	1,01,920	1,07,059	1,28,471	1,47,742	1,65,471	1,82,018

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A+2C	16days-35	16,343	17,680	18,571	22,286	25,629	28,704	31,574
	36-45	17,291	18,706	19,649	23,579	27,116	30,370	33,407
	46-50	22,645	24,498	25,733	30,880	35,512	39,773	43,751
	51-55	28,231	30,541	32,081	38,497	44,272	49,585	54,543
	56-60	33,491	36,231	38,057	45,669	52,519	58,822	64,704
	61-65	42,887	46,396	48,736	58,483	67,255	75,326	82,858
	66-70	55,416	59,950	62,972	75,567	86,902	97,330	1,07,063
	71-75	68,988	74,632	78,395	94,074	1,08,186	1,21,168	1,33,285
	76-80	82,560	89,315	93,818	1,12,582	1,29,469	1,45,006	1,59,506
	Above 80	94,775	1,02,530	1,07,699	1,29,239	1,48,625	1,66,460	1,83,106

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
2A+3C	16days-35	19,857	21,481	22,564	27,077	31,139	34,875	38,363
	36-45	21,009	22,728	23,874	28,649	32,946	36,899	40,589
	46-50	24,748	26,773	28,123	33,748	38,810	43,467	47,814
	51-55	29,242	31,634	33,229	39,875	45,856	51,359	56,495
	56-60	34,174	36,970	38,834	46,601	53,591	60,022	66,024
	61-65	43,451	47,006	49,376	59,251	68,138	76,315	83,946
	66-70	55,979	60,559	63,612	76,335	87,785	98,319	1,08,151
	71-75	69,551	75,242	79,035	94,842	1,09,069	1,22,157	1,34,373
	76-80	83,123	89,924	94,458	1,13,350	1,30,353	1,45,995	1,60,594
	Above 80	95,339	1,03,139	1,08,339	1,30,007	1,49,508	1,67,449	1,84,194

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+1C	16days-35	7,016	7,590	7,973	9,567	11,002	12,323
	36-45	8,846	9,570	10,053	12,063	13,873	15,538
	46-50	12,036	13,021	13,678	16,413	18,875	21,140
	51-55	15,950	17,255	18,125	21,750	25,012	28,014
	56-60	19,223	20,796	21,844	26,213	30,145	33,762
	61-65	24,799	26,828	28,181	33,817	38,890	43,557
	66-70	32,140	34,770	36,523	43,827	50,402	56,450
	71-75	40,093	43,373	45,560	54,672	62,873	70,417
	76-80	48,045	51,976	54,597	65,516	75,344	84,385
	Above 80	55,202	59,719	62,730	75,276	86,567	96,956

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+2C	16days-35	9,576	10,359	10,882	13,058	15,017	16,819
	36-45	10,132	10,961	11,513	13,816	15,888	17,795
	46-50	13,269	14,354	15,078	18,094	20,808	23,305
	51-55	16,542	17,895	18,798	22,557	25,941	29,054
	56-60	19,623	21,229	22,299	26,759	30,773	34,466
	61-65	25,129	27,185	28,556	34,267	39,407	44,136
	66-70	32,470	35,127	36,898	44,277	50,919	57,029
	71-75	40,423	43,730	45,935	55,122	63,390	70,997
	76-80	48,375	52,333	54,972	65,966	75,861	84,964
	Above 80	55,532	60,076	63,105	75,726	87,085	97,535

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
1A+3C	16days-35	11,635	12,587	13,221	15,865	18,245	20,435
	36-45	12,310	13,317	13,989	16,786	19,304	21,621
	46-50	14,501	15,687	16,478	19,774	22,740	25,469
	51-55	17,134	18,536	19,470	23,364	26,869	30,093
	56-60	20,024	21,662	22,754	27,305	31,401	35,169
	61-65	25,459	27,542	28,931	34,717	39,925	44,716
	66-70	32,800	35,484	37,273	44,727	51,437	57,609
	71-75	40,753	44,087	46,310	55,572	63,908	71,576
	76-80	48,705	52,690	55,347	66,416	76,379	85,544
	Above 80	55,862	60,433	63,480	76,176	87,602	98,115

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A	16days-35	7,278	7,873	8,270	9,924	11,413	12,782
	36-45	10,082	10,906	11,456	13,748	15,810	17,707
	46-50	14,406	15,584	16,370	19,644	22,590	25,301
	51-55	20,477	22,153	23,270	27,924	32,112	35,966
	56-60	25,097	27,150	28,519	34,223	39,356	44,079
	61-65	32,626	35,295	37,075	44,490	51,163	57,303
	66-70	42,413	45,884	48,197	57,837	66,512	74,493
	71-75	53,017	57,355	60,246	72,296	83,140	93,117
	76-80	63,620	68,825	72,296	86,755	99,768	1,11,740
	Above 80	73,163	79,149	83,140	99,768	1,14,733	1,28,501

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+1C	16days-35	10,023	10,843	11,390	13,667	15,718	17,604
	36-45	11,795	12,760	13,404	16,084	18,497	20,717
	46-50	16,049	17,362	18,237	21,884	25,167	28,187
	51-55	21,267	23,007	24,167	29,000	33,350	37,352
	56-60	25,631	27,728	29,126	34,951	40,193	45,017
	61-65	33,066	35,771	37,575	45,090	51,853	58,075
	66-70	42,853	46,360	48,697	58,437	67,202	75,266
	71-75	53,457	57,831	60,746	72,896	83,830	93,890
	76-80	64,060	69,301	72,796	87,355	1,00,458	1,12,513
	Above 80	73,603	79,625	83,640	1,00,368	1,15,423	1,29,274

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+2C	16days-35	12,768	13,812	14,509	17,411	20,022	22,425
	36-45	13,509	14,614	15,351	18,421	21,184	23,726
	46-50	17,692	19,139	20,104	24,125	27,744	31,073
	51-55	22,056	23,860	25,063	30,076	34,588	38,738
	56-60	26,164	28,305	29,732	35,679	41,031	45,954
	61-65	33,506	36,247	38,075	45,690	52,543	58,848
	66-70	43,293	46,836	49,197	59,037	67,892	76,039
	71-75	53,897	58,307	61,246	73,496	84,520	94,662
	76-80	64,500	69,777	73,296	87,955	1,01,148	1,13,286
	Above 80	74,043	80,101	84,140	1,00,968	1,16,113	1,30,047

Family Size	Age-band in years	Sum Insured in (Rs.)					
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000
2A+3C	16days-35	15,513	16,782	17,628	21,154	24,327	27,246
	36-45	16,413	17,756	18,651	22,382	25,739	28,828
	46-50	19,335	20,917	21,971	26,365	30,320	33,959
	51-55	22,845	24,714	25,960	31,152	35,825	40,124
	56-60	26,698	28,883	30,339	36,407	41,868	46,892
	61-65	33,946	36,723	38,575	46,290	53,233	59,621
	66-70	43,733	47,312	49,697	59,637	68,582	76,812
	71-75	54,337	58,783	61,746	74,096	85,210	95,435
	76-80	64,940	70,253	73,796	88,555	1,01,838	1,14,059
	Above 80	74,483	80,577	84,640	1,01,568	1,16,803	1,30,820

**PARENT / PARENT-IN-LAW**
**ONE YEAR PREMIUM CHART (EXCLUDING TAX)**

**Zone A: Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Ahmedabad, Surat, Vadodara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffarnagar, Palwal, Panchsheel Nagar, Panipat, Rewari, Rohtak, Saharanpur, Sirsa and Sonipat**

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
For Each Parent / Parent-in-law	Up to 50	12,212	13,211	13,877	16,652	19,150	21,448	23,593
	51-55	17,359	18,779	19,726	23,671	27,222	30,489	33,537
	56-60	21,275	23,016	24,176	29,011	33,363	37,366	41,103
	61-65	27,657	29,920	31,429	37,714	43,372	48,576	53,434
	66-70	35,954	38,896	40,857	49,029	56,383	63,149	69,464
	71-75	44,943	48,620	51,072	61,286	70,479	78,936	86,830
	76-80	53,932	58,344	61,286	73,543	84,575	94,724	1,04,196
	Above 80	62,021	67,096	70,479	84,575	97,261	1,08,932	1,19,825

**Zone B: Mumbai (Including suburban), Rest of Gujarat, Thane, Palghar and Raigad**

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
For Each Parent / Parent-in-law	Up to 50	11,575	12,522	13,154	15,784	18,152	20,330	22,363
	51-55	16,454	17,800	18,698	22,437	25,803	28,899	31,789
	56-60	20,166	21,816	22,916	27,499	31,624	35,418	38,960
	61-65	26,215	28,360	29,790	35,748	41,111	46,044	50,648
	66-70	34,080	36,868	38,727	46,473	53,444	59,857	65,843
	71-75	42,600	46,086	48,409	58,091	66,805	74,821	82,303
	76-80	51,120	55,303	58,091	69,709	80,166	89,785	98,764
	Above 80	58,788	63,598	66,805	80,166	92,190	1,03,253	1,13,579

**Zone C: Chennai, Ernakulam, Thiruvananthapuram, Bengaluru, Chengalpattu, Kanchipuram, Nashik, Pune, Tiruvallur, Hyderabad, Kollam, Wayanad, Indore, KV Ranga Reddy, Medchal Malkajgiri, Ahmed Nagar and Gwalior**

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
For Each Parent / Parent-in-law	Up to 50	9,957	10,772	11,315	13,578	15,615	17,488	19,237
	51-55	14,154	15,312	16,084	19,301	22,196	24,859	27,345
	56-60	17,347	18,766	19,712	23,655	27,203	30,467	33,514
	61-65	22,551	24,396	25,626	30,751	35,364	39,608	43,568
	66-70	29,316	31,715	33,314	39,977	45,973	51,490	56,639
	71-75	36,645	39,643	41,642	49,971	57,466	64,362	70,799
	76-80	43,974	47,572	49,971	59,965	68,960	77,235	84,958
	Above 80	50,570	54,708	57,466	68,960	79,304	88,820	97,702

**Zone D: Rest of India**

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
For Each Parent / Parent-in-law	Up to 50	7,779	8,415	8,840	10,608	12,199	13,663	15,029
	51-55	11,058	11,962	12,566	15,079	17,341	19,421	21,364
	56-60	13,552	14,661	15,400	18,480	21,252	23,803	26,183
	61-65	17,618	19,059	20,020	24,024	27,628	30,943	34,038
	66-70	22,903	24,777	26,026	31,232	35,916	40,226	44,249
	71-75	28,629	30,971	32,533	39,040	44,896	50,283	55,311
	76-80	34,355	37,166	39,040	46,848	53,875	60,340	66,374
	Above 80	39,508	42,741	44,896	53,875	61,956	69,391	76,330

# FAMILY HEALTH OPTIMA INSURANCE PLAN

## Schedule of Benefits & 2 Years Premium Chart

Unique Identification No.: SHAHLIP23164V072223 - BRO / FHO / V.14 / 2023

## Schedule of Benefits











**Zone C: Chennai, Ernakulam, Thiruvananthapuram, Bengaluru, Chengalpattu, Kanchipuram, Nashik, Pune, Tiruvallur, Hyderabad, Kollam, Wayanad, Indore, K V Ranga Reddy, Medchal Malkajgiri, Ahmed Nagar and Gwalior**

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
For Each Parent / Parent-in-law	Up to 49	18,918	20,466	21,498	25,798	29,668	33,228	36,550
	50	22,696	24,553	25,790	30,949	35,591	39,862	43,848
	51-54	26,892	29,093	30,560	36,672	42,172	47,233	51,956
	55	29,766	32,201	33,825	40,590	46,679	52,280	57,508
	56-59	32,959	35,656	37,453	44,944	51,686	57,888	63,677
	60	37,643	40,723	42,776	51,331	59,031	66,114	72,726
	61-64	42,847	46,352	48,689	58,427	67,191	75,254	82,780
	65	48,935	52,939	55,608	66,730	76,740	85,948	94,543
	66-69	55,701	60,258	63,296	75,956	87,349	97,831	1,07,614
	70	62,297	67,394	70,792	84,950	97,693	1,09,416	1,20,358
	71-74	69,626	75,323	79,120	94,944	1,09,186	1,22,288	1,34,517
	75	76,222	82,458	86,616	1,03,939	1,19,530	1,33,874	1,47,261
	76-79	83,551	90,387	94,944	1,13,933	1,31,023	1,46,746	1,61,421
	80	89,488	96,809	1,01,691	1,22,029	1,40,333	1,57,173	1,72,890
	Above 80	96,084	1,03,945	1,09,186	1,31,023	1,50,677	1,68,758	1,85,634

**Zone D: Rest of India**

Family Size	Age-band in years	Sum Insured in (Rs.)						
		3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
For Each Parent / Parent-in-law	Up to 49	14,780	15,989	16,796	20,155	23,178	25,959	28,555
	50	17,731	19,182	20,149	24,179	27,805	31,142	34,256
	51-54	21,010	22,729	23,875	28,650	32,947	36,901	40,591
	55	23,255	25,157	26,426	31,711	36,468	40,844	44,928
	56-59	25,749	27,856	29,260	35,113	40,379	45,225	49,748
	60	29,408	31,814	33,419	40,102	46,118	51,652	56,817
	61-64	33,474	36,213	38,039	45,646	52,493	58,793	64,672
	65	38,231	41,359	43,444	52,133	59,953	67,147	73,862
	66-69	43,516	47,077	49,450	59,340	68,241	76,430	84,073
	70	48,669	52,651	55,306	66,367	76,323	85,481	94,029
	71-74	54,395	58,846	61,813	74,175	85,302	95,538	1,05,092
	75	59,548	64,421	67,669	81,202	93,383	1,04,589	1,15,048
	76-79	65,274	70,615	74,175	89,010	1,02,362	1,14,645	1,26,110
	80	69,912	75,632	79,446	95,335	1,09,635	1,22,791	1,35,070
	Above 80	75,065	81,207	85,302	1,02,362	1,17,716	1,31,842	1,45,026



**Health  
Insurance**

***The Health Insurance Specialist***