



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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PROSPECTUS - DIABETES SAFE INSURANCE POLICY

Unique Identification No.: SHAHLIP22029V072122

This policy is for persons who are diabetic both Type 1 and Type 2.

The policy provides for payment of hospitalization expenses arising out of any complications of diabetes.

This policy also covers regular hospitalization expenses for other illness / disease / accidental injuries.

❖ Who can take this insurance?

- Any person between 18 years and 65 years of age who is already suffering from Diabetes Mellitus can take this insurance
- This limit of 65 years is for entry level only into this scheme. Beyond 65 years only renewals accepted. There is no capping on exit age
- The policy is available on Individual Basis as well as on Floater Basis
- Floater policy can be taken only for a family of 2 provided either of the person is a diabetic. Family for the purpose of this policy would mean Self and Spouse only.

❖ What are the sum insured options available?

The insurance is available for sum insured of Rs.3,00,000/-, Rs.4,00,000/-, Rs.5,00,000/- and Rs.10,00,000/-

❖ What is the Policy Term?

The policy is available for 1 year / 2 years / 3 years .For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof

❖ Is Instalment Facility available?

Yes, Premium can be paid Quarterly and Half-yearly

Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years)

❖ Is there any Pre-Acceptance Medical screening?

There are 2 plans available under this policy :-

- Plan A : Pre-acceptance medical examination is required for all persons opting for this plan.
- Plan B : No pre acceptance medical examination.

Change of Plan: Once a plan has been opted, the plan cannot be changed either during the currency of the policy or on renewal.

❖ What are the special features of this policy?

- Automatic Restoration There shall be automatic restoration of basic sum insured by 100% immediately upon exhaustion of the basic sum insured once during the policy period.
- Such restored Sum Insured can be utilized only for illness /disease/treatment unrelated to the illness /diseases/treatment for which claim/s was /were made.
- This Automatic Restoration benefit is not available if the policy is on floater basis.
- This Automatic Restoration benefit is applicable for Section 2 only.

❖ What are the benefits available under the insurance?

Benefits under both plans

Section 1: Hospitalization expenses under the following heads as a result of complications of Diabetes:-

- Room (Single standard A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home, Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees
- Anesthesia, Blood, Oxygen and Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, X-ray and stent. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent only. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make
- Emergency ambulance charges up-to a sum of Rs. 2,000/- 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 however there is an admissible claim under the policy
- Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- Post-Hospitalization** expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization provided such expenses so incurred are in respect of ailment for which the insured person was hospitalized. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken.

❖ Special conditions applicable for Section 1:

- Donor expenses for kidney 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
- Expenses incurred on dialysis (**inclusive of AV fistula /graft creation charges**) are payable up-to Rs.1,000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs and payable for up to 24 consecutive months provided the policy is in force.
- Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured, provided the claim for such amputation is admissible under the policy

Claims directly or indirectly relating to Cardio Vascular System, Renal System, Diseases of eye, Foot Ulcer, Diabetic Peripheral Vascular Diseases and other complications of diabetes are eligible to be payable under Section 1 only, except where specifically provided for.

Claim for cataract surgery is payable under Section 2 only

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. 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

Expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less.

Note: Only complications of Diabetes that are declared by the insured and accepted by the company shall be considered as covered under Section 1.

❖ Section 2 : Regular Hospitalization expenses under the following heads

- Room (Single standard A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home, Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anaesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities and X-ray. With regard to coronary stenting, the Company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
- Emergency ambulance charges up-to a sum of Rs. 2,000/- 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 however there is an admissible claim under the policy.
- Relevant **Pre-Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- Post-Hospitalization** expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization provided such expenses so incurred are in respect of ailment for which the insured person was hospitalized. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken.

❖ Special conditions applicable for Section 2:

- 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
- The expenses incurred on treatment of cataract are limited to

Sum Insured Rs.	Limit Rs.
3,00,000/- 4,00,000/- and 5,00,000/-	Rs.20,000/- per eye per person and not exceeding Rs.30,000/- per policy period
10,00,000/-	Rs.30,000/- per eye per person and not exceeding Rs.40,000/- per policy period

- Expenses relating to the hospitalization will be considered in proportion to the eligible **room rent** or actual whichever is less.

❖ Section 3 – Outpatient Expenses for Plan A and Plan B

The Company will pay the amount of such expenses as are reasonably and necessarily incurred at the network hospitals/diagnostic centers as an Out Patient, provided the policy is in force.

- The Cost of Fasting and Post Parandial and HbA1C tests - once every six months – upto Rs.750/- per event upto Rs.1500/- per policy period.
- Other expenses like medical consultation, other diagnostics, medicines and drugs upto the limits given below per policy period.

Applicable for Plan A				
Individual				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	1000/-	2500/-	3500/-	5500/-
Floater				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	2000/-	3500/-	5500/-	7500/-
Applicable for Plan B				
Individual				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	500/-	2000/-	3000/-	5000/-
Floater				
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	1500/-	3000/-	5000/-	7000/-

This benefit forms part of Sum Insured.

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

- ❖ **Section 4 - Coverage for Modern Treatments:** The expenses payable during the entire policy period for the following treatment/procedure (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

Sum Insured Rs.	3,00,000/-	4,00,000/-	5,00,000/-	10,00,000/-
Treatment / Procedure	Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure			
	Sum Insured on Floater Basis: Limit per policy period for each treatment / procedure Rs.			
Uterine artery Embolization and HIFU	37,500/-	1,00,000/-	1,25,000/-	1,50,000/-
Balloon Sinuplasty	15,000/-	40,000/-	50,000/-	1,00,000/-
Deep Brain Stimulation	75,000/-	2,00,000/-	2,50,000/-	3,00,000/-
Oral Chemotherapy*	37,500/-	1,00,000/-	1,25,000/-	2,00,000/-
Immunotherapy-Monoclonal Antibody to be given as injection	75,000/-	2,00,000/-	2,50,000/-	4,00,000/-
Intra Vitreal injections	15,000/-	40,000/-	50,000/-	75,000/-
Robotic surgeries	75,000/-	2,00,000/-	2,50,000/-	3,00,000/-
Stereotactic radio surgeries	75,000/-	1,75,000/-	2,00,000/-	2,25,000/-
Bronchical Thermoplasty	Up to Sum Insured			
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	75,000/-	2,00,000/-	2,50,000/-	3,00,000/-

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

❖ Section 5 - Personal Accident for Plan A and Plan B

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from an Accident caused by external, violent and visible means and if such accident causes death of the Insured Person within 12 Calendar months from the date of that Accident, then the Company will pay the sum insured mentioned as compensation.

Note

- This Section is applicable for the person specifically mentioned in the Schedule
- At any point of time only one person will be eligible to be covered under this Section
- Geographical Scope: The insurance cover applies Worldwide
- The sum insured for this Section is equal to the sum insured opted for Section ½
- Any claim under Section 1/2/3/4 will not effect the sum insured under this section.

❖ What are the Sub Limits?

For Cataract claims under both Plans the following sub limits apply

Sum Insured Rs.	Limit Rs.
3,00,000/- 4,00,000/- and 5,00,000/-	Rs.20,000/- per eye per person and not exceeding Rs.30,000/- per policy period
10,00,000/-	Rs.30,000/- per eye per person and not exceeding Rs.40,000/- per policy period

Note: The expenses incurred towards Cataract is applicable for Section 2 only.

For Claims directly or indirectly relating to the Cardio Vascular System the following sub limits apply under Plan B

Sum Insured(Rs)	Limit of the Company's Liability per policy period (Rs)
3,00,000	2,00,000
4,00,000	2,50,000
5,00,000	3,00,000
10,00,000	4,00,000

❖ What are the exclusions under the policy?

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 Applicable for Section 2 and Section 4 under Plan A and Plan B - 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 waiting period 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

Applicable for Section 1 under Plan B

- Expenses related to the treatment of following listed systems shall be excluded until the expiry of 12 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
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion
- List of Systems: Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer

Applicable for Section 2 and Section 4 under Plan A and Plan B

- 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;
 - Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostrate, Stricture Urethra, all Obstructive Uropathies, benign prostatic hypertrophy, stapedectomy, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, and Congenital Internal disease / defect
 - Desmoid Tumour of anterior abdominal wall, Gall Bladder and Pancreatic diseases and All treatments (conservative, interventional, laparoscopic and open) for Hepato pancreato biliary diseases including gall bladder and pancreatic calculi. All types of management for kidney calculi and genitourinary tract calculi

- c. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical Sinus, Umbilical Fistula
 - d. Conservative, operative treatment of all types of intervention for diseases related to tendon, ligament, Fascia, bones and joint including Arthroscopy and Arthroplasty [other than caused by accident]
 - e. Degenerative disc and vertebral diseases including Replacement of bones and joints and degenerative diseases of the musculo-skeletal system
 - f. Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome, Trigger Finger, lipoma, neurofibroma, ganglion and similar pathology
 - g. Any transplant and related surgery
- 3. 30-day waiting period - Code Excl 03**
Applicable for Section 1 under Plan B;
- 1. 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
 - 2. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
 - 3. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
- Applicable for Section 2 and Section 4 under Plan A and Plan B;**
- 1. 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
 - 2. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
 - 3. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
- 4. Investigation & Evaluation - Code Excl 04**
- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
 - B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
- 5. Rest Cure, rehabilitation and respite care - Code Excl 05**
 Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
- 1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
 - 2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
- 6. Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
- A. Surgery to be conducted is upon the advice of the Doctor
 - B. The surgery/Procedure conducted should be supported by clinical protocols
 - C. The member has to be 18 years of age or older and
 - D. Body Mass Index (BMI);
 - 1. greater than or equal to 40 or
 - 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes
- 7. Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- 8. Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- 9. Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- 10. Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- 11. Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

- 12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - **Code Excl 12**
 - 13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons - **Code Excl 13**
 - 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - **Code Excl 14**
 - 15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
 - 16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
 - 17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
 - 18. **Maternity - Code Excl 18**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
 - 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. Venereal Disease and Sexually Transmitted Diseases (Other than HIV) - **Code Excl 23**
 - 24. 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**
 - 25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/ materials - **Code Excl 25**
 - 26. 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 similar therapies - **Code Excl 26**
 - 27. Unconventional, Untested, Experimental therapies - **Code Excl 27**
 - 28. Artificial Pancreas, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
 - 29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
 - 30. All treatment for Priapism and erectile dysfunctions - **Code Excl 30**
 - 31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
 - 32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - **Code Excl 32**
 - 33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
 - 34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
 - 35. 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**
 - 36. Any hospitalization which are not medically necessary / does not warrant hospitalization - **Code Excl 36**
 - 37. Other Excluded Expenses as detailed in the website www.starhealth.in - **Code Excl 37**
 - 38. 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**
 - 39. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy - **Code Excl 39**
- Note: Exclusion nos. 15, 17, 18, 31, 32,33,35 and 39 are not applicable for Section 3**
- Exclusions applicable for Section 5**
- 1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance - **Code-Sec 5-Excl 01**

2. **Code-Sec 5-Excl 02** Any claim arising out of Accident of the Insured Person from:
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life
3. Any claim arising out of suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease (Other than HIV) - **Code-Sec 5-Excl 03**
4. 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 - **Code-Sec 5- Excl 04**
5. 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 detentions of all kings princes and people of whatever nation, condition or quality whatsoever - **Code-Sec 5- Excl 05**
6. 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 - **Code-Sec5- Excl 06**
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from - **Code-Sec5- Excl 07**
 - 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
8. 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 - **Code-Sec5-Excl 08**
9. Participation in Hazardous Sport / Hazardous Activities - **Code-Sec5-Excl 09**
10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy - **Code-Sec5-Excl 10**
11. 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 - **Code-Sec5- Excl 11**
12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly - **Code-Sec5-Excl 12**

❖ **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.

❖ **Special Condition**

Instalment Premium Options: 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)

1. Grace Period of 7 days would be given to pay the instalment premium due for the policy.
2. 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.
3. 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.
4. No interest will be charged If the instalment premium is not paid on due date
5. In case of instalment premium due not received within the grace period, the policy will get cancelled.
6. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
7. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

❖ **Is Free Look provision available under the policy?**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

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

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

1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
5. Coverage is not available during the grace period.
6. No loading shall apply on renewals based on individual claims experience

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

❖ **Revision of Sum Insured applicable for both plans:** Reduction or enhancement of sum insured is permissible only at the time of renewal.

Enhancement of sum insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured including the respective sublimits shall be subject to the following terms

Exclusion given below shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.

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

The above applies to each relevant insured person

❖ **Withdrawal of the policy**

1. 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.
2. 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.

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

- ✓ Upon the death of the Insured Person. This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- ✓ Upon exhaustion of the Basic sum insured under the policy as a whole

❖ **When can a policy be cancelled?**

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

Cancellation table applicable for Policy Term 1 Year without 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 for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one 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 for Policy Term 1 Year with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one 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

Cancellation table applicable for Policy Term 2 Years without instalment option

Period on risk	Rate of premium to be retained
Up to one month	17.5% of the policy premium
Exceeding one month up to 3 months	25% of the policy premium
Exceeding 3 months up to 6 months	37.5% of the policy premium
Exceeding 6 months up to 9 months	47.5% of the policy premium
Exceeding 9 months up to 12 months	57.5% of the policy premium
Exceeding 12 months up to 15 months	67.5% of the policy premium
Exceeding 15 months up to 18 months	80% of the policy premium
Exceeding 18 months up to 21 months	90% of the policy premium
Exceeding 21 months	Full of the policy premium

Cancellation table applicable for Policy Term 2 Years with instalment option of Half-yearly premium payment frequency

Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one 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 up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Exceeding 21 months	100% of the total premium received

Cancellation table applicable for Policy Term 2 Years with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one 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 up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months	100% of the total premium received

Cancellation table applicable for Policy Term 3 Years without instalment option

Period on risk	Rate of premium to be retained
Up to one month	17.5% of the policy premium
Exceeding one month up to 3 months	22.5% of the policy premium
Exceeding 3 months up to 6 months	30% of the policy premium
Exceeding 6 months up to 9 months	37.5% of the policy premium
Exceeding 9 months up to 12 months	42.5% of the policy premium
Exceeding 12 months up to 15 months	50% of the policy premium
Exceeding 15 months up to 18 months	57.5% of the policy premium
Exceeding 18 months up to 21 months	65% of the policy premium
Exceeding 21 months up to 24 months	72.5% of the policy premium
Exceeding 24 months up to 27 months	80% of the policy premium
Exceeding 27 months up to 30 months	85% of the policy premium
Exceeding 30 months up to 33 months	92.5% of the policy premium
Exceeding 33 months	Full of the policy premium

Cancellation table applicable for Policy Term 3 Years with instalment option of Half-yearly premium payment frequency

Period on risk	Rate of premium to be retained
Up to one month	45% of the total premium received
Exceeding one 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 up to 12 months	100% of the total premium received
Exceeding 12 months up to 15 months	90% of the total premium received
Exceeding 15 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 21 months	90% of the total premium received
Exceeding 21 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 27 months	95% of the total premium received
Exceeding 27 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 33 months	92.5% of the total premium received
Exceeding 33 months	100% of the total premium received

Cancellation table applicable for Policy Term 3 Years with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to one month	87.5% of the total premium received
Exceeding one 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 up to 12 months	100% of the total premium received
Exceeding 12 months up to 13 months	97.5% of the total premium received
Exceeding 13 months up to 15 months	100% of the total premium received
Exceeding 15 months up to 16 months	95% of the total premium received
Exceeding 16 months up to 18 months	100% of the total premium received
Exceeding 18 months up to 19 months	95% of the total premium received
Exceeding 19 months up to 21 months	100% of the total premium received
Exceeding 21 months up to 22 months	92.5% of the total premium received
Exceeding 22 months up to 24 months	100% of the total premium received
Exceeding 24 months up to 25 months	97.5% of the total premium received
Exceeding 25 months up to 27 months	100% of the total premium received
Exceeding 27 months up to 28 months	97.5% of the total premium received
Exceeding 28 months up to 30 months	100% of the total premium received
Exceeding 30 months up to 31 months	95% of the total premium received
Exceeding 31 months up to 33 months	100% of the total premium received
Exceeding 33 months up to 34 months	95% of the total premium received
Exceeding 34 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

❖ **Migration (Applicable only for Section 2 and Section 4):** 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 (Applicable only for Section 2 and Section 4):** 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 details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

❖ **Is Income Tax Benefit available?**
 Insured Person is eligible for relief under Section 80-D of the Income Tax Act 1961 in respect of the amount paid by any mode other than cash.

❖ **How to buy this insurance?**
 All that needs to be done is to call the nearest office.
 5% discount for purchase on line. For On-line purchase visit www.starhealth.in

❖ **How much does it cost to take this insurance?**
 Please refer the premium table attached.

❖ **Claims Procedure**
Applicable for Both the Plans

- For Cashless Treatment (Section 1, Section 2 and Section 4)**
- Call the 24 hour help-line for assistance - 1800 425 2255 /1800 102 4477
 - Inform the ID number for easy reference
 - On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
 - Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
 - The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.
 - This form should be submitted to the Company
 - The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
 - 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.
 - In case of emergency hospitalization information to be given within 24 hours after hospitalization
 - Cashless facility can be availed only in networked Hospitals

In non-network hospitals payment must be made up-front by Insured / Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

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 permissible reimbursement.

For Reimbursement claims: Time limit for submission of

Sl.No.	Type of Claim	Prescribed time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	within 15 days after completion of 60 days from the date of discharge from hospital.

For Reimbursement Claims

- Duly completed claim form, and
- Pre Admission investigations and treatment papers.
- Discharge Summary from the hospital in original
- Cash receipts from hospital, chemists
- Cash receipts and reports for tests done
- Receipts from doctors, surgeons, anesthetist
- Certificate from the attending doctor regarding the diagnosis.
- Copy of PAN card

Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts

For Section 5:

For Accidental Death Claims:- Claim Form

- Death Certificate
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report (wherever required)
- Viscera Sample Report (wherever required)
- Forensic Science Laboratory report (wherever required)
- Legal Heir Certificate
- Succession Certificate (wherever required)

Provision of Penal Interest

- 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.
- 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.
- 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.
- 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.
- "Bank rate" shall mean the rate fixed by the Reserve Bank of India.

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

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

Premium Chart (Excluding Tax) (One year policy term)

Premium in Rs.

Policy Type : Individual									
Age in yrs	PLAN A				PLAN B				
	Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-30	6,825	8,535	9,815	12,760	8,670	10,835	12,465	16,205	
31-35	7,355	9,195	10,575	13,745	9,620	12,025	13,830	17,985	
36-40	8,060	10,075	11,590	15,065	11,215	14,020	16,125	20,960	
41-45	9,565	11,955	13,750	17,875	13,425	16,780	19,300	25,095	
46-50	12,695	15,870	18,255	23,735	16,070	20,090	23,110	30,045	
51-55	16,020	20,025	23,030	29,940	20,445	25,560	29,390	38,210	
56-60	19,930	24,915	28,650	37,245	25,715	32,145	36,970	48,060	
61-65	25,880	32,350	37,205	48,370	35,995	44,995	51,750	67,275	
66-70	34,620	43,275	49,765	64,700	47,565	59,455	68,375	88,890	
71-75	44,500	55,625	63,970	83,160	57,850	72,310	83,160	1,08,115	
76-80	55,585	69,485	79,910	1,03,880	74,560	93,200	1,07,185	1,39,340	
Above 80	67,930	84,910	97,650	1,26,945	89,985	1,12,480	1,29,350	1,68,160	

Premium Chart (Excluding Tax) (One year policy term)

Premium in Rs.

Policy Type : Floater (2A)								
Age in yrs	PLAN A				PLAN B			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-30	9,660	12,075	13,885	18,055	12,020	15,025	17,280	22,465
31-35	10,390	12,990	14,940	19,425	13,335	16,665	19,165	24,915
36-40	11,360	14,200	16,335	21,235	15,545	19,430	22,350	29,055
41-45	13,450	16,815	19,340	25,140	18,610	23,265	26,755	34,780
46-50	17,785	22,235	25,570	33,240	22,280	27,855	32,035	41,645
51-55	22,390	27,990	32,190	41,850	28,345	35,430	40,750	52,975
56-60	27,810	34,760	39,980	51,975	35,650	44,565	51,250	66,630
61-65	36,045	45,060	51,820	67,365	49,910	62,390	71,750	93,275
66-70	48,160	60,200	69,230	90,000	65,950	82,435	94,805	1,23,245
71-75	61,840	77,300	88,900	1,15,570	80,210	1,00,260	1,15,300	1,49,895
76-80	77,205	96,510	1,10,990	1,44,290	1,03,380	1,29,225	1,48,615	1,93,200
Above 80	94,300	1,17,880	1,35,560	1,76,230	1,24,765	1,55,960	1,79,355	2,33,165

Premium Chart (Excluding Tax) (Two years policy term)

Premium in Rs.

Policy Type : Individual								
Age in yrs	PLAN A				PLAN B			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-29	13,172	16,473	18,943	24,627	16,733	20,912	24,057	31,276
30	13,684	17,109	19,676	25,577	17,650	22,060	25,375	32,993
31-34	14,195	17,746	20,410	26,528	18,567	23,208	26,692	34,711
35	14,875	18,596	21,389	27,802	20,106	25,133	28,907	37,582
36-39	15,556	19,445	22,369	29,075	21,645	27,059	31,121	40,453
40	17,008	21,259	24,453	31,787	23,778	29,722	34,185	44,443
41-44	18,460	23,073	26,538	34,499	25,910	32,385	37,249	48,433
45	21,481	26,851	30,885	40,154	28,463	35,580	40,926	53,210
46-49	24,501	30,629	35,232	45,809	31,015	38,774	44,602	57,987
50	27,710	34,639	39,840	51,796	35,237	44,052	50,663	65,866
51-54	30,919	38,648	44,448	57,784	39,459	49,331	56,723	73,745
55	34,692	43,367	49,871	64,834	44,544	55,685	64,037	83,251
56-59	38,465	48,086	55,295	71,883	49,630	62,040	71,352	92,756
60	44,207	55,261	63,550	82,618	59,550	74,440	85,615	1,11,298
61-64	49,948	62,436	71,806	93,354	69,470	86,840	99,878	1,29,841
65	58,383	72,978	83,926	1,09,113	80,635	1,00,794	1,15,921	1,50,699
66-69	66,817	83,521	96,046	1,24,871	91,800	1,14,748	1,31,964	1,71,558
70	76,351	95,439	1,09,754	1,42,685	1,01,725	1,27,153	1,46,231	1,90,110
71-74	85,885	1,07,356	1,23,462	1,60,499	1,11,651	1,39,558	1,60,499	2,08,662
75	96,582	1,20,731	1,38,844	1,80,494	1,27,776	1,59,717	1,83,683	2,38,794
76-79	1,07,279	1,34,106	1,54,226	2,00,488	1,43,901	1,79,876	2,06,867	2,68,926
80	1,19,192	1,48,991	1,71,345	2,22,746	1,58,786	1,98,481	2,28,256	2,96,738
Above 80	1,31,105	1,63,876	1,88,465	2,45,004	1,73,671	2,17,086	2,49,646	3,24,549

Premium Chart (Excluding Tax) (Two years policy term)

Premium in Rs.

Policy Type : Floater (2A)								
Age in yrs	PLAN A				PLAN B			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-29	18,644	23,305	26,798	34,846	23,199	28,998	33,350	43,357
30	19,348	24,188	27,816	36,168	24,468	30,581	35,169	45,722
31-34	20,053	25,071	28,834	37,490	25,737	32,163	36,988	48,086
35	20,989	26,238	30,180	39,237	27,869	34,832	40,062	52,081
36-39	21,925	27,406	31,527	40,984	30,002	37,500	43,136	56,076
40	23,942	29,929	34,426	44,752	32,960	41,201	47,386	61,601
41-44	25,959	32,453	37,326	48,520	35,917	44,901	51,637	67,125
45	30,142	37,683	43,338	56,337	39,459	49,331	56,732	73,750
46-49	34,325	42,914	49,350	64,153	43,000	53,760	61,828	80,375
50	38,769	48,467	55,738	72,462	48,853	61,070	70,238	91,308
51-54	43,213	54,021	62,127	80,771	54,706	68,380	78,648	1,02,242
55	48,443	60,554	69,644	90,541	61,755	77,195	88,780	1,15,419
56-59	53,673	67,087	77,161	1,00,312	68,805	86,010	98,913	1,28,596
60	61,620	77,026	88,587	1,15,163	82,565	1,03,212	1,18,695	1,54,308
61-64	69,567	86,966	1,00,013	1,30,014	96,326	1,20,413	1,38,478	1,80,021
65	81,258	1,01,576	1,16,813	1,51,857	1,11,805	1,39,756	1,60,726	2,08,942
66-69	92,949	1,16,186	1,33,614	1,73,700	1,27,284	1,59,100	1,82,974	2,37,863
70	1,06,150	1,32,688	1,52,595	1,98,375	1,41,044	1,76,301	2,02,751	2,63,580
71-74	1,19,351	1,49,189	1,71,577	2,23,050	1,54,805	1,93,502	2,22,529	2,89,297
75	1,34,178	1,67,727	1,92,894	2,50,765	1,77,164	2,21,453	2,54,678	3,31,087
76-79	1,49,006	1,86,264	2,14,211	2,78,480	1,99,523	2,49,404	2,86,827	3,72,876
80	1,65,502	2,06,886	2,37,921	3,09,302	2,20,160	2,75,204	3,16,491	4,11,442
Above 80	1,81,999	2,27,508	2,61,631	3,40,124	2,40,796	3,01,003	3,46,155	4,50,008

Premium Chart (Excluding Tax) (Three years policy term)

Premium in Rs.

Policy Type : Individual								
Age in yrs	PLAN A				PLAN B			
	Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000
18-28	19,144	23,941	27,531	35,792	24,319	30,392	34,964	45,455
29	19,640	24,558	28,242	36,713	25,208	31,505	36,241	47,119
30	20,135	25,175	28,952	37,634	26,096	32,617	37,517	48,784
31-33	20,631	25,792	29,663	38,555	26,984	33,730	38,793	50,448
34	21,290	26,615	30,612	39,789	28,475	35,595	40,939	53,230
35	21,949	27,438	31,561	41,023	29,967	37,461	43,085	56,011
36-38	22,608	28,260	32,510	42,257	31,458	39,326	45,231	58,793
39	24,015	30,018	34,530	44,885	33,524	41,907	48,199	62,659
40	25,423	31,776	36,549	47,512	35,591	44,487	51,168	66,525
41-43	26,830	33,534	38,569	50,139	37,657	47,068	54,137	70,391
44	29,756	37,194	42,781	55,618	40,130	50,163	57,699	75,020
45	32,683	40,855	46,993	61,098	42,603	53,258	61,261	79,648
46-48	35,609	44,515	51,205	66,577	45,076	56,352	64,824	84,276
49	38,718	48,400	55,670	72,378	49,167	61,467	70,695	91,911
50	41,827	52,285	60,135	78,180	53,258	66,581	76,567	99,545
51-53	44,936	56,170	64,599	83,982	57,348	71,696	82,439	1,07,179
54	48,592	60,742	69,854	90,812	62,276	77,853	89,526	1,16,389
55	52,248	65,314	75,109	97,642	67,203	84,010	96,614	1,25,599
56-58	55,904	69,887	80,363	1,04,472	72,131	90,167	1,03,701	1,34,808
59	61,467	76,838	88,362	1,14,874	81,742	1,02,181	1,17,520	1,52,774
60	67,030	83,790	96,361	1,25,276	91,354	1,14,196	1,31,339	1,70,740
61-63	72,593	90,742	1,04,360	1,35,678	1,00,966	1,26,211	1,45,159	1,88,706
64	80,765	1,00,957	1,16,104	1,50,946	1,11,784	1,39,731	1,60,703	2,08,916
65	88,937	1,11,172	1,27,847	1,66,215	1,22,602	1,53,251	1,76,248	2,29,126
66-68	97,109	1,21,386	1,39,591	1,81,484	1,33,420	1,66,771	1,91,792	2,49,336
69	1,06,347	1,32,934	1,52,873	1,98,744	1,43,036	1,78,791	2,05,616	2,67,312
70	1,15,585	1,44,481	1,66,154	2,16,004	1,52,653	1,90,810	2,19,440	2,85,287
71-73	1,24,823	1,56,028	1,79,436	2,33,264	1,62,269	2,02,830	2,33,264	3,03,263
74	1,35,187	1,68,987	1,94,340	2,52,637	1,77,893	2,22,362	2,55,727	3,32,458
75	1,45,551	1,81,946	2,09,244	2,72,010	1,93,517	2,41,894	2,78,191	3,61,653
76-78	1,55,916	1,94,905	2,24,148	2,91,383	2,09,141	2,61,426	3,00,654	3,90,849
79	1,67,459	2,09,328	2,40,734	3,12,949	2,23,563	2,79,453	3,21,378	4,17,795
80	1,79,001	2,23,750	2,57,321	3,34,515	2,37,986	2,97,480	3,42,102	4,44,742
Above 80	1,90,544	2,38,173	2,73,908	3,56,081	2,52,408	3,15,506	3,62,827	4,71,689

Premium Chart (Excluding Tax) (Three years policy term)

Premium in Rs.

Policy Type : Floater (2A)								
Age in yrs	PLAN A				PLAN B			
	Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000	3,00,000	4,00,000	5,00,000
18-28	27,096	33,870	38,947	50,644	33,716	42,145	48,470	63,014
29	27,779	34,726	39,934	51,925	34,946	43,679	50,233	65,305
30	28,461	35,581	40,920	53,206	36,175	45,212	51,995	67,596
31-33	29,144	36,437	41,907	54,487	37,405	46,745	53,758	69,887
34	30,051	37,568	43,211	56,179	39,471	49,331	56,736	73,757
35	30,958	38,700	44,515	57,872	41,537	51,916	59,714	77,628
36-38	31,865	39,831	45,820	59,564	43,604	54,501	62,692	81,499
39	33,819	42,276	48,629	63,215	46,470	58,087	66,810	86,852
40	35,773	44,721	51,439	66,867	49,335	61,673	70,929	92,205
41-43	37,727	47,166	54,249	70,518	52,201	65,258	75,048	97,558
44	41,780	52,234	60,074	78,091	55,633	69,550	79,985	1,03,977
45	45,834	57,301	65,899	85,665	59,064	73,842	84,921	1,10,395
46-48	49,887	62,369	71,724	93,238	62,495	78,133	89,858	1,16,814
49	54,193	67,750	77,914	1,01,289	68,166	85,216	98,007	1,27,408
50	58,498	73,131	84,103	1,09,339	73,837	92,299	1,06,155	1,38,001
51-53	62,804	78,512	90,293	1,17,389	79,508	99,381	1,14,304	1,48,595
54	67,872	84,842	97,577	1,26,856	86,338	1,07,922	1,24,121	1,61,362
55	72,939	91,172	1,04,860	1,36,323	93,168	1,16,464	1,33,939	1,74,130
56-58	78,007	97,502	1,12,144	1,45,790	99,998	1,25,005	1,43,756	1,86,897
59	85,707	1,07,132	1,23,214	1,60,180	1,13,331	1,41,671	1,62,924	2,11,810
60	93,407	1,16,763	1,34,285	1,74,569	1,26,664	1,58,338	1,82,091	2,36,723
61-63	1,01,106	1,26,393	1,45,355	1,88,959	1,39,998	1,75,004	2,01,259	2,61,636
64	1,12,434	1,40,549	1,61,633	2,10,123	1,54,995	1,93,746	2,22,815	2,89,658
65	1,23,761	1,54,705	1,77,912	2,31,286	1,69,992	2,12,488	2,44,372	3,17,680
66-68	1,35,089	1,68,861	1,94,190	2,52,450	1,84,990	2,31,230	2,65,928	3,45,702
69	1,47,880	1,84,850	2,12,582	2,76,358	1,98,323	2,47,897	2,85,091	3,70,620
70	1,60,670	2,00,838	2,30,973	3,00,266	2,11,656	2,64,563	3,04,254	3,95,538
71-73	1,73,461	2,16,827	2,49,365	3,24,174	2,24,989	2,81,229	3,23,417	4,20,455
74	1,87,827	2,34,788	2,70,019	3,51,027	2,46,653	3,08,312	3,54,566	4,60,946
75	2,02,194	2,52,749	2,90,673	3,77,880	2,68,317	3,35,394	3,85,716	5,01,436
76-78	2,16,560	2,70,711	3,11,327	4,04,733	2,89,981	3,62,476	4,16,865	5,41,926
79	2,32,544	2,90,692	3,34,300	4,34,597	3,09,976	3,87,473	4,45,607	5,79,293
80	2,48,528	3,10,672	3,57,273	4,64,461	3,29,971	4,12,471	4,74,349	6,16,661
Above 80	2,64,512	3,30,653	3,80,246	4,94,325	3,49,966	4,37,468	5,03,091	6,54,028

Benefit Illustration in respect of Policies offered on Individual and Family Floater Basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)
Illustration - 1										
64	37,205	5,00,000	37,205	Nil	37,205	5,00,000	65,855	14,035	51,820	5,00,000
58	28,650	5,00,000	28,650		28,650	5,00,000				
Total Premium for all members of the family is Rs.65,855/-, when each member is covered separately. Sum insured available for each individual is Rs.5,00,000/-			Total Premium for all members of the family is Rs.65,855/-, when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.51,820/-, Sum insured of Rs.5,00,000/- is available for the entire family (2A)			
Illustration - 2										
47	18,255	5,00,000	18,255	Nil	18,255	5,00,000	32,005	6,435	25,570	5,00,000
44	13,750	5,00,000	13,750		13,750	5,00,000				
Total Premium for all members of the family is Rs.32,005/-, when each member is covered separately. Sum insured available for each individual is Rs.5,00,000/-			Total Premium for all members of the family is Rs.32,005/-, when they are covered under a single policy. Sum insured available for each family member is Rs.5,00,000/-				Total Premium when policy is opted on floater basis is Rs.25,570/-, Sum insured of 5,00,000/- is available for the entire family (2A)			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

A - Adult