

STAR

COMPREHENSIVE INSURANCE

POLICY

Unique Identification No. IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15

When medical costs are sky rocketing, a comprehensive health insurance would go a long way in alleviating your financial burden. Star Comprehensive Insurance Policy does the same. With no sub-limits or caps, the policy offers exhaustive benefits for the entire family designed to eliminate your health worries.

❖ Eligibility :

- Entry age between 3 months and 65 years
- Lifelong renewals guaranteed.
- No exit age
- Dependent children (those who are economically dependent on their parents) can be covered upto 25 years of age.

❖ **Pre-acceptance Medical Screening:** All persons proposed for insurance who are above 50 years of age are to undergo Pre acceptance medical screening at the company nominated centers. The cost of such screening will be borne by the Company. The age for screening and the cost are subject to change

❖ Coverage (Section 1)

- **Hospitalization Cover:** Room (Single Standard A/C), Boarding and Nursing expenses.
- Surgeon's fees, Consultant's fees, Anesthetist's and Specialist's fees.
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers.
- **Air Ambulance cover:** Up to 10% of the sum insured per policy period. Applicable for sum insured of Rs. 7.50 Lakhs and above only
- Emergency ambulance charges for transporting the insured patient to the hospital up to the limits stated in the schedule of benefits.

❖ **Pre Hospitalization:** Medical expenses upto 30 days prior to the date of admission.

❖ **Post Hospitalization :** Medical expenses up to a period of 60 days after the discharge from the Hospital.

❖ **Pre-existing Diseases:** Covered after 48 months of continuous coverage without break

❖ Waiting Periods:

- Accidents are covered from day one. For illness/diseases 30 days waiting period is applicable.
- 24 months waiting period for specified illness/diseases/treatments
- 36 months waiting period for Delivery and New Born cover and for Bariatric Surgery.

❖ **Day Care Procedures:** 405 day care procedures covered.

❖ Special Features:

- **Out Patient Medical Consultation:** Expenses on Medical Consultations as an Out Patient incurred in Network hospitals for other than Dental and Ophthal, up to the limits mentioned in the schedule of benefits with a limit of Rs.300/- per consultation (not part of sum insured).
- **Domiciliary Hospitalization:** Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital, but on the advise of the attending Medical Practitioner, is taken whilst confined to 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 is not applicable for 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 Pharingitis, Arthritis, Gout and Rheumatism.

Pre-hospitalisation and Post-hospitalisation expenses are not applicable for this cover

❖ Bariatric Surgery:

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

❖ Cover for Accidental Death and Permanent Total Disablement:*

1. Accidental Death
2. Permanent Total Disability following an accident
3. This cover is not available for dependent children and for Insured Persons who have completed the age of 70 years at the time of renewal.

*The sum insured for this cover is separately indicated in schedule of benefits. Cover for one insured person opted by the proposer

❖ **Option for 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"

❖ Delivery and New Born (Section 2) (please refer schedule of benefits)

- A. Expenses incurred as in-patient for Delivery including a delivery by Caesarean Section
- B. Treatment of the New Born
- C. Vaccination expenses up to Rs.1000/- of the new born baby. Claim under this is admissible only if claim under A of Section-2 above has been admitted and while the policy is in force.

Coverage under this section is subject to a waiting period of 36 months and payable only while the policy is in force

❖ Outpatient Dental & Ophthalmic Treatment (Section 3)

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

❖ Hospital Cash Benefit (Section 4)

- Payable for each completed day of Hospitalization up to 7 days per occurrence and up to 120 days per policy period.
- This benefit is payable only when there is a valid claim under Section 1 A to 1H

❖ Health Check Up (Section 5)

This benefit is payable for a block of every 3 claim free years up to the limits given in the schedule.

❖ **Automatic Restoration of Sum Insured:** The policy Sum Insured upon exhaustion shall be automatically restored once by 100% for the remaining policy period. Such restored Sum Insured can be utilized only for illness/disease unrelated to the illness/diseases for which claim/s was/were made. Such restoration of sum insured is available under section 1 only (excluding Out patient cover for Medical Consultations).

❖ **Bonus:** For every claim free year, the insured is entitled for bonus as follows;

Sum Insured (Rs.)	Bonus % for every claim free year on the sum insured of section 1	Maximum %	Incase of claim the bonus will be reduced by
5,00,000	50%	100%	50%
Above 5,00,000	100%	100%	100%

This bonus is applicable only for coverage under Section 1. If the Insured opts to reduce the basic Sum Insured at a subsequent renewal, the amount of bonus shall not exceed such reduced sum insured.

❖ Co-Payment

This policy is subject to co-payment of 10% of each and every claim made by insured person who is above 60 years at entry level and renewals thereafter. This copay is applicable for Section 1 only (excluding Out Patient cover for Medical Consultation)

❖ Free Look

A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy.

❖ **Renewal and Grace Period:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Following an admissible claim under Section-7, the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of payment of renewal premium, subject to other terms, conditions contained in policy clause

Enhancement of sum insured at the time of renewal

The sum insured can be enhanced at the time of renewal or at the time of porting and the same may be allowed at the discretion of the Company.

Where the sum insured is enhanced, the amount of such additional sum insured and the amount of cumulative bonus earned on such additional sum insured shall be subject to the following terms:

- a. Medical test will be done at the Company's cost
- b. Waiting period as under shall apply afresh from the date of such enhancement:
 - i) First 30 days as under Exclusion No. 2
 - ii) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under Exclusion No.3
 - iii) 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined under Exclusion No.1
 - iv) 48 months of continuous coverage without break (with grace period) in respect of diseases / conditions for which the insured was diagnosed hospitalized in the preceding 2 policy periods

❖ 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

❖ **Cancellation:** Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

Short Period Rate	
PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three Months	1/6th of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium

❖ Exclusions:

Other than for Accidental Death and Permanent Total Disablement

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with any Indian Insurer.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group Insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the First two Years of continuous operation of insurance cover,
 - a) The expenses for treatment of Cataract, Degenerative disc of Vertebral diseases and Prolapse of Intervertebral disc (other than caused by accident), Varicose Veins and Varicose Ulcers, Benign Prostatic Hypertrophy, Deviated Nasal Septum, Sinusitis, Tonsillitis, Nasal Polyps, Chronic Suppurative Otitis Media and related disorders, Hernia, Hydrocele, Fistula / Fissure in ano and Haemorrhoids, Congenital Internal disease/defect (except to the extent provided under Section 2 for New Born)
 - b) All treatments (conservative, interventional, open laparoscopic) for Hepatobiliary Gall Bladder and Pancreatic stones and Genito-urinary calculi.
 - c) All treatments (conservative, interventional, open, and laparoscopic) for Uterine prolapse, Dysfunctional Uterine Bleeding, Fibroids, Pelvic Inflammatory Diseases, all diseases of fallopian tubes and ovaries,
 - d) Arthroscopic repair and removal [other than caused by an accident]

If these are Pre-Existing at the time of proposal they will be covered subject to the waiting period mentioned in Exclusion 1 above

The exclusion 3 shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.
4. Injury/Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)
5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons /materials.
6. a) Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident
b) Vaccination. However this exclusion will not apply where such expenses are for post –bite treatment, for medical treatment other than preventive treatments and to the extent provided for under Section 2 for New Born Child
c) Inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness)
7. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids including cochlear implants, walkers, crutches wheel chairs and such other aids.
8. Dental treatment or surgery (in excess of what is specifically provided) unless necessitated due to accidental injuries and requiring hospitalization.
9. Convalescence, general debility, Run-down condition or rest cure, nutritional deficiency states, psychiatric, Psychosomatic disorders, Congenital external disease or defects or anomalies (except to the extent provided under Section 2 for New Born) sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol
10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment. Other than for opportunistic infections and for treatment of HIV /AIDS, provided at the time of first commencement of Insurance under this policy their CD4 count is not less than 350.
11. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician
13. Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these (other than ectopic pregnancy and to the extent covered under Section 2)
14. Naturopathy Treatment.
15. Hospital registration charges, admission charges, record charges, telephone charges and such other charges.
16. Expenses incurred on Lasik Laser or Refractive Error Correction, treatment of Eye disorders requiring intra-vitreal injections.
17. Expenses incurred on weight control services including cosmetic procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders except to the extent provided as per coverage under 'Bariatric Surgery'

18. Expenses incurred on Non Allopathic treatment.

19. Expenses incurred on Enhanced External Counter Pulsation therapy and related therapies and Rotational Field Quantum Magnetic Resonance Therapy

20. Any specific time-bound or life time exclusions applied, specified and accepted by the insured

21. Other expenses as detailed in the policy.

Exclusions applicable for Accidental Death and Permanent Total Disablement:

22. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
23. Any injuries/conditions which are Pre-existing
24. Any claim arising out of Accidents that the Insured Person has caused
 - a) intentionally or
 - b) by committing a crime / involved in it or
 - c) as a result of / in a state of drunkenness or addiction (drugs, alcohol).
25. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
26. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
27. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
28. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
29. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
30. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
31. Participation in Hazardous Sport / Hazardous Activities
32. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
33. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
34. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule
35. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned In Table.
36. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
37. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save life

❖ Claims Procedure

- Call the 24 hour help-line for assistance-1800-425-2255 / 1800-102-4477. Inform the ID/Policy number for easy reference.
- 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 can be availed in all network hospitals wherever possible
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

❖ The Company

Star Health and Allied Insurance Company Ltd commenced its operations in 2006 with the business interests in Health Insurance, Travel and Personal Accident. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed in setting international benchmarks in service and personal caring.

❖ Star Advantages

- No Third Party Administrator, direct in-house claim settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization, wherever possible.
- 24x7 Toll Free Helpline.
- Information on health through free health magazine.
- Facility for maintaining personal health records in electronic format

❖ Portability

This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period.

For details contact "portability@starhealth.in"

❖ Prohibition of Rebates

Section 41 of Insurance Act 1938 : No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

SCHEDULE OF BENEFITS

Amounts in (INR)

Sl. No.	Sum Insured	5 lacs	7.5 lacs	10 lacs	15 lacs	20 lacs	25 lacs
1	Room, Boarding and Nursing charges	Single Standard A/C					
2	ICU/Operation Theatre Charges	Actual	Actual	Actual	Actual	Actual	Actual
3	Ambulance Charges – By Road (per policy period)	Up to 2,000/-	Up to 3,000/-	Up to 3,500/-	Up to 4,000/-	Up to 4,500/-	Up to 5,000/-
4	Air Ambulance (per policy period)	Not Available	Up to 10% of Sum Insured				
5	Pre Hospitalisation Expenses incurred	Up to 30 days					
6	Post Hospitalisation Expenses incurred	Up to 60 days					
7a	Delivery Charges – Normal Delivery	10,000/-	20,000/-	25,000/-	25,000/-	25,000/-	25,000/-
7b	Delivery Charges – Caesarean Section	15,000/-	40,000/-	40,000/-	40,000/-	40,000/-	40,000/-
8	Waiting Period for Delivery	36 months for first delivery 24 months after a delivery claim under this policy	36 months for first delivery 24 months after a delivery claim under this policy	36 months for first delivery 24 months after a delivery claim under this policy	36 months for first delivery 24 months after a delivery claim under this policy	36 months for first delivery 24 months after a delivery claim under this policy	36 months for first delivery 24 months after a delivery claim under this policy
9	Coverage for New Born Child (Subject to a valid claim under 7a or 7b above)	Up to 50,000/-	Up to 1,00,000/-				
10	Vaccination Expenses for New Born (Subject to a valid claim under 7a or 7b above)	Up to 1,000/-					
11	Out Patient Dental/Ophthalmic Coverage once in a block of every 3 years of continuous renewal	Up to 5,000/-	Up to 5,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-	Up to 10,000/-
12	Out Patient Medical Consultation coverage other than Out Patient Dental/ Ophthalmic	Up to 1,200/- (per Consultation limit Rs.300/-)	Up to 1,500/- (per consultation limit Rs.300/-)	Up to 2,100/- (per consultation limit Rs.300/-)	Up to 2,400/- (per consultation limit Rs.300/-)	Up to 3,000/- (per consultation limit Rs.300/-)	Up to 3,300/- (per consultation limit Rs.300/-)
13	Hospital Cash upto 7 days per occurrence & upto 120 days per policy period.(1 day time excess)	500/- per day	750/- per day	750/- per day	1000/- per day	1000/- per day	1500/- per day
14	Health Check Up once in a block of every 3 claim free years of continuous renewal	Up to 5,000/-	Up to 7,500/-	Up to 7,500/-	Up to 12,000/-	Up to 12,000/-	Up to 12,000/-
15	Restoration benefit after exhaustion of sum insured (once during policy period)	100%	100%	100%	100%	100%	100%
16	Bariatric Surgery (per policy period)	2,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-	2,50,000/-
17	Cover for Accidental Death and Permanent Total Disablement	5,00,000/-	7,50,000/-	10,00,000/-	15,00,000/-	20,00,000/-	25,00,000/-

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

Visit our website www.starhealth.in

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Email : support@starhealth.in ★ CIN : U60010TN2005PLC056649 ★ IRDAI Regn. No: 129

STAR COMPREHENSIVE INSURANCE POLICY, Unique ID: IRDA/NL-HLT/SHAI/P-H/V.III/398/14-15



STAR HEALTH AND ALLIED INSURANCE CO LTD

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

BRO / COMP / V6 / 2017 - 18

Sum Insured Rs.5,00,000 /-

PREMIUM IN Rs (tax extra)

Family Size / Age in yrs	3m - 35	36-45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	More than 75
1A	7015	8075	13200	16100	18700	25750	35315	41410	54235
1A + 1C	9180	10120	14240	16190	19700	31420	39280	51070	66400
1A + 2C	10950	12020	19480	20510	23580	36990	46240	60120	78160
1A + 3C	15590	17060	23460	26900	30270	41360	51700	67210	87380
2A	10420	12120	22400	23640	28560	38800	48500	63050	81970
2A + 1C	13170	14340	23540	25810	31070	49800	62250	80930	105210
2A + 2C	14800	16410	25390	28170	33330	53400	66750	86780	112820
2A + 3C	17000	19150	28510	31200	36430	56000	70000	91000	118300

Premium rates are subject to change with prior approval of the regulator.

A - Adult / C - Child

Age of the oldest family member covered should be taken for premium calculation.

Sum Insured Rs.7,50,000 /-

PREMIUM IN Rs (tax extra)

Family Size / Age in yrs	3m - 35	36-45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	More than 75
1A	8540	10125	16865	19635	22885	30625	40830	49255	64190
1A + 1C	11340	12340	17170	20600	26880	37660	47080	61210	79580
1A + 2C	13330	14490	23330	24600	29470	44059	55080	71610	93100
1A + 3C	18990	20620	28840	33550	38010	49066	61340	79750	103680
2A	13310	16330	28020	29520	35670	47030	58790	76430	99360
2A + 1C	16660	18450	29320	32280	38310	59235	74050	96270	125160
2A + 2C	18480	20260	31500	34950	41350	64384	80480	104630	136020
2A + 3C	21020	22980	34470	38380	45430	66731	83420	108450	140990

Premium rates are subject to change with prior approval of the regulator.

A - Adult / C - Child

Age of the oldest family member covered should be taken for premium calculation.

Sum Insured Rs.10,00,000 /-

PREMIUM IN Rs (tax extra)

Family Size / Age in yrs	3m - 35	36-45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	More than 75
1A	9725	11775	19865	22395	26170	34295	44745	55170	71625
1A + 1C	13250	14670	20710	24590	32300	44972	56220	73090	95020
1A + 2C	15000	16540	26920	29040	35060	47226	59040	76760	99790
1A + 3C	20950	23030	33250	39250	44900	60670	75840	98600	128180
2A	15560	18840	33860	35830	43470	57270	71590	93070	121000
2A + 1C	19110	21510	34910	38750	45540	72987	91240	118620	154210
2A + 2C	20920	23520	37090	41610	49570	77414	96770	125810	163560
2A + 3C	23630	26210	39480	44000	54150	81103	101380	131800	171340

Premium rates are subject to change with prior approval of the regulator.

A - Adult / C - Child

Age of the oldest family member covered should be taken for premium calculation.

Sum Insured Rs.15,00,000 /-

PREMIUM IN Rs (tax extra)

Family Size / Age in yrs	3m - 35	36-45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	More than 75
1A	12225	14275	22365	26410	30985	40610	49335	61935	79810
1A + 1C	16230	18400	25710	29590	37300	51472	61770	80310	104410
1A + 2C	19000	21540	31920	34040	42060	53726	64480	83830	108980
1A + 3C	26450	29530	43250	50250	58900	73170	87810	114160	148410
2A	19560	22840	37860	40330	47970	61770	74130	96370	125290
2A + 1C	23760	26510	39910	44250	51040	81737	98090	127520	165780
2A + 2C	25560	28520	42090	46610	55070	86164	103400	134420	174750
2A + 3C	30630	33210	46480	51500	65150	93603	112330	146030	189840

Premium rates are subject to change with prior approval of the regulator.

A - Adult / C - Child

Age of the oldest family member covered should be taken for premium calculation.

Sum Insured Rs.20,00,000 /-

PREMIUM IN Rs (tax extra)

Family Size / Age in yrs	3m - 35	36-45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	More than 75
1A	14100	16150	24435	29875	34920	44780	51730	64940	83680
1A + 1C	18730	20900	28210	32590	40300	58431	70120	91160	118510
1A + 2C	21630	24810	34920	37040	45560	76588	91910	119490	155340
1A + 3C	29810	33640	48250	55250	64400	94745	113700	147810	192160
2A	22560	25840	40860	43330	50970	64770	77730	101050	131370
2A + 1C	26760	29510	42910	47450	54540	97237	116690	151700	197210
2A + 2C	28560	31520	45090	50110	58570	101664	122000	158600	206180
2A + 3C	35090	37710	50980	56000	70650	109103	130930	170210	221280

Premium rates are subject to change with prior approval of the regulator.

A - Adult / C - Child

Age of the oldest family member covered should be taken for premium calculation.

Sum Insured Rs.25,00,000 /-

PREMIUM IN Rs (tax extra)

Family Size / Age in yrs	3m - 35	36-45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	More than 75
1A	15265	17615	26215	32140	37665	47555	53885	67655	87180
1A + 1C	21130	23900	31210	35590	43300	73931	88720	115340	149950
1A + 2C	24130	27810	37920	40040	49560	94088	112910	146790	190830
1A + 3C	33310	37340	52250	59250	69400	112245	134700	175110	227650
2A	25060	28340	43360	46030	53670	67470	80970	105270	136860
2A + 1C	29260	32010	45410	50150	57240	114737	137690	179000	232700
2A + 2C	31260	34220	47790	53110	61570	119164	143000	185900	241670
2A + 3C	39110	41710	54980	60500	76150	126603	151930	197510	256770

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A - Adult / C - Child

Age of the oldest family member covered should be taken for premium calculation.