



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - FAMILY HEALTH OPTIMA INSURANCE PLAN

Unique Identification No.: SHAHLIP22030V062122

The product provides for regular hospitalization benefits on floater basis

Who can take this insurance?

Any person aged between 18 years and 65 years can take this insurance for his/her family consisting of Self, Spouse and dependent children not exceeding three in number, dependent Parents and dependent Parents-in-law. Beyond 65 years, only renewals are allowed. Dependent children are covered from 16th day of its birth till expiry of the policy subject to the limits mentioned above. 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 new born child also in the same policy by paying the applicable premium in full. However, the cover for such new born child will commence only from the 16th day of its birth and will continue till the expiry date of the policy. Maximum age limit for coverage of dependent children is 25 years.

Policy term: 1 year

Type of Policy: Floater

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/-

Note: Sum Insured options of Rs.1,00,000/- and Rs.2,00,000/- are available only for renewals

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. At present 100% of cost of medical screening is borne by the Company. The age for Health screening may be scaled downwards or upwards. Due advance information will be given to the customer.

Instalment Facility available: Premium can be paid Quarterly and Half-yearly. Premium can also be paid Annually.

For instalment mode of payment, there will be loading as given below:

- Quarterly: 3%
- Half Yearly: 2%

What are the benefits available under the insurance?

A. Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home as per the limits given below;

Sum Insured (Rs.)	Room Rent Limit (Rs.)
1,00,000/- and 2,00,000/-	Up to 2,000/- per day
3,00,000/- and 4,00,000/-	Up to 5,000/- per day
5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/- 25,00,000/-	Single Standard A/C Room

Note: Expenses relating to hospitalization 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.

B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

C. Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

D. All day care procedures are covered.

Expenses on Hospitalization for a minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

E. Expenses incurred on treatment of Cataract is subject to the limit as per the following table;

Sum Insured (Rs.)	Limit per eye (Rs.)	Limit per policy period (Rs.)
1,00,000/- and 2,00,000/-	Up to 12,000/- per eye, per policy period	
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/- 25,00,000/-	Up to 50,000/-	Up to 75,000/-

F. Emergency Road ambulance charges up-to a sum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided there is an admissible claim for hospitalization under the policy.

G. Air Ambulance charges up to 10% of the Sum Insured during the entire policy period, provided that

1. It is for life threatening emergency health condition/s of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide.
2. Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
3. It is prescribed by a Medical Practitioner and is Medically Necessary;
4. The insured person is in India and the treatment is in India only
5. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s

Note: This benefit is available for sum insured options of Rs.5,00,000/- and above only.

H. Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim for hospitalization under the policy.

I. Post Hospitalization medical expenses incurred for a period of 90 days from the date of discharge from the hospital towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever recommended by the Hospital / Medical Practitioner, where the treatment was taken, following an admissible claim for hospitalization provided however such expenses so incurred are in respect of ailment for which the insured person was hospitalized.

J. 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, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances

1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
2. 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.

K. Organ Donor Expenses for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable. This cover is subject to a limit of 10% of the Sum Insured or Rupees One lakh, whichever is less.

L. Cost of Health Checkup: 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.

Sum Insured (Rs.)	Limit Per Policy Period (Rs.)
1,00,000/- and 2,00,000/-	Not Available
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:

1. This benefit is payable on renewal and when the renewed policy is in force
2. Payment under this benefit does not form part of the sum insured and will not impact the Bonus

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

- M. 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**) as stated under this policy shall not apply for the New Born Baby
- All other terms, conditions and exclusions shall apply for the New Born Baby

- N. 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

- O. 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

- P. 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

- Q. 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:

- This benefit is applicable for Sum Insured of Rs.3,00,000/- and above only.
- This benefit is payable only if there is an admissible claim for hospitalization under the policy.
- This benefit shall be paid if a hospital is a part of the list as on date of admission
- Payment under this benefit does not form part of the sum insured but will impact the Bonus
- The Company shall not be responsible for the quality of the treatment in the Valuable Service Providers.
- FOR LIST OF VALUABLE SERVICE PROVIDERS PLEASE VISIT WEBSITE : www.starhealth.in.**

- R. 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.

Sum Insured (Rs.)	Limit per day (Rs.)
1,00,000/- and 2,00,000/-	Not Available
3,00,000/-, 4,00,000/-, 5,00,000/- 10,00,000/-, 15,00,000/-	800/- per day
20,00,000/- and 25,00,000/-	1,000/- per day

Note:

- This benefit is applicable for Sum Insured of Rs.3,00,000/- and above only.
- This benefit is payable only if there is an admissible claim for hospitalization under the policy
- This benefit will not be applicable where the sanction is on package rates
- Insured stay in Intensive Care Unit or High Dependency Units / wards will not be counted for this purpose
- Payment under this benefit does not form part of the sum insured but will impact the Bonus

- S. AYUSH Treatment: Inpatient Hospitalizations Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines** in a AYUSH Hospital is payable up to the limits given below:

Sum Insured (Rs.)	Limit per policy period (Rs.)
1,00,000/-, 2,00,000/-, 3,00,000/- and 4,00,000/-	Up to 10,000/-
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.

- T. Second Medical Opinion:** The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him/her online and the medical opinion will be made available directly to the Insured by the Doctor. To utilize this benefit, all medical records should be forwarded to the mail-id "e_medicalopinion@starhealth.in." or through post/courier.

Special Conditions:-

- This should be specifically requested for by the Insured Person
- This opinion is given based only on the medical records submitted without examining the patient,
- The second opinion should be only for medical reasons and not for medico-legal purposes.
- Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy.
- Utilizing this facility alone will not be considered as a claim

Note: Medical Records / Documents submitted for utilizing this facility will not prejudice the Company's right to reject a claim in terms of policy.

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

- A waiting 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

Special 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:

- Pre and Post treatment expenses
- Sub-fertility services that are deemed to be unproven, experimental or investigational
- Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
- Reversal of voluntary sterilization
- Treatment undergone for second or subsequent pregnancies except where the child from the first delivery/ previous deliveries is/are not alive at the time of treatment
- Payment for services rendered to a surrogate
- Costs associated with cryopreservation and storage of sperm, eggs and embryos
- Selective termination of an embryo.
- Services done at unrecognized centre
- Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures

- V. Automatic Restoration of Sum Insured (Applicable for A to K, M, S Only):** There shall be automatic restoration of the Sum Insured immediately upon exhaustion of the **limit of coverage**, 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.

Note: Automatic Restoration of Sum Insured is available only for sum insured options of Rs.3,00,000/- and above

Illustration

		Scenario 1 (New Policy)	Scenario 2 (Renewal)
	Sum Insured (SI)	Rs.10,00,000/-	Rs.10,00,000/-
	No Claim Bonus (NCB)	0	Rs.2,50,000/-
	Recharge	Rs.1,50,000/-	Rs.1,50,000/-
	Total Cover Available	Rs.11,50,000/-	Rs.14,00,000/-
1st Claim	1st Claimed settled	Rs.5,00,000/-	Rs.5,00,000/-
	Total Coverage available for next claim	Rs.6,50,000/- (Balance SI Rs.5,00,000/- + Recharge Rs.1,50,000/-)	Rs.9,00,000/- (Balance SI Rs.5,00,000/- + Bonus Rs.2,50,000/- + Recharge Rs.1,50,000/-)
2nd Claim	2nd Hospital Bill Amount	Rs.10,00,000/-	Rs.10,00,000/-
	Claim Settled	Rs.6,50,000/- (Balance SI Rs.5,00,000/- + Recharge Rs.1,50,000/-)	Rs.9,00,000/- (Balance SI Rs.5,00,000/- + Bonus Rs.2,50,000/- + Recharge Rs.1,50,000/-)
	Will the restoration kick in ? If yes How Much? Yes, Why - Since there is full utilization of Sum Insured.	Rs.10,00,000/-	Rs.10,00,000/-
	Total Coverage available for next claim (Available for different illness)	Rs.10,00,000/-	Rs.10,00,000/-
3rd Claim	Hospital Bill Amount (For different illness)	Rs.5,00,000/-	Rs.5,00,000/-
	Claim Settled	Rs.5,00,000/-	Rs.5,00,000/-
	Will the restoration kick in ? If yes How Much? No, Why - Since the sum insured is not utilized in full	0	0
	Total Coverage available for next claim (Available for different illness)	Rs.5,00,000/-	Rs.5,00,000 /-
4th Claim	Hospital Bill Amount (For Same Illness)	Rs.8,00,000/-	Rs.8,00,000/-
	Claim Settled	0 (Automatic Restoration is not available for Same illness)	0 (Automatic Restoration is not available for Same illness)
	Total Coverage available for next claim (Available for different illness)	Rs.5,00,000/-	Rs.5,00,000/-
5th Claim	Hospital Bill Amount (For Different Illness)	Rs.10,00,000/-	Rs.11,00,000/-
	Claim Settled	Rs.5,00,000/- (Since the balance cover available after settlement of previous claim is Rs.5,00,000/-)	Rs.5,00,000/- (Since the balance cover available after settlement of previous claim is Rs.5,00,000/-)
	Will the restoration kick in ? If yes How Much? Yes, Why - Since there is full utilization of Sum Insured.	Rs.10,00,000/-	Rs.10,00,000/-
	Total Coverage available for next claim (Available for different illness)	Rs.10,00,000/-	Rs.10,00,000/-

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

Sum Insured (Rs.)	Limit (Rs.)
1,00,000/- and 2,00,000/-	Not Available
3,00,000/-	75,000/-
4,00,000/-	1,00,000/-
5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/- and 25,00,000/-	1,50,000/-

X. 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/- and subject to the following;

- It is evidenced that the insured person was wearing helmet and was either riding or travelling as pillion rider in a two wheeler at the time of accident as evidenced by Police record and Hospital record.
- The additional sum insured shall be available only once during the policy period.
- The additional sum insured shall be available after exhaustion of the **limit of coverage**.
- The additional sum insured can be utilized only for the particular hospitalization following the Road Traffic Accident
- Automatic Restoration of Sum Insured and Recharge Benefit shall not apply for this benefit
- This benefit shall not be applicable for day care treatment
- The unutilized balance cannot be carried forward for the remaining policy period or for renewal
- Claim under this benefit will impact the Bonus

Y. Coverage for Modern Treatments: The following expenses are payable during the policy period for the treatment/procedure (either as a day care or as an in-patient) is limited to the amount mentioned in table below. This benefit forms part of sum insured.

Sum Insured in (Rs.)	Uterine artery Embolization and HIFU,	Balloon Sinuplasty,	Deep Brain Stimulation	Oral Chemotherapy* (Sublimits including Pre and Post Hospitalisation)	Immunotherapy- Monoclonal Antibody to be given as injection	Intra Vitreal injections
	Limit per policy period for each treatment / procedure (Rs.)					
1,00,000/-	12,500/-	5,000/-	25,000/-	12,500/-	25,000/-	5,000/-
2,00,000/-	25,000/-	10,000/-	50,000/-	25,000/-	50,000/-	10,000/-
3,00,000/-	37,500/-	15,000/-	75,000/-	37,500/-	75,000/-	15,000/-
4,00,000/-	1,00,000/-	40,000/-	2,00,000/-	1,00,000/-	2,00,000/-	40,000/-
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
10,00,000/-	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-
Sum Insured in (Rs.)	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per policy period for each treatment / procedure (Rs.)					
1,00,000/-	25,000/-	25,000/-				25,000/-
2,00,000/-	50,000/-	50,000/-				50,000/-
3,00,000/-	75,000/-	75,000/-				75,000/-
4,00,000/-	2,00,000/-	1,75,000/-				2,00,000/-
5,00,000/-	2,50,000/-	2,00,000/-				2,50,000/-
10,00,000/-	3,00,000/-	2,25,000/-				3,00,000/-
15,00,000/-	4,00,000/-	2,50,000/-				4,00,000/-
20,00,000/-	4,50,000/-	2,75,000/-				4,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-				5,00,000/-
						Up to Sum Insured

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

Z. Cumulative Bonus (Applicable for [A to K], [M to S], U, and X): In respect of a claim free year of Insurance, for the Sum Insured options Rs.3,00,000/- and above, 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.

AA. Co-payment (Applicable for A to K and S): 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.

➤ **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:-

1. Pre-Existing Diseases - Code Excl 01

- 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
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then for the same would be reduced to the extent of prior coverage
- 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

- 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
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
- 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
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
- 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
- List of specific diseases/procedures;
 - 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.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - 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].
 - 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),
 - 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.
 - All types of Hernia,
 - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 - 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
 - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
 - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 - Varicose veins and Varicose ulcers
 - All types of transplant and related surgeries.
 - Congenital Internal disease / defect

3. 30-day waiting period - Code Excl 03

- 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
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- 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

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- 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;

- 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
- 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;

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
 - greater than or equal to 40 or
 - 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;
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments - Code Excl 07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery - Code Excl 08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports - Code Excl 09: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law - Code Excl 10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers - Code Excl 11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - Code Excl 12

13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - Code Excl 13

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - Code Excl 14

15. Refractive Error - Code Excl 15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments - Code Excl 16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility - Code Excl 17: Expenses related to sterility and infertility. This includes;

- Any type of contraception, sterilization
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- Gestational Surrogacy
- Reversal of sterilization

Note: Except to the extent covered under Coverage 1(U)

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

19. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA - Code Excl 19**20. Congenital External Condition / Defects / Anomalies - Code Excl 20****21. Convalescence, general debility, run-down condition, Nutritional deficiency states - Code Excl 21****22. Intentional self-injury - Code Excl 22****23. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - Code Excl 24****24. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/ materials - Code Excl 25****25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other 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. All treatment for Priapism and erectile dysfunctions - Code Excl 30****30. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - Code Excl 31****31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - Code Excl 32****32. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - Code Excl 33****33. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - Code Excl 34****34. 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****35. Any hospitalization which are not medically necessary / does not warrant hospitalization - Code Excl 36****36. Other Excluded Expenses as detailed in the website www.starhealth.in - Code Excl 37****37. 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.

➤ Claim Settlement

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

B. Documents for Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch or refer to the list of Networked Hospitals provided with the policy document.

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

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

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

C. For Reimbursement claims : Time limit for submission of

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

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

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

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

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. Copy of PAN card

F. Provision for Penal Interest:

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

➤ **Disclosure of information norms:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, 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 without instalment option	
Period on risk	Rate of premium to be retained
Up to one month	22.5% of the policy premium
Exceeding one month up to 3 months	37.5% of the policy premium
Exceeding 3 months up to 6 months	57.5% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Cancellation table applicable with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 month	45% of the total premium received
Exceeding 1 month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received

**Cancellation table applicable with instalment option
of Quarterly premium payment frequency**

Period on risk	Rate of premium to be retained
Up to 1 month	87.5% of the total premium received
Exceeding 1 month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months	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.

- **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

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

- **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

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

- **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. Coverage is not available during the grace period.
 - v. 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.

- **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 instalments from the claim amount due under the policy

- **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;

- **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.**

➤ **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

- **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash

➤ **Important Note**

- a) The Sum Insured, cumulative bonus and other related benefits floats amongst the insured members.
- b) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- c) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
- d) The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders

- **Buy this insurance:** Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase. 5% discount for direct online purchase. This discount is available for first purchase only.

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

- **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

➤ **How much does it cost to take this insurance?**

The premium sheet is attached

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

Zone 1A : Pune including Nashik, Trivandrum, Emakulam, Chennai, Bengaluru and Rest of Gujarat

Zone 2 : Coimbatore, Indore, Hyderabad, Secunderabad, Vijaywada, Vishakhapatnam and Rest of Kerala

Zone 3 : Rest of India



How much does it cost to take this insurance?

NON - (PARENT / PARENT-IN-LAW)		PREMIUM CHART (EXCLUDING TAX)								
Zone 1: Delhi including Faridabad, Gurgaon, Ghaziabad and Noida, Mumbai including Thane, Ahmedabad, Surat and Baroda										
Family Size	Age-band in years	Sum Insured in (Rs.)								
		1,00,000	2,00,000	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	7,285	8,095	8,525	9,545	10,285	12,855	15,170	16,990	18,690
	36-45	8,145	9,050	9,530	10,675	11,490	14,365	16,950	18,985	20,880
	46-50	11,200	12,440	13,105	14,675	15,785	19,730	23,280	26,075	28,685
	51-55	13,970	15,520	16,345	18,310	19,680	24,600	29,030	32,510	35,760
	56-60	17,045	18,940	19,945	22,335	24,000	30,000	35,400	39,650	43,615
	61-65	20,735	23,035	24,260	27,170	29,185	36,480	43,050	48,215	53,035
	66-70	24,055	26,725	28,145	31,525	33,850	42,315	49,930	55,925	61,515
	71-75	27,110	30,120	31,720	35,525	38,145	47,680	56,265	63,015	69,315
	76-80	29,960	33,290	35,055	39,260	42,150	52,690	62,175	69,635	76,595
Above 80	32,470	36,075	37,990	42,550	45,675	57,095	67,375	75,460	83,005	
1A+2C	16days-35	8,685	9,650	10,165	11,385	12,205	15,260	18,005	20,165	22,185
	36-45	9,545	10,605	11,170	12,510	13,415	16,770	19,785	22,160	24,375
	46-50	12,600	14,000	14,745	16,510	17,705	22,135	26,120	29,255	32,180
	51-55	15,370	17,080	17,985	20,145	21,605	27,005	31,865	35,690	39,255
	56-60	18,445	20,495	21,585	24,175	25,925	32,405	38,240	42,825	47,110
	61-65	22,135	24,595	25,900	29,010	31,110	38,885	45,885	51,390	56,530
	66-70	25,455	28,285	29,785	33,360	35,775	44,720	52,770	59,100	65,010
	71-75	28,510	31,675	33,360	37,360	40,070	50,085	59,100	66,190	72,810
	76-80	31,360	34,845	36,695	41,100	44,075	55,095	65,010	72,810	80,090
Above 80	33,870	37,630	39,630	44,385	47,600	59,500	70,210	78,635	86,500	
1A+3C	16days-35	10,085	11,210	11,805	13,220	14,130	17,665	20,845	23,345	25,680
	36-45	10,945	12,160	12,810	14,345	15,340	19,175	22,625	25,340	27,870
	46-50	14,000	15,555	16,380	18,350	19,630	24,540	28,955	32,430	35,675
	51-55	16,770	18,635	19,625	21,980	23,525	29,410	34,700	38,865	42,750
	56-60	19,845	22,050	23,225	26,010	27,845	34,810	41,075	46,005	50,605
	61-65	23,535	26,150	27,540	30,845	33,030	41,290	48,720	54,570	60,025
	66-70	26,855	29,840	31,425	35,195	37,700	47,125	55,605	62,275	68,505
	71-75	29,910	33,235	35,000	39,200	41,990	52,490	61,935	69,370	76,305
	76-80	32,760	36,400	38,335	42,935	46,000	57,495	67,845	75,990	83,585
Above 80	35,270	39,190	41,270	46,220	49,525	61,905	73,050	81,815	89,995	
2A	16days-35	7,845	8,715	9,180	10,280	11,150	13,935	16,445	18,415	20,260
	36-45	8,990	9,990	10,520	11,780	12,760	15,945	18,820	21,075	23,185
	46-50	13,065	14,515	15,285	17,120	18,480	23,100	27,260	30,530	33,585
	51-55	16,760	18,620	19,610	21,965	23,675	29,595	34,920	39,110	43,025
	56-60	20,855	23,175	24,405	27,335	29,435	36,795	43,420	48,630	53,490
	61-65	25,775	28,640	30,160	33,780	36,350	45,435	53,615	60,050	66,055
	66-70	30,205	33,560	35,340	39,580	42,570	53,215	62,790	70,325	77,360
	71-75	34,275	38,085	40,105	44,920	48,295	60,370	71,235	79,785	87,760
	76-80	38,075	42,310	44,555	49,900	53,635	67,045	79,115	88,610	97,470
Above 80	41,420	46,025	48,470	54,285	58,340	72,925	86,050	96,375	1,06,015	
2A+1C	16days-35	9,715	10,790	11,365	12,730	13,710	17,140	20,225	22,655	24,920
	36-45	10,860	12,065	12,705	14,230	15,220	19,155	22,600	25,310	27,845
	46-50	14,930	16,590	17,470	19,565	21,045	26,305	31,040	34,765	38,245
	51-55	18,625	20,695	21,795	24,410	26,240	32,800	38,705	43,350	47,685
	56-60	22,725	25,250	26,590	29,785	32,000	40,000	47,200	52,865	58,150
	61-65	27,645	30,715	32,345	36,230	38,915	48,640	57,400	64,285	70,715
	66-70	32,070	35,635	37,525	42,030	45,135	56,420	66,575	74,565	82,020
	71-75	36,145	40,160	42,295	47,370	50,860	63,575	75,020	84,020	92,420
	76-80	39,945	44,385	46,740	52,350	56,200	70,250	82,900	92,845	1,02,130
Above 80	43,290	48,100	50,655	56,735	60,905	76,130	89,830	1,00,610	1,10,675	
2A+2C	16days-35	11,580	12,870	13,550	15,175	16,275	20,345	24,010	26,890	29,580
	36-45	12,725	14,140	14,890	16,680	17,885	22,360	26,380	29,550	32,505
	46-50	16,800	18,665	19,655	22,015	23,610	29,510	34,825	39,005	42,905
	51-55	20,495	22,770	23,980	26,860	28,805	36,005	42,485	47,585	52,345
	56-60	24,595	27,325	28,780	32,230	34,565	43,205	50,985	57,100	62,810
	61-65	29,510	32,790	34,535	38,675	41,480	51,850	61,180	68,520	75,375
	66-70	33,940	37,710	39,715	44,480	47,700	59,625	70,355	78,800	86,680
	71-75	38,010	42,235	44,480	49,815	53,425	66,780	78,800	88,255	97,080
	76-80	41,815	46,460	48,925	54,800	58,765	73,460	86,680	97,080	1,06,790
Above 80	45,160	50,175	52,840	59,180	63,465	79,335	93,615	1,04,850	1,15,335	
2A+3C	16days-35	13,450	14,945	15,735	17,625	18,840	23,550	27,790	31,125	34,240
	36-45	14,595	16,215	17,080	19,125	20,450	25,565	30,165	33,785	37,165
	46-50	18,665	20,740	21,845	24,465	26,175	32,720	38,605	43,240	47,565
	51-55	22,365	24,850	26,165	29,305	31,370	39,210	46,270	51,820	57,005
	56-60	26,460	29,400	30,965	34,680	37,130	46,410	54,765	61,340	67,470
	61-65	31,380	34,865	36,720	41,125	44,040	55,055	64,965	72,760	80,035
	66-70	35,805	39,785	41,900	46,925	50,265	62,830	74,140	83,035	91,340
	71-75	39,880	44,310	46,665	52,265	55,990	69,985	82,580	92,490	1,01,740
	76-80	43,680	48,535	51,115	57,245	61,330	76,665	90,460	1,01,320	1,11,450
Above 80	47,025	52,250	55,025	61,630	66,030	82,540	97,395	1,09,085	1,19,995	

A = Adult, C = Child

Zone 1A: Pune including Nashik, Trivandrum, Ernakulam, Chennai, Bengaluru and Rest of Gujarat

Family Size	Age-band in years	Sum Insured in (Rs.)								
		1,00,000	2,00,000	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	6,225	6,920	7,410	8,300	9,180	11,480	13,545	15,170	16,685
	36-45	6,960	7,735	8,285	9,280	10,260	12,825	15,135	16,950	18,645
	46-50	9,570	10,635	11,395	12,760	14,095	17,615	20,785	23,280	25,610
	51-55	11,940	13,265	14,215	15,920	17,570	21,965	25,920	29,030	31,930
	56-60	14,570	16,185	17,340	19,425	21,430	26,785	31,610	35,400	38,940
	61-65	17,720	19,690	21,095	23,630	26,060	32,575	38,435	43,050	47,355
	66-70	20,560	22,845	24,475	27,410	30,225	37,780	44,580	49,930	54,925
	71-75	23,170	25,745	27,580	30,890	34,060	42,570	50,235	56,265	61,890
	76-80	25,605	28,450	30,485	34,140	37,635	47,045	55,510	62,175	68,390
Above 80	27,750	30,835	33,035	37,000	40,785	50,980	60,155	67,375	74,110	
1A+2C	16days-35	7,425	8,250	8,840	9,900	10,900	13,625	16,075	18,005	19,805
	36-45	8,160	9,065	9,710	10,875	11,975	14,970	17,665	19,785	21,765
	46-50	10,770	11,965	12,820	14,360	15,810	19,765	23,320	26,120	28,730
	51-55	13,140	14,595	15,640	17,515	19,290	24,110	28,450	31,865	35,050
	56-60	15,765	17,515	18,770	21,020	23,145	28,935	34,140	38,240	42,060
	61-65	18,920	21,020	22,520	25,225	27,775	34,720	40,970	45,885	50,475
	66-70	21,755	24,175	25,900	29,010	31,940	39,925	47,115	52,770	58,045
	71-75	24,365	27,075	29,010	32,490	35,775	44,720	52,770	59,100	65,010
	76-80	26,805	29,780	31,910	35,740	39,350	49,190	58,045	65,010	71,510
Above 80	28,950	32,165	34,460	38,595	42,500	53,125	62,690	70,210	77,230	
1A+3C	16days-35	8,620	9,580	10,265	11,495	12,615	15,770	18,610	20,845	22,925
	36-45	9,355	10,395	11,140	12,475	13,695	17,120	20,200	22,625	24,885
	46-50	11,965	13,295	14,245	15,955	17,525	21,910	25,855	28,955	31,850
	51-55	14,335	15,930	17,065	19,115	21,005	26,255	30,985	34,700	38,170
	56-60	16,965	18,845	20,195	22,615	24,865	31,080	36,675	41,075	45,180
	61-65	20,115	22,350	23,945	26,820	29,495	36,865	43,500	48,720	53,595
	66-70	22,955	25,505	27,325	30,605	33,660	42,075	49,645	55,605	61,165
	71-75	25,565	28,405	30,435	34,085	37,490	46,865	55,300	61,935	68,130
	76-80	28,000	31,110	33,335	37,335	41,070	51,335	60,575	67,845	74,630
Above 80	30,145	33,495	35,885	40,195	44,220	55,270	65,220	73,050	80,350	
2A	16days-35	6,705	7,450	7,980	8,940	9,955	12,440	14,680	16,445	18,085
	36-45	7,685	8,540	9,150	10,245	11,390	14,240	16,800	18,820	20,700
	46-50	11,165	12,405	13,290	14,885	16,500	20,625	24,340	27,260	29,985
	51-55	14,325	15,915	17,050	19,100	21,140	26,425	31,180	34,920	38,415
	56-60	17,825	19,810	21,220	23,770	26,280	32,855	38,765	43,420	47,760
	61-65	22,030	24,480	26,225	29,375	32,455	40,570	47,870	53,615	58,975
	66-70	25,815	28,685	30,730	34,420	38,010	47,510	56,065	62,790	69,070
	71-75	29,295	32,550	34,875	39,060	43,120	53,900	63,605	71,235	78,360
	76-80	32,545	36,160	38,745	43,395	47,890	59,865	70,640	79,115	87,025
Above 80	35,405	39,335	42,145	47,205	52,090	65,110	76,830	86,050	94,655	
2A+1C	16days-35	8,300	9,225	9,885	11,070	12,245	15,305	18,060	20,225	22,250
	36-45	9,280	10,310	11,050	12,375	13,680	17,100	20,180	22,600	24,860
	46-50	12,760	14,180	15,190	17,015	18,790	23,490	27,715	31,040	34,145
	51-55	15,920	17,690	18,955	21,225	23,430	29,285	34,555	38,705	42,575
	56-60	19,425	21,580	23,125	25,900	28,570	35,715	42,145	47,200	51,920
	61-65	23,630	26,255	28,130	31,505	34,745	43,430	51,250	57,400	63,135
	66-70	27,410	30,455	32,630	36,550	40,300	50,375	59,440	66,575	73,230
	71-75	30,890	34,325	36,775	41,190	45,410	56,765	66,980	75,020	82,520
	76-80	34,140	37,935	40,645	45,520	50,180	62,725	74,015	82,900	91,185
Above 80	37,000	41,110	44,050	49,335	54,380	67,970	80,205	89,830	98,815	
2A+2C	16days-35	9,900	11,000	11,785	13,200	14,535	18,165	21,435	24,010	26,410
	36-45	10,875	12,085	12,950	14,505	15,970	19,960	23,555	26,380	29,020
	46-50	14,360	15,955	17,095	19,145	21,080	26,350	31,095	34,825	38,305
	51-55	17,515	19,465	20,855	23,355	25,720	32,150	37,935	42,485	46,735
	56-60	21,020	23,355	25,025	28,025	30,860	38,575	45,520	50,985	56,080
	61-65	25,225	28,025	30,030	33,630	37,035	46,290	54,625	61,180	67,300
	66-70	29,010	32,230	34,535	38,675	42,590	53,235	62,820	70,355	77,395
	71-75	32,490	36,100	38,675	43,320	47,700	59,625	70,355	78,800	86,680
	76-80	35,740	39,710	42,545	47,650	52,470	65,585	77,395	86,680	95,350
Above 80	38,595	42,885	45,950	51,460	56,665	70,835	83,585	93,615	1,02,975	
2A+3C	16days-35	11,495	12,770	13,685	15,325	16,820	21,030	24,815	27,790	30,570
	36-45	12,475	13,860	14,850	16,630	18,260	22,825	26,935	30,165	33,180
	46-50	15,955	17,725	18,995	21,275	23,370	29,210	34,470	38,605	42,470
	51-55	19,115	21,235	22,755	25,485	28,010	35,010	41,310	46,270	50,895
	56-60	22,615	25,130	26,925	30,155	33,150	41,440	48,900	54,765	60,240
	61-65	26,820	29,800	31,930	35,760	39,325	49,155	58,000	64,965	71,460
	66-70	30,605	34,005	36,435	40,805	44,880	56,100	66,195	74,140	81,555
	71-75	34,085	37,875	40,580	45,445	49,990	62,485	73,735	82,580	90,840
	76-80	37,335	41,485	44,445	49,780	54,760	68,450	80,770	90,460	99,510
Above 80	40,195	44,660	47,850	53,590	58,955	73,695	86,960	97,395	1,07,135	

A = Adult, C = Child

Zone 2: Coimbatore, Indore, Hyderabad, Secunderabad, Vijaywada, Vishakhapatnam and Rest of Kerala

Family Size	Age-band in years	Sum Insured in (Rs.)								
		1,00,000	2,00,000	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	5,560	6,175	6,740	7,545	8,500	10,630	12,540	14,045	15,450
	36-45	6,215	6,905	7,535	8,435	9,500	11,875	14,015	15,695	17,265
	46-50	8,545	9,495	10,360	11,600	13,050	16,310	19,245	21,555	23,715
	51-55	10,660	11,845	12,920	14,475	16,270	20,335	24,000	26,880	29,565
	56-60	13,005	14,450	15,765	17,660	19,840	24,800	29,265	32,780	36,055
	61-65	15,820	17,580	19,180	21,480	24,130	30,160	35,590	39,860	43,845
	66-70	18,355	20,395	22,250	24,920	27,985	34,980	41,280	46,230	50,855
	71-75	20,685	22,985	25,075	28,085	31,535	39,420	46,515	52,095	57,305
	76-80	22,860	25,405	27,710	31,035	34,845	43,560	51,400	57,570	63,325
Above 80	24,775	27,530	30,035	33,635	37,760	47,205	55,700	62,385	68,620	
1A+2C	16days-35	6,630	7,365	8,035	9,000	10,090	12,615	14,885	16,670	18,340
	36-45	7,285	8,095	8,830	9,890	11,090	13,865	16,360	18,320	20,155
	46-50	9,615	10,685	11,655	13,055	14,640	18,300	21,595	24,185	26,600
	51-55	11,730	13,035	14,220	15,925	17,860	22,325	26,345	29,505	32,455
	56-60	14,075	15,640	17,060	19,110	21,430	26,790	31,610	35,405	38,945
	61-65	16,890	18,770	20,475	22,930	25,720	32,150	37,935	42,485	46,735
	66-70	19,425	21,585	23,545	26,370	29,575	36,970	43,625	48,860	53,745
	71-75	21,755	24,175	26,370	29,535	33,125	41,405	48,860	54,720	60,195
	76-80	23,930	26,590	29,010	32,490	36,435	45,545	53,745	60,195	66,215
Above 80	25,845	28,720	31,330	35,090	39,350	49,190	58,045	65,010	71,510	
1A+3C	16days-35	7,700	8,555	9,330	10,450	11,680	14,605	17,230	19,300	21,230
	36-45	8,355	9,280	10,125	11,340	12,680	15,850	18,705	20,950	23,045
	46-50	10,685	11,870	12,950	14,505	16,230	20,285	23,940	26,810	29,490
	51-55	12,800	14,220	15,515	17,375	19,450	24,310	28,690	32,130	35,345
	56-60	15,145	16,830	18,360	20,560	23,020	28,775	33,955	38,030	41,835
	61-65	17,960	19,955	21,770	24,385	27,310	34,135	40,280	45,115	49,625
	66-70	20,495	22,770	24,840	27,820	31,165	38,955	45,970	51,485	56,635
	71-75	22,825	25,360	27,665	30,985	34,715	43,395	51,205	57,350	63,085
	76-80	25,000	27,780	30,305	33,940	38,025	47,535	56,090	62,820	69,105
Above 80	26,915	29,905	32,625	36,540	40,940	51,180	60,390	67,635	74,400	
2A	16days-35	5,985	6,650	7,255	8,125	9,215	11,520	13,595	15,225	16,750
	36-45	6,860	7,625	8,315	9,315	10,545	13,185	15,555	17,425	19,165
	46-50	9,970	11,075	12,085	13,535	15,280	19,100	22,535	25,240	27,765
	51-55	12,790	14,210	15,500	17,360	19,575	24,465	28,870	32,335	35,570
	56-60	15,915	17,685	19,295	21,610	24,335	30,420	35,895	40,200	44,225
	61-65	19,670	21,855	23,845	26,705	30,050	37,565	44,325	49,645	54,610
	66-70	23,050	25,610	27,940	31,290	35,195	43,995	51,910	58,140	63,955
	71-75	26,155	29,065	31,705	35,510	39,925	49,910	58,890	65,960	72,555
	76-80	29,055	32,285	35,220	39,450	44,345	55,430	65,405	73,255	80,580
Above 80	31,610	35,120	38,315	42,915	48,230	60,285	71,140	79,675	87,645	
2A+1C	16days-35	7,410	8,235	8,985	10,065	11,335	14,170	16,720	18,725	20,600
	36-45	8,285	9,205	10,045	11,250	12,665	15,835	18,685	20,925	23,020
	46-50	11,395	12,660	13,810	15,470	17,400	21,750	25,665	28,745	31,615
	51-55	14,215	15,795	17,230	19,295	21,695	27,115	31,995	35,835	39,420
	56-60	17,340	19,270	21,020	23,545	26,455	33,070	39,020	43,705	48,075
	61-65	21,095	23,440	25,570	28,640	32,170	40,215	47,450	53,145	58,460
	66-70	24,475	27,195	29,665	33,225	37,315	46,645	55,040	61,645	67,810
	71-75	27,580	30,645	33,435	37,445	42,045	52,560	62,020	69,460	76,405
	76-80	30,485	33,870	36,950	41,385	46,465	58,080	68,535	76,755	84,435
Above 80	33,035	36,705	40,045	44,850	50,350	62,935	74,265	83,180	91,495	
2A+2C	16days-35	8,840	9,820	10,715	12,000	13,455	16,820	19,850	22,230	24,455
	36-45	9,710	10,790	11,770	13,185	14,785	18,485	21,810	24,430	26,870
	46-50	12,820	14,245	15,540	17,405	19,520	24,400	28,790	32,245	35,470
	51-55	15,640	17,380	18,960	21,235	23,815	29,765	35,125	39,340	43,275
	56-60	18,770	20,855	22,750	25,480	28,575	35,720	42,150	47,205	51,930
	61-65	22,520	25,025	27,300	30,575	34,290	42,865	50,580	56,650	62,315
	66-70	25,900	28,780	31,395	35,160	39,435	49,295	58,165	65,145	71,660
	71-75	29,010	32,230	35,160	39,380	44,165	55,210	65,145	72,965	80,260
	76-80	31,910	35,455	38,675	43,320	48,585	60,730	71,660	80,260	88,285
Above 80	34,460	38,290	41,770	46,785	52,470	65,585	77,395	86,680	95,350	
2A+3C	16days-35	10,265	11,405	12,440	13,935	15,575	19,470	22,975	25,730	28,305
	36-45	11,140	12,375	13,500	15,120	16,905	21,135	24,940	27,930	30,725
	46-50	14,245	15,830	17,265	19,340	21,640	27,050	31,915	35,745	39,320
	51-55	17,065	18,960	20,685	23,170	25,935	32,415	38,250	42,840	47,125
	56-60	20,195	22,435	24,475	27,415	30,695	38,370	45,275	50,710	55,780
	61-65	23,945	26,610	29,025	32,510	36,410	45,515	53,705	60,150	66,165
	66-70	27,325	30,360	33,120	37,095	41,555	51,945	61,295	68,650	75,510
	71-75	30,435	33,815	36,890	41,315	46,285	57,860	68,270	76,465	84,110
	76-80	33,335	37,040	40,405	45,255	50,705	63,380	74,785	83,760	92,140
Above 80	35,885	39,875	43,500	48,720	54,590	68,235	80,520	90,180	99,200	

A = Adult, C = Child

Zone 3: Rest of India

Family Size	Age-band in years	Sum Insured in (Rs.)								
		1,00,000	2,00,000	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	5,055	5,615	6,240	6,990	8,020	10,025	11,830	13,250	14,575
	36-45	5,650	6,280	6,975	7,810	8,965	11,205	13,220	14,805	16,285
	46-50	7,770	8,630	9,590	10,740	12,310	15,390	18,160	20,335	22,370
	51-55	9,690	10,770	11,965	13,400	15,350	19,185	22,640	25,355	27,890
	56-60	11,825	13,140	14,600	16,350	18,720	23,400	27,610	30,925	34,015
	61-65	14,385	15,980	17,760	19,890	22,760	28,455	33,575	37,605	41,365
	66-70	16,685	18,540	20,600	23,075	26,400	33,000	38,940	43,615	47,975
	71-75	18,805	20,895	23,215	26,005	29,750	37,185	43,880	49,145	54,060
	76-80	20,785	23,095	25,660	28,740	32,875	41,095	48,490	54,310	59,740
Above 80	22,525	25,025	27,810	31,145	35,625	44,530	52,545	58,850	64,735	
1A+2C	16days-35	6,025	6,695	7,440	8,330	9,520	11,900	14,045	15,730	17,300
	36-45	6,620	7,360	8,175	9,155	10,465	13,080	15,430	17,285	19,010
	46-50	8,740	9,710	10,790	12,085	13,810	17,265	20,370	22,815	25,095
	51-55	10,665	11,850	13,165	14,745	16,850	21,060	24,850	27,835	30,620
	56-60	12,795	14,220	15,800	17,695	20,220	25,275	29,820	33,400	36,740
	61-65	15,355	17,060	18,960	21,235	24,260	30,330	35,785	40,080	44,090
	66-70	17,660	19,620	21,800	24,415	27,900	34,875	41,155	46,095	50,705
	71-75	19,780	21,975	24,415	27,350	31,250	39,060	46,095	51,625	56,785
	76-80	21,755	24,175	26,860	30,080	34,375	42,970	50,705	56,785	62,465
Above 80	23,495	26,105	29,010	32,490	37,125	46,405	54,760	61,330	67,465	
1A+3C	16days-35	7,000	7,775	8,640	9,675	11,020	13,775	16,255	18,205	20,025
	36-45	7,595	8,440	9,375	10,500	11,965	14,955	17,645	19,760	21,740
	46-50	9,715	10,790	11,990	13,430	15,310	19,140	22,585	25,295	27,820
	51-55	11,635	12,930	14,365	16,090	18,350	22,935	27,065	30,310	33,345
	56-60	13,770	15,300	17,000	19,040	21,720	27,150	32,035	35,880	39,465
	61-65	16,330	18,140	20,160	22,575	25,760	32,205	38,000	42,560	46,815
	66-70	18,630	20,700	23,000	25,760	29,400	36,750	43,365	48,570	53,430
	71-75	20,750	23,055	25,615	28,690	32,750	40,935	48,305	54,105	59,515
	76-80	22,730	25,255	28,060	31,425	35,875	44,845	52,915	59,265	65,190
Above 80	24,470	27,185	30,210	33,835	38,625	48,280	56,970	63,810	70,190	
2A	16days-35	5,440	6,045	6,720	7,525	8,695	10,870	12,825	14,365	15,800
	36-45	6,235	6,930	7,700	8,625	9,950	12,440	14,675	16,435	18,080
	46-50	9,060	10,070	11,190	12,530	14,415	18,020	21,260	23,810	26,195
	51-55	11,625	12,920	14,355	16,075	18,465	23,080	27,235	30,505	33,555
	56-60	14,470	16,080	17,865	20,010	22,960	28,700	33,865	37,925	41,720
	61-65	17,880	19,870	22,075	24,725	28,350	35,435	41,815	46,835	51,515
	66-70	20,955	23,280	25,870	28,975	33,200	41,505	48,975	54,850	60,335
	71-75	23,780	26,420	29,355	32,880	37,665	47,085	55,560	62,225	68,445
	76-80	26,415	29,350	32,610	36,525	41,835	52,290	61,705	69,110	76,020
Above 80	28,735	31,930	35,475	39,735	45,500	56,875	67,110	75,165	82,680	
2A+1C	16days-35	6,740	7,485	8,320	9,315	10,695	13,370	15,775	17,665	19,435
	36-45	7,535	8,370	9,300	10,415	11,950	14,940	17,625	19,740	21,715
	46-50	10,360	11,510	12,790	14,325	16,415	20,520	24,210	27,115	29,830
	51-55	12,920	14,360	15,955	17,870	20,465	25,580	30,185	33,810	37,190
	56-60	15,765	17,520	19,465	21,800	24,960	31,200	36,815	41,230	45,355
	61-65	19,180	21,310	23,675	26,520	30,350	37,935	44,765	50,140	55,150
	66-70	22,250	24,720	27,470	30,765	35,200	44,005	51,925	58,155	63,970
	71-75	25,075	27,860	30,955	34,670	39,665	49,585	58,510	65,530	72,080
	76-80	27,710	30,790	34,210	38,320	43,835	54,790	64,655	72,410	79,655
Above 80	30,035	33,370	37,075	41,525	47,500	59,375	70,060	78,470	86,315	
2A+2C	16days-35	8,035	8,925	9,920	11,110	12,695	15,870	18,725	20,970	23,070
	36-45	8,830	9,810	10,900	12,210	13,950	17,440	20,575	23,045	25,350
	46-50	11,655	12,950	14,390	16,115	18,415	23,020	27,160	30,420	33,460
	51-55	14,220	15,800	17,555	19,660	22,465	28,080	33,135	37,110	40,825
	56-60	17,060	18,960	21,065	23,590	26,960	33,700	39,765	44,535	48,990
	61-65	20,475	22,750	25,275	28,310	32,350	40,435	47,715	53,440	58,785
	66-70	23,545	26,160	29,070	32,555	37,200	46,505	54,875	61,460	67,605
	71-75	26,370	29,300	32,555	36,465	41,665	52,085	61,460	68,835	75,715
	76-80	29,010	32,230	35,810	40,110	45,835	57,290	67,605	75,715	83,290
Above 80	31,330	34,810	38,675	43,320	49,500	61,875	73,010	81,775	89,950	
2A+3C	16days-35	9,330	10,365	11,520	12,900	14,695	18,370	21,675	24,275	26,705
	36-45	10,125	11,250	12,500	14,000	15,950	19,940	23,525	26,350	28,985
	46-50	12,950	14,390	15,990	17,905	20,415	25,520	30,110	33,725	37,095
	51-55	15,515	17,240	19,155	21,450	24,465	30,580	36,085	40,415	44,460
	56-60	18,360	20,400	22,665	25,385	28,960	36,200	42,715	47,840	52,625
	61-65	21,770	24,190	26,875	30,100	34,350	42,935	50,665	56,745	62,420
	66-70	24,840	27,600	30,670	34,350	39,200	49,005	57,825	64,760	71,240
	71-75	27,665	30,740	34,155	38,255	43,665	54,585	64,410	72,135	79,350
	76-80	30,305	33,670	37,410	41,900	47,835	59,790	70,555	79,020	86,920
Above 80	32,625	36,250	40,275	45,110	51,500	64,375	75,960	85,080	93,585	

A = Adult, C = Child

PARENT / PARENT-IN-LAW

(EXCLUDING TAX)

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

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	9,170	10,270	11,090	13,860	16,355	18,320	20,150
	51-55	11,765	13,180	14,205	17,755	20,955	23,465	25,815
	56-60	14,645	16,400	17,660	22,075	26,050	29,180	32,095
	61-65	18,095	20,270	21,810	27,260	32,170	36,030	39,630
	66-70	21,205	23,750	25,540	31,930	37,675	42,195	46,415
	71-75	24,065	26,950	28,975	36,220	42,740	47,870	52,655
	76-80	26,735	29,940	32,180	40,230	47,470	53,165	58,480
	Above 80	29,080	32,570	35,005	43,755	51,630	57,825	63,605

Zone 1A: Pune including Nashik, Trivandrum, Ernakulam, Chennai, Bengaluru and Rest of Gujarat

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	7,975	8,930	9,900	12,375	14,605	16,355	17,990
	51-55	10,230	11,460	12,685	15,855	18,710	20,955	23,050
	56-60	12,735	14,260	15,770	19,710	23,260	26,050	28,655
	61-65	15,735	17,625	19,475	24,340	28,720	32,170	35,385
	66-70	18,440	20,650	22,805	28,505	33,640	37,675	41,440
	71-75	20,925	23,435	25,870	32,340	38,160	42,740	47,015
	76-80	23,245	26,035	28,735	35,920	42,385	47,470	52,215
	Above 80	25,290	28,325	31,255	39,065	46,100	51,630	56,790

Zone 2: Coimbatore, Indore, Hyderabad, Secunderabad, Vijaywada, Vishakhapatnam and Rest of Kerala

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	7,250	8,120	9,165	11,460	13,520	15,145	16,660
	51-55	9,300	10,415	11,745	14,680	17,320	19,400	21,340
	56-60	11,575	12,965	14,600	18,250	21,535	24,120	26,535
	61-65	14,305	16,025	18,030	22,540	26,595	29,785	32,765
	66-70	16,765	18,775	21,115	26,395	31,145	34,885	38,375
	71-75	19,025	21,305	23,955	29,945	35,335	39,575	43,530
	76-80	21,135	23,670	26,605	33,260	39,245	43,955	48,350
	Above 80	22,990	25,750	28,940	36,175	42,685	47,805	52,585

Zone 3: 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	6,715	7,520	8,650	10,810	12,755	14,285	15,715
	51-55	8,610	9,645	11,080	13,850	16,340	18,305	20,135
	56-60	10,720	12,005	13,775	17,220	20,320	22,755	25,030
	61-65	13,245	14,835	17,010	21,260	25,090	28,100	30,910
	66-70	15,520	17,385	19,920	24,900	29,385	32,910	36,200
	71-75	17,615	19,730	22,600	28,250	33,335	37,335	41,070
	76-80	19,565	21,915	25,100	31,375	37,020	41,465	45,610
	Above 80	21,285	23,840	27,300	34,125	40,265	45,100	49,610

Annexure - A

Sl. No.	Items for which coverage is not available in the policy.	Sl. No.	Items for which coverage is not available in the policy.	Sl. No.	Items for which coverage is not available in the policy.
1	BABY FOOD	24	ATTENDANT CHARGES	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
2	BABY UTILITIES CHARGES	23	SURCHARGES	47	LUMBO SACRAL BELT
3	BEAUTY SERVICES	24	ATTENDANT CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
4	BELTS/ BRACES	25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	49	AMBULANCE COLLAR
5	BUDS	26	BIRTH CERTIFICATE	50	AMBULANCE EQUIPMENT
6	COLD PACK/HOT PACK	27	CERTIFICATE CHARGES	51	ABDOMINAL BINDER
7	CARRY BAGS	28	COURIER CHARGES	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
8	EMAIL / INTERNET CHARGES	29	CONVEYANCE CHARGES	53	SUGAR FREE Tablets
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	30	MEDICAL CERTIFICATE	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
10	LEGGINGS	31	MEDICAL RECORDS	55	ECG ELECTRODES
11	LAUNDRY CHARGES	32	PHOTOCOPIES CHARGES	56	GLOVES
12	MINERAL WATER	33	MORTUARY CHARGES	57	NEBULISATION KIT
13	SANITARY PAD	34	WALKING AIDS CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
14	TELEPHONE CHARGES	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	59	KIDNEY TRAY
15	GUEST SERVICES	36	SPACER	60	MASK
16	CREPE BANDAGE	37	SPIROMETRE	61	OUNCE GLASS
17	DIAPER OF ANY TYPE	38	NEBULIZER KIT	62	OXYGEN MASK
18	EYELET COLLAR	39	STEAM INHALER	63	PELVIC TRACTION BELT
19	SLINGS	40	ARMSLING	64	PAN CAN
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	41	THERMOMETER	65	TROLLY COVER
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	42	CERVICAL COLLAR	66	UROMETER, URINE JUG
22	Television Charges	43	SPLINT	67	VASOFIX SAFETY
23	SURCHARGES	44	DIABETIC FOOT WEAR		
		45	KNEE BRACES (LONG/ SHORT/ HINGED)		