# **Star Super Surplus (Floater) Insurance Policy**

Unique Id: SHAHLIP19042V031819

Traditional health policy offer basic cover plan for the insured. But foreseeing the magnitude of health problems is as difficult as predicting a health problem itself. Sometimes ailments and related complications demand much more than what we are prepared for.

Star Health brings you Super Surplus Insurance. It offers much larger coverage than the ones offered by basic plans. So, no matter what, you are always prepared to face the most unfortunate of health eventualities.

- Eligibility:
  - Any person aged between 18 years and 65 years
  - Family: Self, Spouse and dependant children from 91 days up to 25 years (children those who are economically dependent on their parents)
- Policy Term : 1 year
- Renewal : Lifelong renewals guaranteed
- Policy Type : Floater
- Pre-acceptance Medical Screening (both Silver and Gold Plans) : No Pre-acceptance medical screening is required
- Day care Procedures : All day care procedures are covered.
- Plans Offered : Two Plans : Silver and Gold Plan

# Sum Insured and Deductible options for Silver Plan:

Sum Insured Rs.	10,00,000/-						
Deductible Rs.	3,00,000/-; 5,00,000/-						

Note: Deductible once opted cannot be changed even at the time of renewals

#### Sum Insured and Defined limit Options for Gold Plan:

Sum Insured Rs	5,00,000/-; 10,00,000/-; 15,00,000/-; 20,00,000/-; and 25,00,000/-;								
Defined Limit Rs	. 3,00,000/-; 5,00,000/-; 10,00,000/-;								
Note : 1. The Insured can choose any sum insured and defined limit. 2. Defined Limit once opted cannot be changed either during the currency of the policy or at the time of renewal									

# Coverage

# Silver Plan

Under this plan an admissible claim gets paid only when it exceeds the deductible. Amount payable is only in excess of the deductible opted. It covers the following;

- Hospitalization cover: Room Rent, Boarding, nursing expenses subject to a maximum of Rs. 4,000/- per day
- Surgeons fess, Consultant's fees, Anesthetist's and Specialist's fees
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs and such other similar expenses.
- · Pre-hospitalisation : Medical expenses up to 30 days prior to the date of admission
- Post Hospitalisation : Medical expenses up to a period of 60 days after discharge from the hospital.
- Note: Deductible applies for each and every hospitalization

### Waiting Periods(for Silver Plan)

- 1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
- 2. A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
  - A. 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.
  - B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - C. 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].
  - D. 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),
  - E. 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.
  - F. All types of Hernia,
  - G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
  - H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
  - J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,

- K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
- L. Varicose veins and Varicose ulcers
- M. All types of transplant and related surgeries.
- N. Congenital Internal disease / defect
- If these are pre-existing at the time of proposal they will be covered subject to waiting period 3 given below.
- 3. Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer.

The waiting periods 1, 2 and 3 above are subject to Portability Regulations.

# Gold Plan

Under this plan an admissible claim gets paid only when the aggregate of expenses incurred during the policy period under hospitalization (single or more than one) exceeds the Defined limit opted. Amount payable is only in excess of the Defined limit\*. It covers the following;

- Hospitalization cover : Room Rent (single standard AC room), Boarding, nursing expenses
- Surgeons fess, Consultant's fees, Anesthetist's and Specialist's fees
- Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs and such other similar expenses.
- Pre-hospitalisation : Medical expenses up to 60 days prior to the date of admission
- Post –Hospitalisation: Medical expenses up to a period of 90 days after discharge from the hospital.
- Emergency ambulance charges up to Rs.3000/- per hospitalization for transporting the insured patient to the hospital
- Air Ambulance cover : Upto 10% of the sum insured per policy period. Applicable for Sum Insured option of Rs.10 lacs and above only.
- Facility of obtaining Medical Second Opinion

Note 1: \*Defined Limit means the limit of admissible hospitalization expenses as per the terms of the policy, opted for and mentioned in the Schedule of the policy, up to which the Company will not be liable during the policy period

Note 2 : Co-Payment : This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years.

Note (For Both Silver and Gold Plan) : Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy

#### Special Features

**Delivery Expenses** for a Delivery including Delivery by Caesarean section (including prenatal, post-natal expenses and lawful medical termination of pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force.

#### Special Conditions

- This Benefit is subject to a waiting period of 12 months from the date of commencement of first Star Super Surplus (Floater) Insurance Policy and continuous renewal thereof with the company.
- Pre-hospitalization and Post Hospitalization expenses are not applicable for this benefit.
- This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit becomes payable. Claims under this section will not reduce the Sum Insured
- 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.

#### · Recharge Benefit

If the sum insured 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.

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

Waiver of Deductible : The Proposer can opt at the beginning of 6th year before renewal of this policy or later during any successive renewal, for an Indemnity Health Insurance policy without defined limit offered by the Company with continuity of benefits for the average sum insured of immediately preceding 5 years period subject to the following :-

- All Insured Persons are insured with the Company for the first time before the age of 50 years and have been continuously renewed without any break
- No claim has been made during the immediately preceding 5 years
- ✓ The proposer should exercise this option for all the Insured persons

This policy shall not be further renewed if the option is exercised

#### Waiting Periods(for Gold Plan):

- 1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
- 2. A waiting period of 12 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
  - A. 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 / Β. cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - C. 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].
  - D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculoskeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
  - All treatments (conservative, interventional, laparoscopic and open) related to E. Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney Calculi and Genitourinary tract calculi.
  - E. All types of Hernia,
  - G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
  - All treatments (conservative, interventional, laparoscopic and open) related to all Η. Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - L. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
  - J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
  - Κ. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  - Varicose veins and Varicose ulcers L.
  - M. All types of transplant and related surgeries.
  - Congenital Internal disease / defect Ν.
- Pre Existing Diseases as defined in the policy until 12 consecutive months of continuous 3. coverage have elapsed; since inception of the first policy with any Indian Insurer.

The waiting periods 1, 2 and 3 above are subject to Portability Regulations.

# Exclusions (Applicable for Both Silver and Gold Plan)

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. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of **SMEGMA**
- 2. Congenital External Condition / Defects / Anomalies
- 3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states
- Psychiatric, mental and behavioral disorders. 4.
- 5. Intentional self injury
- 6. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
- 7. Venereal Disease and Sexually Transmitted Diseases,
- 8. 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)
- 9. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- 10. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or HIV / AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
- 11. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
- 12. Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, 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 exclusion no12.
- 13. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
- 14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
- 15. Unconventional, Untested, Unproven, Experimental therapies.
- 16. Stem cell Therapy, Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
- 17. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as

an in-patient, when clinically indicated and hospitalization warranted.

- 18. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
- 19. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
- 20. Hospital record charges and such other charges
- 21. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons.
- 22. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
- 23. Treatment arising from or traceable to pregnancy, childbirth (except to the extent covered under Delivery expenses), family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
- 24. Any medical expenses incurred towards treatment of New Born Baby.
- 25. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
- 26. Medical and / or surgical treatment of Sleep apnea and treatment for endocrine disorders.
- 27. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.
- 28. Cochlear implants and procedure related hospitalization expenses
- 29. Hospital registration charges, admission charges, telephone charges and such other charges
- 30. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy.
- 31. Expenses incurred for treatment of diseases/illness/accidental injuries which does not warrant hospitalization.
- 32. Other Excluded Expenses as detailed in our website www.starhealth.in.

#### ÷. Renewal

The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits with reference to waiting periods will be allowed.

# Note:

- 1. The actual period of cover will start only from the date of payment of premium.
- 2. Renewal premium is subject to change with prior approval from Regulator
- 3. Defined Limit / Deductible once opted cannot be changed either during the currency of the policy or at the time of renewal.

#### Revision of Sum Insured

Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium

# Modification of the terms of the policy

The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance

#### \* Withdrawal of the policy

The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

### Free Look Period

At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows :

If the Insured has not made any claim during the free look period, the Insured shall be entitled to

a refund of the premium paid less any expenses incurred by the Insurer on medical 1) examination of the insured persons and the stamp duty charges

or

where the risk has already commenced and the option of return of the policy is exercised 2) by the policy holder, a deduction towards the proportionate risk premium for period on cover

or

where only a part of the insurance coverage has commenced, such proportionate 3) premium commensurate with the insurance coverage during such period.

# Free look period is not applicable for renewal

Cancellation : The Company may cancel this policy on grounds of misrepresentation, fraud, ÷ moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	25% of annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

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

- $\checkmark$  Upon the death of the Insured Person.
- ✓ Upon exhaustion of the sum insured under the policy
- Portability : This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

### Claims Procedure:

- Call the 24 hour help-line for assistance 1800 425 2255 / 1800 102 4477
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- · Cashless facility wherever possible in network hospital
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.
- Tax Benefits : Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961
- The Company : Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 with the business interests in Health Travel and Personal Accident Insurance. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed to setting international benchmarks in service and personal caring

# Star Advantages:

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

#### Claim Illustration

Scenario	Claim No.	Claim Made by Family Member	Sum Insured under the policy Rs	Defined Limit under the policy Rs	Hospita lization Amount Rs	Defined Limit applied for claim	Claim Payabl e Rs.	Balance Sum Insured available for next claim Rs.				
Gold Plan - Illustration Family Size : 2 Adults + 3 Children												
	1	1			300000	300000	0	1000000				
1	2	3	1000000	300000	600000	0	600000	400000				
	3	4		600000 0 4000		400000	0					
	1	1			600000	300000	300000	700000				
2	2	4	1000000	300000	500000	0	500000	200000				
	3	2			300000	0	200000	0				
		Silver Pl	an - Illustra	tion Family	Size : 2 A	dults + 2 C	hildren					
	1	1			300000	300000	0	1000000				
1	2	3	1000000	300000	600000	300000	300000	700000				
	3	4			900000	300000	600000	100000				



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

"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER"

# Star Super Surplus (Floater) Insurance Policy

Unique Identification No.: SHAHLIP19042V031819

Insurance is the subject matter of solicitation

Buy this insurance online at www.starhealth.in Call Toll-free: 1800-425-2255 / 1800-102-4477, sms STAR to 56677 Fax Toll Free No: 1800-425-5522 ★ Email : support@starhealth.in CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No: 129

# STAR HEALTH AND ALLIED INSURANCE CO LTD Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.



Sum Insured (Rs.)	Family	Deducti	Silver Plan - PREMIUM CHART in Rs. (Excluding Tax)											
	Size	ble (Rs.)	91days-35	36-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	above 80		
10.00.000/-	upto 2A + 3C	3,00,000/-	1,870	2,200	2,750	3,165	3,545	3,970	4,445	4,980	5,475	6,025		
10,00,000/-		5,00,000/-	1,310	1,540	1,925	2,215	2,480	2,780	3,115	3,485	3,835	4,215		

A=Adult, C=Child

Go	ld Plan	Defined Limit Rs.3,00,000/-						Defined	Limit Rs.5,	00,000/-		Defined Limit Rs.10,00,000/-					
Fam ily size	Sum Insured Rs. Age in yrs	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	
	91days-35	1,885	2,640	3,300	3,960	4,555	1,510	2,115	2,640	3,170	3,645	1,135	1,585	1,980	2,375	2,735	
	36-45	2,220	3,105	3,880	4,660	5,355	1,775	2,485	3,105	3,725	4,285	1,335	1,865	2,330	2,795	3,215	
	46-50	2,885	4,035	5,045	6,055	6,960	2,310	3,230	4,035	4,845	5,570	1,730	2,425	3,030	3,635	4,180	
	51-55	3,460	4,845	6,055	7,265	8,355	2,770	3,875	4,845	5,810	6,685	2,075	2,905	3,635	4,360	5,015	
1A +	56-60	3,980	5,570	6,960	8,355	9,605	3,185	4,455	5,570	6,685	7,685	2,390	3,345	4,180	5,015	5,765	
1C	61-65	4,775	6,685	8,355	10,025	11,530	3,820	5,350	6,685	8,020	9,225	2,865	4,010	5,015	6,015	6,920	
	66-70	5,490	7,685	9,605	11,530	13,255	4,395	6,150	7,685	9,225	10,605	3,295	4,615	5,765	6,920	7,955	
	71-75	6,315	8,840	11,050	13,255	15,245	5,050	7,070	8,840	10,605	12,195	3,790	5,305	6,630	7,955	9,150	
	76-80	7,260	10,165	12,705	15,245	17,530	5,810	8,130	10,165	12,195	14,025	4,355	6,100	7,625	9,150	10,520	
	above 80	8,350	11,690	14,610	17,530	20,160	6,680	9,350	11,690	14,025	16,130	5,010	7,015	8,765	10,520	12,095	
	91days-35	2,220	<mark>3,105</mark>	3,880	4,660	5,355	1,775	2,485	3,105	3,725	4,285	1,335	1,865	2,330	2,795	3,215	
	36-45	2,610	3,655	4,565	5,480	6,300	2,090	2,925	3,655	4,385	5,040	1,565	2,195	2,740	3,290	3,780	
	46-50	3,395	4,750	5,935	7,120	8,190	2,715	3,800	4,750	5,700	6,555	2,035	2,850	3,560	4,275	4,915	
	51-55	4,070	5,700	7,120	8,545	9,830	3,255	4,560	5,700	6,840	7,865	2,445	3,420	4,275	5,130	5,900	
1A +	56-60	4,680	6,555	8,190	9,830	11,300	3,745	5,245	6,555	7,865	9,040	S 2,810	3,935	4,915	5,900	6,780	
2C	61-65	5,615	<mark>7,865</mark>	9,830	11,795	13,560	4,495	6,290	7,865	9,435	10,850	3,370	4,720	5,900	7,075	8,140	
	66-70	6,460	9,040	11,300	13,560	15,595	5,170	7,235	9,040	10,850	12,475	3,875	5,425	6,780	8,140	9,360	
	71-75	7,430	10,400	12,995	15,595	17,935	5,945	8,320	10,400	12,475	14,350	4,460	6,240	7,800	9,360	10,760	
	76-80	8,540	11,955	14,945	17,935	20,625	6,835	9,565	11,955	14,350	16,500	5,125	7,175	8,970	10,760	12,375	
	above 80	9,820	13,750	17,185	20,625	23,720	7,860	11,000	13,750	16,500	18,975	5,895	8,250	10,315	12,375	14,230	
	91days-35	2,665	3,725	4,660	5,590	6,425	2,130	2,980	3,725	4,470	5,140	1,600	2,235	2,795	3,355	3,855	
	36-45	3,130	4,385	5,480	6,575	7,560	2,505	3,510	4,385	5,260	6,050	1,880	2,630	3,290	3,945	4,535	
	46-50	4,070	5,700	7,120	8,545	9,830	3,255	4,560	5,700	6,840	7,865	2,445	3,420	4,275	5,130	5,900	
	51-55	4,885	6,840	8,545	10,255	11,795	3,910	5,470	6,840	8,205	9,435	2,930	4,105	5,130	6,155	7,075	
1A	56-60	5,615	7,865	9,830	11,795	13,560	4,495	6,290	7,865	9,435	10,850	3,370	4,720	5,900	7,075	8,140	
3C	61-65	6,740	9,435	11,795	14,150	16,275	5,390	7,550	9,435	11,320	13,020	4,045	5,660	7,075	8,490	9,765	
	66-70	7,750	10,850	13,560	16,275	18,715	6,200	8,680	10,850	13,020	14,970	4,650	6,510	8,140	9,765	11,230	
	71-75	8,915	12,475	15,595	18,715	21,520	7,130	9,980	12,475	14,970	17,215	5,350	7,485	9,360	11,230	12,915	
	76-80	10,250	14,350	17,935	21,520	24,750	8,200	11,480	14,350	17,215	19,800	6,150	8,610	10,760	12,915	14,850	
	above 80	11,785	16,500	20,625	24,750	28,460	9,430	13,200	16,500	19,800	22,770	7,075	9,900	12,375	14,850	17,075	
24	91days-35	2,320	3,250	4,060	4,875	5,605	1,860	2,600	3,250	3,900	4,485	1,395	1,950	2,440	2,925	3,365	
2A	36 45	2,730	3,820	4,775	5,730	6,590	2,185	3,060	3,820	4,585	5,275	1,640	2,295	2,865	3,440	3,955	

A=Adult, C=Child

Gold Plan Defined Limit Rs.3,00,000/-					_	Defined	Limit Rs.5,	00,000/-		Defined Limit Rs.10,00,000/-						
Fam ily size	Sum Insured Rs. Age in yrs	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
	46-50	3,550	4,970	6,210	7,450	8,570	2,840	3,975	4,970	5,960	6,855	2,130	2,980	3,725	4,470	5,140
	51-55	4,260	5,960	7,450	8,940	10,280	3,410	4,770	5,960	7,155	8,225	2,555	3,580	4,470	5,365	6,170
	56-60	4,895	6,855	8,570	10,280	11,825	3,920	5,485	6,855	8,225	9,460	2,940	4,115	5,140	6,170	7,095
2A	61-65	5,875	8,225	10,280	12,335	14,190	4,700	6,580	8,225	9,870	11,350	3,525	4,935	6,170	7,405	8,515
ZA	66-70	6,755	9,460	11,825	14,190	16,315	5,405	7,570	9,460	11,350	13,055	4,055	5,675	7,095	8,515	9,790
	71-75	7,770	10,880	13,595	16,315	18,760	6,215	8,705	10,880	13,055	15,010	4,665	6,530	8,160	9,790	11,260
	76-80	8,935	12,510	15,635	18,760	21,575	7,150	10,010	12,510	15,010	17,260	5,360	7,505	9,380	11,260	12,945
	above 80	10,275	14,385	17,980	21,575	24,810	8,220	11,510	14,385	17,260	19,850	6,165	8,630	10,790	12,945	14,890
	91days-35	2,900	4,060	5,075	6,090	7,005	2,320	3,250	4,060	4,875	5,605	1,740	2,440	3,045	3,655	4,205
	36-45	3,415	4,775	5,970	7,165	8,240	2,730	3,820	4,775	5,730	6,590	2,050	2,865	3,585	4,300	4,945
	46-50	4,435	6,210	7,760	9,315	10,710	3,550	4,970	6,210	7,450	8,570	2,665	3,725	4,660	5,590	6,425
	51-55	5,325	7,450	9,315	11,175	12,850	4,260	5,960	7,450	8,940	10,280	3,195	4,470	5,590	6,705	7,710
2A +	56-60	6,120	8,570	10,710	12,850	14,780	4,895	6,855	8,570	10,280	11,825	3,675	5,140	6,425	7,710	8,870
1C	61-65	7,345	10,280	12,85 <mark>0</mark>	15,420	17,735	5,875	8,225	10,280	12,335	14,190	4,410	6,170	7,710	9,255	10,640
	66-70	8,445	11,825	14,780	17,735	20,395	6,755	9,460	11,825	14,190	16,315	5,070	7,095	8,870	10,640	12,235
	71-75	9,710	13,595	16,995	20,395	23,450	7,770	10,880	13,595	16,315	18,760	5,830	8,160	10,200	12,235	14,070
	76-80	11,170	15,635	19,545	23,450	26,970	8,935	12,510	15,635	18,760	21,575	6,700	9,380	11,725	14,070	16,185
	above 80	12,845	17,980	22,475	26,970	31,015	10,275	14,385	17,980	21,575	24,810	7,705	10,790	13,485	16,185	18,610
	91days-35	3,415	4,775	5,970	7,165	8,240	2,730	3,820	4,775	5,730	6,590	2,050	2,865	3,585	4,300	4,945
	36-45	4,015	5,620	7,025	8,430	9,690	3,210	4,495	5,620	6,745	7,755	2,410	3,375	4,215	5,060	5,815
	46-50	5,220	7,305	9,130	10,955	12,600	4,175	5,845	7,305	8,765	10,080	S 3,130	4,385	5,480	6,575	7,560
	51-55	6,260	8,765	10,955	13,145	15,120	5,010	7,015	8,765	10,520	12,095	3,760	5,260	6,575	7,890	9,070
2A +	56-60	7,200	10,080	12,600	15,120	17,385	5,760	8,065	10,080	12,095	13,910	4,320	6,050	7,560	9,070	10,435
2C	61-65	8,640	12,095	15,120	18,140	20,865	6,915	9,675	12,095	14,515	16,690	5,185	7,260	9,070	10,885	12,520
	66-70	9,935	13,910	17,385	20,865	23,990	7,950	11,130	13,910	16,690	19,195	5,965	8,345	10,435	12,520	14,395
	71-75	11,425	15,995	19,995	23,990	27,590	9,140	12,795	15,995	19,195	22,075	6,855	9,600	11,995	14,395	16,555
	76-80	13,140	18,395	22,990	27,590	31,730	10,510	14,715	18,395	22,075	25,385	7,885	11,040	13,795	16,555	19,040
	above 80	15,110	21,155	26,440	31,730	36,485	12,090	16,925	21,155	25,385	29,190	9,065	12,695	15,865	19,040	21,895
	91days-35	4,095	5,730	7,165	8,595	9,885	3,275	4,585	5,730	6,880	7,910	2,460	3,440	4,300	5,160	5,935
	36-45	4,815	6,745	8,430	10,115	11,630	3,855	5,395	6,745	8,090	9,305	2,890	4,045	5,060	6,070	6,980
	46-50	6,260	8,765	10,955	13,145	15,120	5,010	7,015	8,765	10,520	12,095	3,760	5,260	6,575	7,890	9,070
	51-55	7,515	10,520	13,145	15,775	18,140	6,010	8,415	10,520	12,620	14,515	4,510	6,310	7,890	9,465	10,885
2A +	56-60	8,640	12,095	15,120	18,140	20,865	6,915	9,675	12,095	14,515	16,690	5,185	7,260	9,070	10,885	12,520
3C	61-65	10,370	14,515	18,140	21,770	25,035	8,295	11,610	14,515	17,415	20,030	6,220	8,710	10,885	13,065	15,020
	66-70	11,925	16,690	20,865	25,035	28,790	9,540	13,355	16,690	20,030	23,030	7,155	10,015	12,520	15,020	17,275
	71-75	13,710	19,195	23,990	28,790	33,110	10,970	15,355	19,195	23,030	26,485	8,225	11,515	14,395	17,275	19,865
	76-80	15,765	22,075	27,590	33,110	38,075	12,615	17,660	22,075	26,485	30,460	9,460	13,245	16,555	19,865	22,845
	above 80	18,130	25,385	31,730	38,075	43,785	14,505	20,305	25,385	30,460	35,030	10,880	15,230	19,040	22,845	26,270

A=Adult, C=Child