STAR Personal & Caring | Health Insurance

Star Comprehensive Insurance Policy

SHAHLIP26044V092526

Prospectus

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 28288800
Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666
Email: support@starhealth.in | **Website:** www.starhealth.in | **CIN:** L66010TN2005PLC056649 | **IRDAI Regn. No.:** 129

P R O S P E C T U S

STAR COMPREHENSIVE INSURANCE POLICY

Unique Identification No: SHAHLIP26044V092526

The Specific Feature of this policy is it offers Health Cover, Delivery and New born cover, Dental and Ophthalmological Treatment, Hospital cash Benefit-all under a single roof. Also cover is extended for Bariatric surgery where it is performed for medical reasons.

- **Eligibility**

  i. For Adults – 18years – 65 years

  ii. For Dependent Child - 91 days – 25 years

- **Medical Underwriting / Pre-Policy Medical Check-up:** The company may ask the members to be proposed to undergo medical underwriting either through medical tests or any other medium viz tele underwriting etc. This will vary/depend upon the Sum Insured/ Medical History/ Zone and Age.

  If we accept the proposal, we will reimburse atleast 50% of the costs incurred by the member undertaking such Pre-Policy medical check-up.

- **Midterm Inclusion Facility:** Is available on payment of proportionate premium for Newly Wedded spouse, New born baby and Legally adopted child.

  Note:

  i. Waiting periods as stated in the Policy will be applicable from the date of inclusion of such newly wedded spouse, new born baby, legally adopted child.

  ii. Such midterm inclusion will be subject to underwriter's approval.

- **Policy Term:** 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 and the premium for such policies can be paid upfront as a single payment.

- **Long Term Discount:**

  10% discount is available on 2nd year premium

  12.5% discount is available on 3rd year premium

  Note: Long term discount will not be available, if premium is paid in instalment mode.

- **Instalment Facility available:** Premium can be paid Monthly, Quarterly, Half-yearly and Yearly. For instalment mode of payment, there will be loading as given below:

  i. Monthly: 4% ii. Quarterly: 3% iii. Half Yearly: 2% iv. Yearly: 0%

- **Sum Insured Options:**

  Rs.5,00,000 ; Rs.7,50,000 ; Rs.10,00,000 ; Rs.15,00,000 ; Rs.20,00,000 ; Rs.25,00,000 ; Rs.50,00,000 ; Rs.75,00,000 ; Rs.1,00,00,000

- **Zone wise premium – Applicable**

  Zone A: Delhi, New Delhi, Faridabad, Gurugram, Shahdara, Gautam Buddha Nagar, Ghaziabad, Mewat, Alwar, Baghpat, Bharatpur, Bhiwani, Bulandshahar, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Meerut, Muzaffar Nagar, Palwal, Panchsheel Nagar (Hapur), Panipat, Rewari, Rohtak, Saharanpur, Sirsa, Sonipat, Charkhi Dadri, Gujarat, Daman and Diu, Dadra and Nagar Haveli, Mumbai (including suburban), Thane, Palghar and Raigad

  Zone B: Telangana, Ernakulam, Kollam, Wayanad, Thiruvananthapuram, Mathura, Aligarh, Pune, Nashik and Ahmed Nagar

  Zone C: Chennai, Bengaluru, Chengalpattu, Kanchipuram, Tiruvallur, Indore and Gwalior

  Zone D: Rest of Uttar Pradesh, Rest of Tamil Nadu, Rest of Kerala, Rest of Maharashtra, Rest of Haryana, Rest of Madhya Pradesh, Rest of Karnataka, Rest of Rajasthan, Andhra Pradesh, Punjab, Kolkata, North 24 Parganas and Paschim Bardhaman

  Zone E: Rest Of India

- **Favourable Claim Experience Discount:** You may be eligible for a discount of 5% during renewals on your policy premium based on the past claim history at the policy level. This discount is applicable only if no claim is made under the policy or the total claim amount is up to Rs. 25,000/- in the preceding three years.

  This discount is only applicable for Insured Persons aged up to 59 years. In case of floater policies, age of the eldest member will be taken into consideration for the calculation of this discount.

  Where the policy is on individual basis, this discount will be provided to the Insured Persons who have not made any claim or if the claim amount is up to Rs. 25,000/-. In case of floater policies such amount of claim incurred by all the Insured Members who are covered as part of the Policy shall be considered.

  If the claim amount exceeds Rs 25,000/- during the defined period, this discount will not be applicable.

  Note:

  i. All claims except Medical Consultations as an Out Patient, Out-patient Dental and Ophthalmic Treatment, Preventive Health Check-up, E-Domestic Second Medical Opinion, Unlimited Tele-Consultation, AI driven Face Scan, Accidental Death and Permanent Total Disablement and Star Wellness Program will be considered for calculation of discount.

ii. We shall consider the data available till the generation of renewal notice for the purpose of this discount. Any claim amount paid after the generation of renewal notice shall be accounted in the subsequent renewal for the calculation of this discount.

iii. In case of any change in information / details which affects the eligibility of this discount, the Company reserves the right to recover the discount offered to the Customers.

- **What are the benefits available?**

1. **In-patient Treatment:** We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Period, up to the Sum Insured specified in the Policy Schedule against this In-patient treatment:

   i. Room (Private Single A/C room), Boarding and Nursing Expenses as provided by the Hospital / Nursing Home.

      Note: Any hospitalization expenses arising under this Policy, which vary based on the room rent occupied by the Insured Person will be considered in proportion to the room rent limit / room category stated in the Policy or actuals whichever is less.

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

   iii. Anesthesia, blood, oxygen, operation theatre charges, ICU charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stenting, medicines, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

2. **Day Care Treatment:** We will cover the Medical Expenses incurred in respect of All Day Care Treatments of the Insured Person during the Policy Period up to the Sum Insured as specified in the Policy Schedule if such Day Care treatment requires hospitalization as an in-patient for less than 24 hours. Applicable for Sections 3, 4, 9, 14, 15 and 25.

3. **AYUSH Treatment:** Medical expenses for In-patient Hospitalization incurred on treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to the Sum Insured.

   Note: Claims under Yoga and Naturopathy system of treatment will be payable subject to prior approval from the company.

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.)	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotheraphy* (Sublimits including Pre & Post Hospitalization)	Immunotheraphy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
	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.)					
5,00,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,50,000/-	50,000/-
7,50,000/-	1,25,000/-	50,000/-	2,50,000/-	1,25,000/-	2,75,000/-	60,000/-
10,00,000/	1,50,000/-	1,00,000/-	3,00,000/-	2,00,000/-	4,00,000/-	75,000/-
15,00,000/-	1,75,000/-	1,25,000/-	4,00,000/-	2,50,000/-	5,00,000/-	1,00,000/-
20,00,000/-	2,00,000/-	1,50,000/-	4,50,000/-	2,75,000/-	5,50,000/-	1,25,000/-
25,00,000/-	2,00,000/-	1,50,000/-	5,00,000/-	3,00,000/-	6,00,000/-	1,50,000/-
50,00,000/-	2,25,000/-	1,75,000/-	6,00,000/-	4,00,000/-	7,50,000/-	1,75,000/-
75,00,000/-	2,50,000/-	2,00,000/-	7,00,000/-	5,00,000/-	9,00,000/-	2,00,000/-
1,00,00,000/-	3,00,000/-	2,00,000/-	7,50,000/-	6,00,000/-	10,00,000/-	2,00,000/-

Sum Insured (Rs.)	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	IONM-(Intra Operative Neuro Monitoring)	Stem cell theraphy: Hematopoietic stem cells for bone marrow transplant for haematological conditions .
	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.)					
5,00,000/-	2,50,000/-	2,00,000/-	Up to Sum Insured			2,50,000/-
7,50,000/-	2,75,000/-	2,25,000/-				2,75,000/-
10,00,000/	3,00,000/-	2,50,000/-				4,00,000/-
15,00,000/-	4,00,000/-	2,75,000/-				5,00,000/-
20,00,000/-	4,50,000/-	2,75,000/-				5,50,000/-
25,00,000/-	5,00,000/-	3,00,000/-				6,00,000/-
50,00,000/-	6,00,000/-	3,50,000/-				7,50,000/-
75,00,000/-	7,00,000/-	3,75,000/-				9,00,000/-
1,00,00,000/-	7,50,000/-	4,00,000/-				10,00,000/-

* Sublimits are all inclusive with or without hospitalization wherever hospitalization includes pre and post hospitalization.

5. **Pre-Hospitalization Expenses:** Medical expenses incurred for a period not exceeding 60 days prior to the date of hospitalization are payable subject to an admissible hospitalization claim.
6. **Post-Hospitalization Expenses:** Medical expenses incurred for a period up to 90 days from the date of discharge from the hospital wherever recommended by the Medical Practitioner / Hospital, where the treatment was taken are payable, provided
   i. such expenses so incurred are following an admissible claim for hospitalization

   and

   ii. such expenses so incurred are in respect of ailment for which the Insured Person was hospitalized.
7. **Road Ambulance:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable :-
   i. for transportation of the Insured Person by private ambulance service to go to hospital when this is needed for medical reasons

   or

   ii. for transportation of the Insured Person by private ambulance service from one hospital to another hospital for better medical treatment

   or

   iii. for transportation of the Insured Person from the hospital where treatment is taken to their place of residence (if it is in same city) provided the requirement of an ambulance to the residence is certified by the medical practitioner.
8. **Air Ambulance:** Subject to an admissible hospitalization claim, the Insured Person(s) is/ are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to Rs.2,50,000/- per hospitalization not exceeding Rs.5,00,000/- per Policy Period, if the said service was availed on the advice of the treating Medical Practitioner / Hospital. Expenses towards Air ambulance service is payable for only from the place of first occurrence of the illness / accident to the nearest hospital. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s.
9. **Organ Donor Expenses:** In-patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will be covered.

   The coverage limit under this Section is over and above the Limit of Coverage and upto the Basic Sum Insured. **This additional Sum Insured can be utilized by the Donor and not by the Insured.**

10. **Home Care Treatment:** Payable up to 10% of the Sum Insured subject to maximum of Rs. 5 lakhs in a Policy Year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
    i. The Medical practitioner advises the Insured Person to undergo treatment at home
    ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the Home Care Treatment
    iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
    iv. Insured can avail "Home Care Treatment" service on cashless basis from the list of our Network service providers given in our website "www.starhealth.in"
    v. Claim under this benefit forms part of Sum Insured

List of Conditions covered under Home Care Treatment:

a. Fever and Infectious diseases which can be managed as In-patient
b. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
c. Asthma and COPD-Mild Exacerbations needing Home Nebulization
d. Acute Gastritis / Gastroenteritis
e. I.V. Chemotherapy [Where advised by the doctor]
f. Palliative Cancer care requiring medical assistance
g. Acute Vertigo
h. Diabetic foot and Cellulitis
i. IVDP [Cervical and Lumbar disc diseases]
j. Major Surgeries / Arthroplasties needing IV Antibiotics Post Discharge
k. Care for Brain and Spinal Injury Cases Post Discharge
l. Post CVA Care at Home after Discharge

11. **Domiciliary Hospitalization:** Coverage for medical treatment (including AYUSH) for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances.

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

    The patient takes treatment at home on account of non-availability of room in a hospital.

    However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro-enteritis, Diabetes

Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis, Arthritis, Gout and Rheumatism.

12. **Cumulative Bonus :** Where the Sum Insured under the policy is Rs.5,00,000/-, the Insured Person would be entitled to the benefit of Cumulative Bonus calculated at 50% of the Basic Sum Insured under this policy following after every claim free year up to a maximum of 100%.

    Where the Sum Insured under the policy is Rs.7,50,000/-or above, the Insured Person would be entitled to the benefit of Cumulative Bonus calculated at 100% of the Basic Sum Insured under this policy following a claim free year. The maximum benefit of Cumulative Bonus is 100% of the Basic Sum Insured.

    Claims under Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15 and 25 will impact the eligibility and accumulation of Cumulative Bonus.

    Special Conditions for Cumulative Bonus

    i. The Cumulative Bonus will be calculated on the expiring Basic Sum Insured

    ii. If the insured opts to reduce the Basic Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative Bonus shall not exceed such reduced Basic Sum Insured.

    iii. In the event of a claim resulting in

        a. Partial utilization of Basic Sum Insured, such Cumulative Bonus so granted will be reduced at the same rate at which it has accrued

        b. Full utilization of Basic Sum Insured and nil utilization of Cumulative Bonus accrued, such Cumulative Bonus so granted will be reduced at the same rate at which it has accrued

        c. Full utilization of Basic Sum Insured and partial utilization of Cumulative Bonus accrued, the Cumulative Bonus granted on renewal will be the balance Cumulative Bonus available and after the reduction at the same rate at which it has accrued. At any point of time, the Cumulative Bonus will not be less than "zero"

        d. Full utilization of Basic Sum Insured and full utilization of Cumulative Bonus accrued, the Cumulative Bonus granted on renewal will be "nil" or "zero"

13. **Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the Basic Sum Insured and accrued Cumulative Bonus if any, once during the Policy Period.

    It is made clear that such restored Sum Insured can be utilized for the subsequent hospitalization even for the illness /disease for which claim/s was / were already made.

    Such restoration will be available for Sections 1, 3, 5, 6, 7, 8 and 11

Hospitalization due to continuous period of illness including its relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be considered as same hospitalization as per "Any one Illness" definition. Any claim payable under this benefit shall be subject to the definition as provided under "Any one Illness".

14. Delivery and New Born

A. Expenses for a Delivery including Delivery by Caesarean Section (including pre-natal and post natal expenses) up to the limits mentioned in the table below per Delivery, subject to a maximum of 2 deliveries in the entire life time of the Insured Person are payable while the policy is in force.

B. Expenses up to the limits mentioned in the table below, incurred in a hospital/ nursing home on treatment of the New-born for any disease, illness (including any congenital disorders) or accidental injuries are payable provided there is an admissible claim under Section 14. A above and while the policy is in force. In case of Policy Term is more than one year, such expenses are payable only till the expiry of the policy or policy anniversary whichever is earlier.

Delivery and New Born			
Sum Insured (Rs.)	Limit for Delivery		Limit of Company's liability for New Born Cover (Rs.)
	Normal Delivery (Rs.)	Delivery by Caesarean Section (Rs.)	
5,00,000/-	15,000/-	20,000/-	1,00,000/-
7,50,000/-	25,000/-	40,000/-	1,00,000/-
10,00,000/- to 25,00,000/-	30,000/-	50,000/-	1,00,000/-
50,00,000/- to 1,00,00,000/-	50,000/-	1,00,000/-	2,00,000/-

C. Vaccination expenses for the new born baby are payable up to the limits mentioned in the table below, until the new born baby completes one year of age and is added in the policy on renewal. Claim under this is admissible only if claim under Section 14. A above has been admitted and while the policy is in force.

Limits for Vaccination	
Sum Insured (Rs.)	Limit per Policy Period (Rs.)
5,00,000/- to 25,00,000/-	5,000
Above 25,00,000/-	10,000

Special Conditions applicable for this Section

i. Benefit under this Section is subject to a waiting period of 24 months from the date of first commencement of Star Comprehensive Insurance Policy and its continuous renewal thereof with the Company. A waiting period of 24 months will apply afresh following a claim under Section 14.A above.

ii. Pre-Hospitalization and Post-Hospitalization expenses and Hospital Cash Benefit are not applicable for this Section.

iii. This cover is available only when;

   a. both Self and Spouse are covered under this policy either on floater basis or on individual basis and both Self and Spouse should have been covered for a continuous period of 24 months under Star Comprehensive Insurance Policy,

   b. the policy covering the self and spouse are in force when the benefit under this Section becomes payable.

iv. Claims under this Section

   a. will not reduce the Sum Insured;

   b. will affect Cumulative Bonus

15. Bariatric Surgery: Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to limits mentioned in the table given below, during the Policy Period . This maximum limit of Rs.2,50,000/- and Rs.5,00,000/- are inclusive of pre-hospitalization and post-hospitalization expenses.

Sum Insured (Rs.)	Limit per Policy Period (Rs.)
5,00,000/- to 15,00,000/-	2,50,000/-
Above 15,00,000/-	5,00,000/-

Special conditions:

i. This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company.

ii. The minimum age of the insured at the time of surgery should be above 18 years.

iii. This benefit shall not apply where the surgery is performed for

   a. Reversible endocrine or other disorders that can cause obesity

   b. Current drug or alcohol abuse

   c. Uncontrolled, severe psychiatric illness

   d. Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery

   e. Bariatric surgery performed for Cosmetic reasons

iv. The indication for the procedure should be found appropriate by two qualified surgeons and the Insured Person shall obtain prior approval for cashless treatment from the Company.

v. To make a claim, the Insured Person should satisfy the following criteria as devised by NIH (National Institute of Health)

a. The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)

b. The Insured Person is unable to lose weight through traditional methods like diet and exercise.

Note: Claims under this Section shall be processed only on cashless basis. The limit of cover provided under this Section forms part of the Sum Insured and will impact Cumulative Bonus

16. Expenses of **Medical Consultations as an Out Patient** incurred in a Networked Facility for other than Dental and Ophthalmic treatments, up to the limits mentioned in the table below are payable. Payment under this benefit does not form part of Sum Insured, and is payable while the policy is in force.

Out-Patient Consultation	
Sum Insured (Rs.)	**Limit for Out Patient consultation per Policy Period for other than Dental and Ophthalmic Treatments (up to Rs.)**
5,00,000/-	1,200/-
7,50,000/-	1,500/-
10,00,000/-	2,100/-
15,00,000/-	2,400/-
20,00,000/-	3,000/-
25,00,000/-	3,300/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	5,000/-
Limit of per consultation is Rs.300/-	

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 pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract.

17. Out-patient Dental and Ophthalmic Treatment: Expenses incurred on acute treatment to a natural tooth or teeth or the services and supplies provided by a licensed dentist, up to limits mentioned in the table below are payable.

Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, hospital or other provider that are medically necessary to treat eye problem including cost of spectacles / contact lenses, not exceeding the limit mentioned in the table below are payable.

The Insured Persons become eligible for this benefit after continuous coverage under Star Comprehensive Insurance Policy with the Company, after every block of 3 years and payable while the policy is in force.

Note:

i. 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 pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract.

ii. Claims under this Section will not reduce the Sum Insured

Out-patient Dental and Ophthalmic Treatment	
Sum Insured (Rs.)	**Limit for Out Patient Dental and Ophthalmic Treatments for each block of 3 continuous years (up to Rs.)**
5,00,000/- and 7,50,000/-	5,000/-
10,00,000/- to 25,00,000/-	10,000/-
Above 25,00,000/-	15,000/-

18. **Preventive Health Check-up:** We will arrange for a Preventive Health Check-up at Our Network Providers for the applicable package as specified below as per opted Sum Insured and subject to the conditions specified below:

Sum Insured (Rs.)	Package applicable
5,00,000/- to 10,00,000/-	Package A
Above 10,00,000/-	Package B

i. An initial waiting period of 30 days shall apply from the first inception of Policy. This waiting period shall not be applicable during subsequent renewals.

ii. Health Check-up can be availed once per Policy Year per Insured Person who is covered as Adult in the Policy and all the tests must have been done on the same date.

iii. For the updated and applicable list of tests available under such package, Insured Persons are required to check our website www.starhealth.in.

iv. The pre-defined health check-up packages may be modified from time to time without prior notice.

v. This cover can be availed through Star health mobile application, other digital platforms, or by calling at our Toll free number: 1800 425 2255.

vi. The Network Provider/Health Service Provider shall be assigned by Us upon receiving the Insured Person's request to avail a Health Check-up under this cover.

vii. Utilization of this Health Check-up shall not impact the Sum Insured.

viii. In case of long term policies, Insured Person(s) are eligible for a Health Check-up once every Policy Year.

19. **E-Domestic Second Medical Opinion:** The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners practicing in India. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him / her online and the medical opinion will be made available directly to the Insured by the Doctor. The Insured Person can obtain an E-Domestic Second Medical Opinion via Star Health Mobile App, by booking an appointment with a Doctor.

Special Conditions:

i. This should be specifically requested by the Insured Person

ii. This opinion is given based only on the medical records submitted without examining the patient

iii. The second opinion should be only for medical reasons and not for medico-legal purposes

iv. Any liability due to any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner is outside the scope of this policy

v. Utilizing this facility alone will not amount to making a claim

20. **Unlimited Tele-Consultation:** We will arrange Tele Consultations with qualified Medical Practitioner or Healthcare professional through various modes of communication like audio, video, online portal, chat through Star Health mobile application or digital platforms.

The services provided under this cover will be made available subject to following conditions:

i. The Medical Practitioner may recommend over-the-counter medications based on the information provided.

ii. Tele Consultations should not substitute in-person consultation with independent Medical Practitioner/ Healthcare professional.

iii. The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured Person's individual circumstances. If the Insured Person has any concerns about His/ her health, He/ She may consult His/ her general practitioner. We shall not hold any responsibility towards any loss

or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Health care professional.

iv. There shall be no maximum limit on the count of Tele-Consultations that can be availed in a Policy Year by each Insured Person.

v. We/Medical Practitioner/Health care professional may refer the Insured Person to another specialist or a general physician (outside of our empaneled network) if required, and the charges for such specialist or a general physician will have to be borne by the Insured Person.

vi. We shall not be liable for any discrepancy in the information provided under this cover.

vii. Availing services is at the sole discretion and risk of the Insured Person.

21. AI driven Face Scan: The Insured Person can avail, AI-driven face scan facility by using Star Health mobile app to know the vital parameters such as heart rate, oxygen saturation, respiration rate up to two times per month per Insured Person in a Policy Year.

Note: The AI-driven face scan facility is a software / AI based assessment and should not be used as substitute for professional medical advice.

22. Hospital Cash Benefit

Subject to an admissible Hospitalization claim, Cash Benefit up to the limits mentioned in the table below for each completed day of Hospitalization for a maximum of 7 days per occurrence is payable.

This Benefit is available for a maximum of 120 days during the entire Policy Period .

This benefit is subject to an excess of first 24 hours of Hospitalization for each and every claim. Claims under this Section will not reduce the Sum Insured.

Hospital Cash	
Sum Insured (Rs.)	**Hospital Cash Benefit - Limit of Company's liability per day (Rs.)**
5,00,000/-	500/-
7,50,000/- and 10,00,000/-	750/-
15,00,000/- and 20,00,000/-	1,000/-
25,00,000/-	1,500/-
50,00,000/-, 75,00,000/- and 1,00,00,000/-	2,500/-

23. Accidental Death and Permanent Total Disablement

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means then the Company will pay as under:

i. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule.

ii. **Permanent Total Disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the "Table of Benefits – B1", depending upon the degree of disablement provided that:

   a. The disablement occurs within 12 Calendar months from the date of the Accident.

   b. The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Special Conditions

i. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as per "Table – B2" will be made in respect of this prior disablement.

ii. In the event of Permanent Total Disablement, the Insured Person will be under obligation:

   a. To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.

   b. To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.

iii. This Section is applicable for the person specifically mentioned in the Schedule.

iv. The Sum Insured for this Section is equal to the Sum Insured opted for Health Section.

v. Where a claim has been paid during the Policy Period the cover under this Section ceases until the expiry of the policy. Upon renewal the cover applies to the person specifically chosen again. However even if the Sum Insured under this Section is exhausted by way of claim, the coverage under health Section will continue until expiry of the Policy Period.

vi. At any point of time, only one person will be eligible to be covered under this Section. Dependent Children and persons above 70 years can be covered under this Section up to the Sum Insured of Rs.10,00,000/-.

vii. Any claim under health portion will not affect the Sum Insured under this Section.

viii. Where there is an admissible claim for Accidental Death during the Policy Period, the health cover will continue for the remaining Insured Persons.

ix. Where there is an admissible claim for Permanent Total Disability during the Policy Period, the health cover would continue until the expiry of the policy for all the Insured Persons covered including the person who has made a claim for Permanent Total Disability and renewal thereof.

x. Where there is an admissible claim under this Section, during the Policy Period, the personal accident cover will be applicable for another person chosen at the time of renewal.

xi. Geographical Scope : The cover under this Section applies World Wide

Table of Benefits - B1	
Benefits	**Percentage of the Basic Sum Insured**
1. Death	100%
2. Permanent Total Disablement	100%
Total and irrevocable loss of	
i. Sight of both eyes	100%
ii. Physical separation of two entire hands	100%
iii. Physical separation of two entire foot	100%
iv. One entire hand and one entire foot	100%
v. Sight of one eye and loss of one hand	100%
vi. Sight of one eye and loss of one entire foot	100%
vii. Use of two hands	100%
viii. Use of two foot	100%
ix. Use of one hand and one foot	100%
x. Sight of one eye and use of one hand	100%
xi. Sight of one eye and use of one foot	100%

Table – B2			
Physical function already impaired prior to accident			Percentage Of Sum Insured Deducted
1	Loss of toes all	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than One toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75
	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
	Two phalanges	Two phalanges	8
	One phalanx	One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges Two phalanges One phalanx	4 3 2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor

24. Star Wellness Program

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

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

Note: The Wellness Activities mentioned in the table below (from Serial Number 1 to 5) are applicable for the Insured Person(s) aged 18 years and above only.

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

Wellness Points Earned	Discount in Premium
200 to 350	2%
351 to 600	5%
601 to 750	7%
751 to 1000	10%

*In case of floater policy the weightage is given as per the following table:

Family Size	Weightage
Self, Spouse	1:1
Self, Spouse and Dependent Children (up to 17 years)	1:1:0:0:0
Self, Spouse and Dependent Children (18 years and above)	2:2:1:1:1

Note: In case of two year policy, total number of wellness points earned in two year period will be divided by two.

Each Insured Person will be given an Individual log-in facility, which will be linked to his/her policy.

* Please refer the Illustrations to understand the calculation of discount in premium, weightage and the calculation in case of two year policy.

The wellness services and activities are categorized as below:

Sl. No.	Activity	Maximum number of Wellness Points that can be earned under each policy in a Policy Year
1.	Manage and Track Health	
	a. Online Health Risk Assessment (HRA)	50
	b. Preventive Risk Assessment	200
2.	Affinity to Wellness	
	a. Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	b. Membership in a health club (for 1 year or more)	100
3.	Stay Active – If the Insured member achieves the step count target on "Star Health" Mobile App	200
4.	a. Weight Management Program (for the Insured who is Overweight / Obese)	100
	b. Sharing Insured Fitness Success Story through adoption of Star Wellness Program (for the Insured who is not Overweight / Obese)	50
5.	a. Chronic Condition Management Program (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	250
	b. On Completion of De-Stress & Mind Body Healing Program (for the Insured who is not suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	125
	Additional Wellness Services	
6.	Online Chat with Doctor	
7.	Medical Concierge Services	
8.	Period & Fertility Tracker	
9.	Digital Health Vault	
10.	Wellness Content	
11.	Health Quiz & Gamification	
12.	Post-Operative Care	
13.	Discounts from Network Providers	

1. Manage and Track Health

a. Completion of Health Risk Assessment (HRA):

The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/her personal lifestyle. The Insured can log into his/her account on the website www.starhealth.in and complete the HRA questionnaire. The Insured can undertake this once per Policy Year.

On Completion of online HRA questionnaire, the Insured earns 50 wellness points.

Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.

b. Preventive Risk Assessment:

The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the Policy Year. These tests should include the four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses.

- If all the results of the submitted test reports are within the normal range, Insured earns 200 wellness points.
- If the result of any one test is not within the normal range as specified in the lab report, Insured earns 150 wellness points.
- If two or more test results are not within the normal range, Insured earns 100 wellness points only.

Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

List of mandatory tests under Preventive Risk Assessment
1. Complete Haemogram Test
2. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
3. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
4. Serum Creatinine

2. **Affinity towards wellness:** Insured earns wellness points for undertaking any of the fitness and health related activities as given below. List of Fitness Initiatives and Wellness points:

	Initiative	Wellness Points
a.	Participating in Walkathon, Marathon, Cyclothon and similar activities On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	100
b.	Membership in a health club (for 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	100
Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured Person should submit the health club membership.		

3. **Stay Active:** Insured earns wellness points on achieving the step count target on star mobile application as mentioned below:

Average number of steps per day in a Policy Year	Wellness Points
• If the average number of steps per day in a Policy Year are between - 5000 and 7999	100
• If the average number of steps per day in a Policy Year are between - 8000 and 9999	150
• If the average number of steps per day in a Policy Year are - 10000 and above	200
Note: • First month and last month in each Policy Year will not be taken into consideration for calculation of average number of steps per day under Stay Active. • The "Star Health" Mobile App must be downloaded within 30 days of the policy risk start date to avail this benefit. • The average step count completed by an Insured member would be tracked on "Star Health" Mobile App	

4. **Weight Management Program:**

   a. This Program will help the Insured Persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI.

- On acceptance of the Weight Management Program, Insured earns 50 wellness points.
- An additional 50 wellness points will be awarded in case if the results are achieved and maintained as mentioned below.

Sl. No.	Name of the Ailment	Values to be submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the Policy Year
- Values (for BMI) shall be submitted for every 2 months (up to 5 times in each Policy Year)			

b. Incase if the Insured is not Overweight / Obese, the Insured can submit his/her Fitness Success Story through adoption of Star Wellness Activities with us. On submission of the Fitness Success Story through adoption of Star Wellness Activities, Insured earns 50 wellness points.

5. Chronic Condition Management Program:

a. This Program will help the Insured suffering from Diabetes, Hypertension, Cardiovascular Disease or Asthma to track their health through the empanelled wellness experts who will guide the insured in maintaining/ improving the health condition.

- On acceptance of the Chronic Condition Management Program, Insured earns 100 wellness points.
- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a Policy Year.
- If the test result values are within +/- 10% range of the values given below, for at least 2 times in a Policy Year, an additional 150 wellness points will be awarded.
- These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sl. No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes (Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range and Postprandial test value)	HbA1c	≤ 6.5
		Fasting Blood Sugar (FBS) Range and Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg
3.	Cardiovascular Disease	LDL Cholesterol and Total Cholesterol / HDL Cholesterol Ratio	100 to 159 mg/dl ≤ 4.0
4.	Asthma	PFT (Pulmonary Function Test)	FEV1 (PFC) is 75% or more FEV1/ FVC is 70% or more

b. In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) he/she can opt for "De-Stress & Mind Body Healing Program". This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress.

- On acceptance of De-stress & Mind Body Healing Program Insured earns 50 wellness points.
- On completion of De-stress & Mind Body Healing Program Insured earns an additional 75 wellness points.

Note: This is a 10 weeks program which insured needs to complete without any break.

6. **Online Chat with Doctor:** Insured can consult qualified healthcare professionals at their convenience. The Doctor Chat feature allows Insured to "Chat" with qualified Doctors, available from Monday to Friday between 9.00 AM and 6.00 PM to help Insured with advice and quick consultations including on Diet & Nutrition and Second Medical Opinion. They do not prescribe any medications or diagnose any health issues.

7. **Medical Concierge Services:** The Insured can also contact Star Health to avail the following services:- Emergency assistance information such as nearest ambulance / hospital / blood bank etc.

8. **Period & Fertility Tracker:** The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.
9. **Digital Health Vault:** A secured Personal Health records system for Insured to store/ access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.
10. **Wellness Content:** The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.
11. **Health Quiz & Gamification:**
    - The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices.
    - Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels.
12. **Post Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries.
13. **Discounts from Network Providers:** The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

    Terms and conditions under wellness activity;

    i. Any information provided by the Insured in this regard shall be kept confidential.

    ii. There will not be any cash redemption against the wellness reward points.

    iii. Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test.

    iv. No activity, report, document, receipt can be submitted in the last month of each Policy Year.

    v. For services that are provided through empanelled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services.

    vi. All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured Person's discretion.

vii. We reserve the right to remove the wellness reward points if found to be achieved in unfair manner.

viii. Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program.

ix. Services offered are subject to guidelines issued by IRDAI from time to time.

ILLUSTRATION OF BENEFITS

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 1

A 40 year old Individual Ramesh buys Star Comprehensive Insurance Policy (Individual Sum Insured) with Sum Insured 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Ramesh has declared that his Body Mass Index (BMI) as 24 and he is a Diabetic. Ramesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr. No	Name of the wellness activity taken up during the Policy Year	Wellness Points Earned
1.	Completed Online Health Risk Assessment (HRA)	50
2.	Submitted Health Check-Up Report (two test results are not within normal values)	100
3.	Participated in Walkathon	100
4.	Attended to Gym	100
5.	Achieved 10,000 average number of steps per day during the Policy Year	200
6.	Shared his fitness success story	50
7.	Managed Diabetes through Chronic Condition Management Program	250
	Total Number of Wellness Points earned	850

Based on the number of Wellness Points earned Ramesh is eligible to get 10% discount on renewal premium.

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 2

A 42 year old Individual Suresh and his wife Lakshmi along with their two dependent children (aged below 18 years) buy a Star Comprehensive Insurance Policy (Floater Sum Insured) with Sum Insured 25 Lacs, let's understand how they can earn **Wellness Points** under the Floater Policy. Suresh has declared that he is suffering from Diabetes & Hypertension. Suresh has declared his Body Mass Index (BMI) as 30 & Lakshmi has declared her BMI as 25

Suresh and Lakshmi enrolled under the Star wellness program and completed the following **wellness activities**.

Sr. No	Name of the wellness activity taken up during the Policy Year	Wellness Points Earned by Suresh	Wellness Points Earned by Lakshmi
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participation in Marathon	100	0
4.	Attended to Gym	100	100
5.	Achieved 10,000 average number of steps per day during the Policy Year	200	200
6.	Suresh accepted the Weight management program and reached 27 BMI Lakshmi accepted the Weight management program and reached 23 BMI	100	100
7.	Suresh Managed Diabetes & Hypertension through Chronic Condition Management Program; Lakshmi has completed De-stress & Mind Body Healing Program	250	125
	Total Number of Wellness Points earned	1000	775
	No of wellness points based upon weightage - 1:1	500 (1000X1/2)	388 (775X1/2)

Total Number of Wellness Points earned by Suresh and Lakshmi = 888 (500+388)

Based on the no of Wellness Points earned, Suresh & Lakshmi are eligible to get 10% discount on renewal premium

Lets look how the Insured can avail discount on premium through the "Star Wellness Program"

Scenario – 3

A 27 year old Individual Umesh buys Star Comprehensive Insurance Policy (Individual Sum Insured) for two year period, with Sum Insured 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Umesh has declared that his Body Mass Index (BMI) is 24 and he is not suffering with any Chronic Condition. Umesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr. No	Name of the wellness activity taken up during the Policy Year	Wellness Points Earned in the First Year	Wellness Points Earned in the Second Year
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participated in Walkathon	100	100
4.	Attended to Yoga Classes	100	100
5.	Achieved 10,000 average number of steps per day during the Policy Year	200	200
6.	Submitted his fitness success story	50	50
7.	Completed De-stress & Mind Body Healing Program	125	125
	Total Number of Wellness Points earned	825	825

Total Number of Wellness Points earned by Umesh = 1650 (825+825)

Calculation of Wellness Points as per two year policy condition = 825 (1650/2)

Based on the number of Wellness Points earned, Umesh is eligible to get 10% discount on renewal premium.

25. Optional Cover (Buy Back of Pre-Existing Disease Waiting Period)

The prospect has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months on payment of additional premium. This option is available only for the first purchase of Star Comprehensive Insurance

Policy and also only upto Sum Insured chosen at that time. This option is not available for renewal or policies ported from other Insurance Companies. The prospect has to undergo pre-acceptance medical screening at Company's nominated centre. If we accept the proposal, we will reimburse at least 50% of the costs incurred by the member undertaking such pre-acceptance medical screening.

Where the Insured Person has opted for this benefit the exclusions shall read as follows;

1. **Pre-Existing Diseases: Code Excl 01**

   A. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer

   B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase

   C. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

2. **Specified disease / procedure waiting period - Code Excl 02**

   A. Expenses related to the treatment of the following listed Conditions, surgeries/ treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident

   B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase

   C. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply

   D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion

   E. List of specific diseases/procedures;

      i. 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

      ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology

      iii. 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]

iv. 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)

v. 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 and Genitourinary tract calculi

vi. All types of Hernia

vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,

viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases

ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,

x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,

xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence

xii. Varicose veins and Varicose ulcers

xiii. All types of transplant and related surgeries

xiv. Congenital Internal disease / defect (except to the extent provided under Section 14 for New Born)

- **Add-on cover:** Star Extra Protect – Add on cover| UIN: SHAHLIA23061V012223 and its subsequent revisions.

  Star Flexi | UIN: SHAHLIA26040V012526 and its subsequent revisions.

  These Add on covers can be availed along with this Product. Please ask for the Prospectus and Proposal Form of the same at the time of purchase. All terms and conditions of the Add-on cover will apply.

  Customers opting Section I of Star Extra Protect-Add on Cover, shall have a discount of 0.25% on the base policy premium of Star Comprehensive Insurance Policy.

EXCLUSIONS

A. 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 Diseasesss – Code Excl 01**

   A. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

C. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

D. Coverage under the policy after the expiry of 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer.

2. **Specified disease/procedure waiting period – Code Excl 02**

A. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

B. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

C. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing Diseasesss, then the longer of the two waiting periods shall apply.

D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

F. List of specific diseases/procedures

i. 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.

ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology.

iii. 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].

iv. 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),

v. 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.

vi. All types of Hernia,

vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,

viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries(other than due to Cancer), Uterine Bleeding, Pelvic Inflammatory Diseases.

ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,

x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,

xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence.

xii. Varicose veins and Varicose ulcers.

xiii. All types of transplant and related surgeries.

xiv. Congenital Internal disease / defect (except to the extent provided under Section 14 for New Born).

3. 30-day waiting period – Code Excl 03

A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

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

C. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4. Investigation & Evaluation – Code Excl 04

A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded

B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care – Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

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 fulfil 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 diopters.
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 and to the extent covered under Section 14
    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 (except to the extent provided under Section 14 for New Born) – **Code Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states – **Code Excl 21**
22. Intentional self injury - **Code Excl 22**
23. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) – **Code Excl 24**
24. Injury or disease caused by or contributed to by nuclear weapons/ materials – **Code Excl 25**
25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy – **Code Excl 26**
26. Unconventional, Untested, Experimental therapies – **Code Excl 27**
27. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy – **Code Excl 28**

28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted – **Code Excl 29**
29. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons) – **Code Excl 31**
30. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization (Dental implants are not payable) (except to the extent covered under Section 17) **- Code Excl 32**
31. Hospital registration charges, admission charges, record charges, telephone charges and such other charges – **Code Excl 34**
32. Cochlear implants and procedure related hospitalization expenses. Cost of spectacles and contact lens (in excess of what is specifically provided), hearing aids, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids – **Code Excl 35**
33. Any hospitalization which are not Medically Necessary / does not warrant Hospitalization – **Code Excl 36**
34. Other Excluded Expenses as detailed in the website www.starhealth.in – **Code Excl 37**
35. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under Permanent Exclusion (based on insured's consent) – **Code Excl 38**

B. Applicable for Section 23

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance **- Code Sec10 Excl 01**
2. Any injuries/conditions which are Pre-existing conditions **- Code Sec10 Excl 02**
3. Any claim arising out of Accidents that the Insured Person has caused **- Code Sec10 Excl 03**
   i. intentionally or
   ii. by committing a crime / involved in it or
   iii. as a result of / in a state of drunkenness or addiction (drugs, alcohol).
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 Sec10 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 detainments of all kings princes and people of whatever nation, condition or quality whatsoever **- Code Sec10 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 Sec10 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 Sec10 Excl 07**

i. 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.

ii. Nuclear weapons material

iii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

iv. 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 Sec10 Excl 08**

9. Participation in Hazardous Sport / Hazardous Activities **- Code Sec10 Excl 09**

10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy **- Code Sec10 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 Sec10 Excl 11**

12. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule **- Code Sec10 Excl 12**

13. Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table **- Code Sec10 Excl 13**

14. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly **- Code Sec10 Excl 14**

15. Any claim for Death or Permanent Total Disablement of the Insured Person from self-endangerment unless in self-defense or to save human life **- Code Sec10 Excl 15**

- **Moratorium Period**: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.

Claim Procedure

Claiming process and documents to be submitted in support of claim:

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

B. For Cashless Treatment

a. For assistance call 24 hours help-line 044-69006900 or Toll free no.1800 425 2255, Senior Citizens may call at 044-40020888

b. Inform the ID number for easy reference

c. On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk

d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk

e. The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company

f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate

g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits

h. In case of emergency hospitalization information to be given within 24 hours after hospitalization

i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch

j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

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

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

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

C. For Reimbursement claims: Time limit for submission of

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

D. **Notification of Claim:** Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, a Notification of Claim with full particulars shall be sent to the Company within stipulated time limit as described below:

Emergency Hospitalization (Cashless / Reimbursement): Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency.

Planned Hospitalization (Cashless / Reimbursement): At least 48 hours prior to the proposed treatment or date and time of Hospitalization.

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

E. **Documents to be submitted for Reimbursement claims:**

a. Duly completed claim form, and
b. Pre Admission investigations and treatment papers in original
c. Discharge Summary in original from the hospital
d. Cash receipts in original from hospital, chemists
e. Cash receipts and reports for tests done in original
f. Receipts from doctors, surgeons, anesthetist in original
g. Certificate from the attending doctor regarding the diagnosis
h. Copy of PAN card
i. Copy of Aadhaar Card
j. Any other document specific to the treatment / illness
k. Prescriptions and receipt for Pre and Post-Hospitalization expenses
l. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
m. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
n. CKYC No. of the proposer (if available)

Note: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888

For the comprehensive list of documents to be submitted while filing a reimbursement claim, please refer our website under the link https://www.starhealth.in/claims/#claim-process.

F. **Claims of Out Patient Consultations / treatments** will be settled on cashless basis

G. For Accidental Death Claims: Claim Form

a. Death Certificate

b. Post-mortem Certificate, if conducted

c. FIR (wherever required)

d. Police Investigation report (wherever required)

e. Viscera Sample Report (wherever required)

f. Forensic Science Laboratory report (wherever required)

g. Legal Heir Certificate

h. Succession Certificate (wherever required)

For Permanent Total Disablement Claims:

Certificate from Government doctor confirming the disability and its percentage.

Note:

i. The Company authorized doctor may examine the insured if required

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

Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto.

- **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 61 years and above. This co-payment will not apply for those Insured Persons who have entered the policy before attaining 61 years of age and renew the policy continuously without any break. This co-payment is applicable for Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15 and 25.
- **What is the renewal procedure?**

  The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate as per the procedure stated under "withdrawal clause"

  i. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days.

  ii. While coverage is not available during the Grace Period, if the policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the policy shall be protected.

  Following an admissible claim under Section 23, the coverage under Personal Accident insurance upon renewal will be applicable for the person to be chosen by the Proposer at the time of renewal, subject to other terms, conditions contained herein.

- **Premium Payment in Instalments:** If the Policyholder has opted for Payment of Premium on an instalment basis i.e. Yearly or Half Yearly or Quarterly or Monthly as mentioned in the Policy Schedule/Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
  i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
  ii. For Quarterly, Half yearly and Yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
  iii. The Policyholder will get the accrued continuity benefit in respect of the (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the event of payment of premium within the stipulated Grace Period.
  iv. No interest will be charged if the instalment premium is not paid on due date.
  v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
  vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
  vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
  viii. For premium paid in instalments during the Policy Period, coverage is available during the grace period also.
- **Revision of Sum Insured:** Reduction or enhancement of Basic Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the basic Sum Insured is enhanced, the amount of such additional basic Sum Insured including the respective sublimits shall be subject to the following terms. Exclusion as under shall apply afresh from the date of such enhancement for the increase in the Basic Sum Insured, that is, the difference between the expiring policy Basic Sum Insured and the increased current Basic Sum Insured.
  i. First 30 days as stated under exclusion Excl Code 03
  ii. 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments as stated under exclusion Excl Code 02
  iii. 36 months of continuous coverage without break (with grace period) in respect of Pre-Existing Diseasesss as stated under exclusion Excl Code 01
  iv. 36 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
  v. The above applies to each relevant Insured Person

- **What are the optional covers available on payment of additional premium under the policy?**

  The prospect has the option to opt for reduction of waiting period in respect of Pre-Existing Diseases from 36 months to 12 months on payment of additional premium as specified under Section 25 of this document.

- **Possibility of Revision of Terms of the Policy including the Premium Rates:** The Company may revise or modify the terms of the policy including the premium rates as per the extant Guidelines. The Insured Person shall be notified thirty days before the changes are effected.

- **Withdrawal of policy**

  In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholder about the same 90 days prior to expiry of the policy.

  i. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product, or

  ii. Policyholder will have the option to migrate to similar health insurance product available with the Company at the time of renewal. Policyholder can transfer the credits gained (to the extent of Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) in the previous policy to the migrated policy, provided the policy has been maintained without a break.

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

  The Policyholder shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

  The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges.

- **Migration:** In case of migration of one policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous policy to the migrated policy.

- **Portability:**

  i. The Policyholder has the choice to port his / her policy from one Insurer to another by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

ii. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the Acquiring Insurer in the previous policy.

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

i. The Policy Holder may cancel his policy any time during the term by giving 7 days written notice. In such an event, The Company shall

a. refund proportionate premium for unexpired Policy Period, if policy term upto one year and there is no claim (s) made during the Policy Period .

b. refund premium for the unexpired Policy Period, in respect of policies with policy term more than 1 year and risk coverage for such Policy Years has not commenced.

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

Note: Incase of long term policies the refund will be given after adjusting the long term discount availed by the insured/ policyholder.

- **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).

i. The maximum risk loading applicable for an individual shall not exceed above 125% per diagnosis / medical condition and an overall risk loading up to 200% per Insured Person.

ii. This loading is applied from the Commencement Date of the Policy including subsequent renewal(s) with the Company.

iii. Company will inform about the applicable risk loading or exclusion or both as the case may be through a counter offer.

iv. The Company will issue Policy only after getting the Proposer's consent and additional premium (if any).

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

i. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy

ii. Upon exhaustion of the Limit of Coverage.

- **Excluded Hospitals (providers):** Insured can refer the company website using the following link to get the list of excluded hospitals. https://www.starhealth.in/lookup/hospital/#excluded-hospital
- **How to buy this insurance?**

  Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase and avail discount of 5%.
- **Relief under Sec 80D of Income Tax Act:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.
- **Redressal of Grievance:** Incase of any grievance the Insured Person may contact the Company through

  Website : www.starhealth.in

  E-mail : gro@starhealth.in, grievances@starhealth.in

  Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255
  Senior Citizens may call at 044-69007500

  Courier/ Post : Star Health and Allied Insurance Company Limited., 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014.

  Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

  If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at 044-43664600.

  For updated details of grievance officer, kindly refer the link

  https://www.starhealth.in/grievance-redressal.

  If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.

  Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/
- **Important Note:** IRDAI or its officials do not involve 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 lakh rupees.

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone A										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	3m-35	9,849	11,990	13,129	15,844	18,274	19,783	21,767	23,620	25,278
	36-45	11,337	14,216	15,896	18,500	20,930	22,829	25,116	27,254	29,166
	46-50	18,533	23,678	26,818	28,985	31,668	33,974	37,376	40,559	43,403
	51-55	22,604	27,568	30,234	34,228	38,718	41,653	45,820	49,721	53,207
	56-59	26,255	32,131	35,330	40,157	45,257	48,814	53,700	58,268	62,351
	60	22,216	27,188	31,090	36,810	41,485	44,746	49,225	53,413	57,155
	61-65	30,591	36,383	40,743	48,245	53,198	56,495	62,150	67,437	72,159
	66-70	41,954	48,506	53,158	58,610	61,455	64,016	70,419	76,406	81,759
	71-75	49,195	58,515	65,542	73,579	77,149	80,374	88,417	95,937	1,02,655
	Above 75	64,431	76,258	85,091	94,815	99,411	1,03,569	1,13,929	1,23,617	1,32,272
1A+1C	18-35	12,888	15,921	17,888	21,034	24,274	27,384	30,126	32,692	34,986
	36-45	14,209	17,325	19,805	23,846	27,086	30,974	34,072	36,968	39,560
	46-50	19,993	24,107	27,959	33,320	36,560	40,448	44,498	48,282	51,665
	51-55	22,731	28,922	33,196	38,348	42,236	46,124	50,738	55,054	58,909
	56-59	27,659	37,739	43,605	48,341	52,229	56,117	61,728	66,977	71,669
	60	23,404	31,933	38,372	44,312	47,876	51,440	56,584	61,395	65,696
	61-65	37,327	44,740	53,427	61,149	69,416	87,830	96,614	1,04,829	1,12,171
	66-70	46,664	55,931	66,790	73,383	83,303	1,05,400	1,15,943	1,25,804	1,34,613
	71-75	60,672	72,718	86,831	95,409	1,08,298	1,37,024	1,50,728	1,63,540	1,74,992
	Above 75	78,883	94,541	1,12,884	1,24,039	1,40,790	1,78,141	1,95,955	2,12,617	2,27,502
1A+2C	18-35	15,374	18,715	20,250	24,624	28,032	31,272	34,403	37,331	39,949
	36-45	16,877	20,344	22,329	27,916	32,154	36,042	39,652	43,027	46,040
	46-50	27,349	32,755	36,343	41,369	45,257	49,145	54,062	58,663	62,772
	51-55	28,796	34,538	39,204	44,116	48,004	51,892	57,083	61,936	66,277
	56-59	33,106	41,376	47,331	54,510	59,046	64,230	70,658	76,664	82,037
	60	28,013	35,011	41,652	49,968	54,126	58,878	64,770	70,276	75,200
	61-65	43,944	52,342	56,104	63,826	90,987	1,11,777	1,22,958	1,33,412	1,42,756
	66-70	54,933	65,435	70,139	76,602	1,09,189	1,34,137	1,47,555	1,60,101	1,71,310
	71-75	71,423	85,073	91,191	99,590	1,41,954	1,74,386	1,91,827	2,08,132	2,22,703
	Above 75	92,854	1,10,603	1,18,550	1,29,468	1,84,544	2,26,706	2,49,379	2,70,579	2,89,521
1A+3C	18-35	21,888	26,662	28,283	34,279	38,634	43,170	47,492	51,529	55,139
	36-45	23,953	28,951	31,090	38,270	43,597	48,392	53,233	57,763	61,806
	46-50	32,938	40,491	44,888	56,052	62,532	67,716	74,488	80,825	86,489
	51-55	37,768	47,104	52,988	65,124	71,604	76,788	84,467	91,646	98,069
	56-59	42,500	53,366	60,615	76,334	83,462	89,942	98,936	1,07,347	1,14,864
	60	35,961	45,156	53,341	69,973	76,507	82,447	90,692	98,402	1,05,292
	61-65	49,136	58,290	72,076	86,926	1,12,558	1,33,348	1,46,683	1,59,150	1,70,294
	66-70	61,420	72,872	90,098	1,04,319	1,35,076	1,60,024	1,76,026	1,90,989	2,04,360
	71-75	79,846	94,743	1,17,137	1,35,622	1,75,599	2,08,031	2,28,839	2,48,292	2,65,672
	Above 75	1,03,807	1,23,171	1,52,277	1,76,311	2,28,286	2,70,448	2,97,493	3,22,785	3,45,381

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone A										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
2A	18-35	14,630	18,688	21,006	25,350	29,238	32,478	35,731	38,770	41,485
	36-45	17,017	22,927	25,434	29,600	33,488	36,728	40,403	43,837	46,909
	46-50	31,450	39,341	45,711	49,067	52,955	56,195	61,819	67,074	71,772
	51-55	33,190	41,447	48,370	52,267	56,155	59,654	65,623	71,202	76,192
	56-59	40,099	50,081	58,685	62,170	66,058	69,557	76,516	83,022	88,835
	60	33,930	42,376	51,643	56,989	60,553	63,760	70,139	76,104	81,432
	61-65	46,094	55,871	68,037	73,383	76,947	80,155	88,174	95,669	1,02,370
	66-70	57,618	69,842	85,049	88,066	92,343	96,193	1,05,816	1,14,815	1,22,857
	71-75	74,903	90,798	1,10,568	1,14,488	1,20,047	1,25,061	1,37,570	1,49,267	1,59,721
	Above 75	97,381	1,18,040	1,43,748	1,48,844	1,56,068	1,62,590	1,78,853	1,94,060	2,07,645
2A+1C	18-35	18,491	23,391	25,799	30,793	34,681	37,921	41,718	45,269	48,444
	36-45	20,133	25,904	29,039	34,357	38,245	41,485	45,638	49,520	52,987
	46-50	33,050	41,166	47,129	51,724	55,612	58,852	64,741	70,249	75,168
	51-55	36,238	45,321	52,313	57,348	61,495	64,994	71,494	77,572	83,003
	56-59	43,623	53,788	61,479	66,148	70,684	74,183	81,602	88,543	94,744
	60	36,912	45,513	54,101	60,635	64,793	68,001	74,802	81,165	86,848
	61-65	59,162	70,371	86,709	97,104	1,15,518	1,36,308	1,49,943	1,62,691	1,74,084
	66-70	73,953	87,971	1,08,393	1,16,531	1,38,628	1,63,576	1,79,935	1,95,230	2,08,898
	71-75	96,144	1,14,369	1,40,921	1,51,494	1,80,220	2,12,652	2,33,917	2,53,804	2,71,571
	Above 75	1,24,990	1,48,690	1,83,202	1,96,946	2,34,286	2,76,448	3,04,093	3,29,943	3,53,044
2A+2C	18-35	20,779	25,945	28,243	33,126	37,014	40,513	44,569	48,360	51,749
	36-45	23,040	28,445	31,753	36,962	40,850	44,350	48,788	52,936	56,641
	46-50	35,647	44,226	50,071	54,548	58,436	61,936	68,131	73,924	79,102
	51-55	39,551	49,070	56,174	60,407	64,943	68,831	75,719	82,160	87,914
	56-59	46,795	58,055	66,920	71,371	75,907	79,795	87,778	95,243	1,01,911
	60	39,596	49,124	58,890	65,424	69,582	73,146	80,463	87,306	93,419
	61-65	63,439	76,489	91,968	1,02,363	1,20,777	1,41,567	1,55,729	1,68,969	1,80,802
	66-70	79,299	95,610	1,14,963	1,22,839	1,44,936	1,69,884	1,86,872	2,02,762	2,16,959
	71-75	1,03,094	1,24,300	1,49,463	1,59,691	1,88,417	2,20,849	2,42,934	2,63,588	2,82,043
	Above 75	1,34,031	1,61,592	1,94,310	2,07,603	2,44,941	2,87,104	3,15,818	3,42,667	3,66,659
2A+3C	18-35	23,868	29,513	31,900	39,696	45,476	50,687	55,760	60,504	64,741
	36-45	26,887	32,263	35,384	43,040	48,872	54,056	59,467	64,528	69,050
	46-50	40,028	48,396	53,298	60,238	66,070	71,254	78,382	85,050	91,006
	51-55	43,805	53,885	59,400	66,744	72,576	78,408	86,249	93,584	1,00,135
	56-59	51,147	63,783	73,103	84,434	91,562	98,690	1,08,559	1,17,793	1,26,042
	60	43,278	53,970	64,330	77,398	83,932	90,466	99,513	1,07,977	1,15,539
	61-65	66,528	79,276	96,350	1,11,200	1,29,614	1,50,404	1,65,447	1,79,512	1,92,082
	66-70	83,160	99,103	1,20,439	1,33,448	1,55,544	1,80,492	1,98,545	2,15,426	2,30,507
	71-75	1,08,108	1,28,839	1,56,578	1,73,483	2,02,210	2,34,642	2,58,111	2,80,053	2,99,661
	Above 75	1,40,540	1,67,496	2,03,552	2,25,530	2,62,880	3,05,043	3,35,551	3,64,075	3,89,563

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone B										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	3m-35	9,470	11,529	12,604	15,183	17,512	18,959	20,860	22,635	24,225
	36-45	10,901	13,669	15,260	17,730	20,058	21,878	24,070	26,119	27,951
	46-50	17,820	22,768	25,745	27,777	30,349	32,559	35,819	38,869	41,594
	51-55	21,735	26,508	29,024	32,801	37,105	39,918	43,910	47,649	50,990
	56-59	25,245	30,895	33,917	38,484	43,371	46,780	51,463	55,841	59,753
	60	22,216	27,188	31,090	36,810	41,485	44,746	49,225	53,413	57,155
	61-65	30,591	36,383	40,743	48,245	53,198	56,495	62,150	67,437	72,159
	66-70	41,954	48,506	53,158	58,610	61,455	64,016	70,419	76,406	81,759
	71-75	49,195	58,515	65,542	73,579	77,149	80,374	88,417	95,937	1,02,655
	Above 75	64,431	76,258	85,091	94,815	99,411	1,03,569	1,13,929	1,23,617	1,32,272
1A+1C	18-35	12,393	15,309	17,172	20,157	23,262	26,243	28,871	31,329	33,528
	36-45	13,663	16,659	19,013	22,853	25,958	29,684	32,652	35,428	37,912
	46-50	19,224	23,180	26,840	31,932	35,037	38,763	42,644	46,270	49,512
	51-55	21,856	27,810	31,868	36,751	40,477	44,203	48,624	52,760	56,455
	56-59	26,595	36,288	41,861	46,327	50,053	53,779	59,156	64,186	68,683
	60	23,404	31,933	38,372	44,312	47,876	51,440	56,584	61,395	65,696
	61-65	37,327	44,740	53,427	61,149	69,416	87,830	96,614	1,04,829	1,12,171
	66-70	46,664	55,931	66,790	73,383	83,303	1,05,400	1,15,943	1,25,804	1,34,613
	71-75	60,672	72,718	86,831	95,409	1,08,298	1,37,024	1,50,728	1,63,540	1,74,992
	Above 75	78,883	94,541	1,12,884	1,24,039	1,40,790	1,78,141	1,95,955	2,12,617	2,27,502
1A+2C	18-35	14,783	17,995	19,440	23,598	26,864	29,969	32,969	35,775	38,285
	36-45	16,228	19,561	21,436	26,752	30,814	34,540	37,999	41,234	44,122
	46-50	26,298	31,495	34,889	39,645	43,371	47,097	51,810	56,219	60,157
	51-55	27,689	33,210	37,636	42,277	46,003	49,729	54,704	59,355	63,516
	56-59	31,833	39,785	45,438	52,239	56,586	61,554	67,714	73,470	78,619
	60	28,013	35,011	41,652	49,968	54,126	58,878	64,770	70,276	75,200
	61-65	43,944	52,342	56,104	63,826	90,987	1,11,777	1,22,958	1,33,412	1,42,756
	66-70	54,933	65,435	70,139	76,602	1,09,189	1,34,137	1,47,555	1,60,101	1,71,310
	71-75	71,423	85,073	91,191	99,590	1,41,954	1,74,386	1,91,827	2,08,132	2,22,703
	Above 75	92,854	1,10,603	1,18,550	1,29,468	1,84,544	2,26,706	2,49,379	2,70,579	2,89,521
1A+3C	18-35	21,046	25,636	27,151	32,851	37,024	41,371	45,514	49,382	52,841
	36-45	23,031	27,838	29,846	36,676	41,781	46,376	51,015	55,356	59,231
	46-50	31,671	38,934	43,092	53,717	59,927	64,895	71,384	77,457	82,885
	51-55	36,315	45,293	50,868	62,411	68,621	73,589	80,947	87,828	93,983
	56-59	40,865	51,314	58,190	73,154	79,985	86,195	94,814	1,02,874	1,10,078
	60	35,961	45,156	53,341	69,973	76,507	82,447	90,692	98,402	1,05,292
	61-65	49,136	58,290	72,076	86,926	1,12,558	1,33,348	1,46,683	1,59,150	1,70,294
	66-70	61,420	72,872	90,098	1,04,319	1,35,076	1,60,024	1,76,026	1,90,989	2,04,360
	71-75	79,846	94,743	1,17,137	1,35,622	1,75,599	2,08,031	2,28,839	2,48,292	2,65,672
	Above 75	1,03,807	1,23,171	1,52,277	1,76,311	2,28,286	2,70,448	2,97,493	3,22,785	3,45,381

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone B										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
2A	18-35	14,068	17,969	20,166	24,294	28,020	31,125	34,242	37,154	39,757
	36-45	16,363	22,045	24,416	28,367	32,093	35,198	38,719	42,011	44,955
	46-50	30,240	37,828	43,883	47,022	50,748	53,853	59,243	64,279	68,782
	51-55	31,914	39,853	46,435	50,089	53,815	57,169	62,889	68,235	73,017
	56-59	38,556	48,155	56,338	59,579	63,305	66,659	73,327	79,563	85,133
	60	33,930	42,376	51,643	56,989	60,553	63,760	70,139	76,104	81,432
	61-65	46,094	55,871	68,037	73,383	76,947	80,155	88,174	95,669	1,02,370
	66-70	57,618	69,842	85,049	88,066	92,343	96,193	1,05,816	1,14,815	1,22,857
	71-75	74,903	90,798	1,10,568	1,14,488	1,20,047	1,25,061	1,37,570	1,49,267	1,59,721
	Above 75	97,381	1,18,040	1,43,748	1,48,844	1,56,068	1,62,590	1,78,853	1,94,060	2,07,645
2A+1C	18-35	17,780	22,491	24,767	29,510	33,236	36,341	39,980	43,383	46,426
	36-45	19,359	24,908	27,877	32,926	36,652	39,757	43,737	47,457	50,779
	46-50	31,779	39,583	45,244	49,568	53,294	56,399	62,044	67,322	72,036
	51-55	34,844	43,578	50,220	54,959	58,933	62,286	68,515	74,339	79,544
	56-59	41,945	51,719	59,020	63,391	67,738	71,092	78,202	84,854	90,796
	60	36,912	45,513	54,101	60,635	64,793	68,001	74,802	81,165	86,848
	61-65	59,162	70,371	86,709	97,104	1,15,518	1,36,308	1,49,943	1,62,691	1,74,084
	66-70	73,953	87,971	1,08,393	1,16,531	1,38,628	1,63,576	1,79,935	1,95,230	2,08,898
	71-75	96,144	1,14,369	1,40,921	1,51,494	1,80,220	2,12,652	2,33,917	2,53,804	2,71,571
	Above 75	1,24,990	1,48,690	1,83,202	1,96,946	2,34,286	2,76,448	3,04,093	3,29,943	3,53,044
2A+2C	18-35	19,980	24,948	27,113	31,746	35,472	38,825	42,712	46,345	49,593
	36-45	22,154	27,351	30,482	35,422	39,148	42,502	46,756	50,730	54,281
	46-50	34,276	42,525	48,068	52,276	56,002	59,355	65,292	70,843	75,806
	51-55	38,030	47,183	53,927	57,890	62,237	65,963	72,564	78,737	84,251
	56-59	44,995	55,823	64,243	68,397	72,744	76,470	84,120	91,274	97,665
	60	39,596	49,124	58,890	65,424	69,582	73,146	80,463	87,306	93,419
	61-65	63,439	76,489	91,968	1,02,363	1,20,777	1,41,567	1,55,729	1,68,969	1,80,802
	66-70	79,299	95,610	1,14,963	1,22,839	1,44,936	1,69,884	1,86,872	2,02,762	2,16,959
	71-75	1,03,094	1,24,300	1,49,463	1,59,691	1,88,417	2,20,849	2,42,934	2,63,588	2,82,043
	Above 75	1,34,031	1,61,592	1,94,310	2,07,603	2,44,941	2,87,104	3,15,818	3,42,667	3,66,659
2A+3C	18-35	22,950	28,378	30,624	38,042	43,582	48,575	53,437	57,983	62,044
	36-45	25,853	31,023	33,968	41,247	46,836	51,804	56,989	61,839	66,173
	46-50	38,489	46,535	51,166	57,728	63,317	68,285	75,116	81,506	87,214
	51-55	42,120	51,813	57,024	63,963	69,552	75,141	82,655	89,685	95,963
	56-59	49,180	61,330	70,178	80,916	87,747	94,578	1,04,036	1,12,885	1,20,790
	60	43,278	53,970	64,330	77,398	83,932	90,466	99,513	1,07,977	1,15,539
	61-65	66,528	79,276	96,350	1,11,200	1,29,614	1,50,404	1,65,447	1,79,512	1,92,082
	66-70	83,160	99,103	1,20,439	1,33,448	1,55,544	1,80,492	1,98,545	2,15,426	2,30,507
	71-75	1,08,108	1,28,839	1,56,578	1,73,483	2,02,210	2,34,642	2,58,111	2,80,053	2,99,661
	Above 75	1,40,540	1,67,496	2,03,552	2,25,530	2,62,880	3,05,043	3,35,551	3,64,075	3,89,563

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone C										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	3m-35	9,091	11,068	11,553	13,863	15,989	17,310	19,046	20,667	22,118
	36-45	10,465	13,122	13,989	16,188	18,314	19,975	21,977	23,848	25,520
	46-50	17,107	21,857	23,599	25,362	27,710	29,728	32,704	35,489	37,977
	51-55	20,866	25,447	26,606	29,949	33,878	36,447	40,092	43,506	46,556
	56-59	24,235	29,659	31,090	35,137	39,600	42,712	46,988	50,985	54,557
	60	22,216	27,188	31,090	36,810	41,485	44,746	49,225	53,413	57,155
	61-65	30,591	36,383	40,743	48,245	53,198	56,495	62,150	67,437	72,159
	66-70	41,954	48,506	53,158	58,610	61,455	64,016	70,419	76,406	81,759
	71-75	49,195	58,515	65,542	73,579	77,149	80,374	88,417	95,937	1,02,655
	Above 75	64,431	76,258	85,091	94,815	99,411	1,03,569	1,13,929	1,23,617	1,32,272
1A+1C	18-35	11,897	14,696	15,741	18,404	21,239	23,961	26,360	28,605	30,613
	36-45	13,116	15,992	17,428	20,866	23,701	27,103	29,813	32,347	34,615
	46-50	18,455	22,253	24,604	29,155	31,990	35,392	38,936	42,247	45,207
	51-55	20,982	26,698	29,213	33,555	36,957	40,359	44,396	48,172	51,546
	56-59	25,531	34,836	38,372	42,298	45,700	49,102	54,012	58,605	62,710
	60	23,404	31,933	38,372	44,312	47,876	51,440	56,584	61,395	65,696
	61-65	37,327	44,740	53,427	61,149	69,416	87,830	96,614	1,04,829	1,12,171
	66-70	46,664	55,931	66,790	73,383	83,303	1,05,400	1,15,943	1,25,804	1,34,613
	71-75	60,672	72,718	86,831	95,409	1,08,298	1,37,024	1,50,728	1,63,540	1,74,992
	Above 75	78,883	94,541	1,12,884	1,24,039	1,40,790	1,78,141	1,95,955	2,12,617	2,27,502
1A+2C	18-35	14,191	17,275	17,820	21,546	24,528	27,363	30,102	32,664	34,956
	36-45	15,578	18,779	19,649	24,426	28,135	31,537	34,695	37,649	40,285
	46-50	25,246	30,235	31,981	36,198	39,600	43,002	47,305	51,330	54,926
	51-55	26,581	31,882	34,499	38,601	42,003	45,405	49,947	54,194	57,993
	56-59	30,559	38,194	41,652	47,696	51,665	56,201	61,826	67,081	71,782
	60	28,013	35,011	41,652	49,968	54,126	58,878	64,770	70,276	75,200
	61-65	43,944	52,342	56,104	63,826	90,987	1,11,777	1,22,958	1,33,412	1,42,756
	66-70	54,933	65,435	70,139	76,602	1,09,189	1,34,137	1,47,555	1,60,101	1,71,310
	71-75	71,423	85,073	91,191	99,590	1,41,954	1,74,386	1,91,827	2,08,132	2,22,703
	Above 75	92,854	1,10,603	1,18,550	1,29,468	1,84,544	2,26,706	2,49,379	2,70,579	2,89,521
1A+3C	18-35	20,204	24,611	24,889	29,994	33,805	37,774	41,556	45,088	48,246
	36-45	22,110	26,724	27,359	33,487	38,148	42,343	46,579	50,543	54,080
	46-50	30,404	37,376	39,501	49,046	54,716	59,252	65,177	70,722	75,678
	51-55	34,862	43,481	46,629	56,984	62,654	67,190	73,908	80,191	85,810
	56-59	39,230	49,261	53,341	66,793	73,030	78,700	86,569	93,929	1,00,506
	60	35,961	45,156	53,341	69,973	76,507	82,447	90,692	98,402	1,05,292
	61-65	49,136	58,290	72,076	86,926	1,12,558	1,33,348	1,46,683	1,59,150	1,70,294
	66-70	61,420	72,872	90,098	1,04,319	1,35,076	1,60,024	1,76,026	1,90,989	2,04,360
	71-75	79,846	94,743	1,17,137	1,35,622	1,75,599	2,08,031	2,28,839	2,48,292	2,65,672
	Above 75	1,03,807	1,23,171	1,52,277	1,76,311	2,28,286	2,70,448	2,97,493	3,22,785	3,45,381

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone C										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
2A	18-35	13,505	17,250	18,486	22,181	25,583	28,418	31,265	33,923	36,300
	36-45	15,708	21,163	22,382	25,900	29,302	32,137	35,352	38,358	41,046
	46-50	29,030	36,314	40,226	42,933	46,335	49,170	54,092	58,690	62,801
	51-55	30,637	38,258	42,566	45,734	49,136	52,198	57,420	62,302	66,668
	56-59	37,014	46,229	51,643	54,398	57,800	60,862	66,951	72,644	77,730
	60	33,930	42,376	51,643	56,989	60,553	63,760	70,139	76,104	81,432
	61-65	46,094	55,871	68,037	73,383	76,947	80,155	88,174	95,669	1,02,370
	66-70	57,618	69,842	85,049	88,066	92,343	96,193	1,05,816	1,14,815	1,22,857
	71-75	74,903	90,798	1,10,568	1,14,488	1,20,047	1,25,061	1,37,570	1,49,267	1,59,721
	Above 75	97,381	1,18,040	1,43,748	1,48,844	1,56,068	1,62,590	1,78,853	1,94,060	2,07,645
2A+1C	18-35	17,069	21,592	22,703	26,944	30,346	33,181	36,503	39,610	42,389
	36-45	18,584	23,911	25,554	30,063	33,465	36,300	39,934	43,330	46,364
	46-50	30,508	37,999	41,473	45,258	48,660	51,495	56,649	61,468	65,772
	51-55	33,450	41,834	46,035	50,180	53,808	56,870	62,557	67,875	72,627
	56-59	40,267	49,650	54,101	57,879	61,848	64,910	71,402	77,475	82,901
	60	36,912	45,513	54,101	60,635	64,793	68,001	74,802	81,165	86,848
	61-65	59,162	70,371	86,709	97,104	1,15,518	1,36,308	1,49,943	1,62,691	1,74,084
	66-70	73,953	87,971	1,08,393	1,16,531	1,38,628	1,63,576	1,79,935	1,95,230	2,08,898
	71-75	96,144	1,14,369	1,40,921	1,51,494	1,80,220	2,12,652	2,33,917	2,53,804	2,71,571
	Above 75	1,24,990	1,48,690	1,83,202	1,96,946	2,34,286	2,76,448	3,04,093	3,29,943	3,53,044
2A+2C	18-35	19,181	23,950	24,853	28,985	32,387	35,449	38,998	42,315	45,280
	36-45	21,268	26,257	27,942	32,342	35,744	38,806	42,690	46,319	49,561
	46-50	32,905	40,824	44,063	47,730	51,132	54,194	59,615	64,683	69,214
	51-55	36,509	45,295	49,433	52,856	56,825	60,227	66,254	71,890	76,925
	56-59	43,195	53,590	58,890	62,450	66,419	69,821	76,805	83,337	89,172
	60	39,596	49,124	58,890	65,424	69,582	73,146	80,463	87,306	93,419
	61-65	63,439	76,489	91,968	1,02,363	1,20,777	1,41,567	1,55,729	1,68,969	1,80,802
	66-70	79,299	95,610	1,14,963	1,22,839	1,44,936	1,69,884	1,86,872	2,02,762	2,16,959
	71-75	1,03,094	1,24,300	1,49,463	1,59,691	1,88,417	2,20,849	2,42,934	2,63,588	2,82,043
	Above 75	1,34,031	1,61,592	1,94,310	2,07,603	2,44,941	2,87,104	3,15,818	3,42,667	3,66,659
2A+3C	18-35	22,032	27,242	28,072	34,734	39,792	44,351	48,790	52,941	56,649
	36-45	24,818	29,782	31,138	37,660	42,763	47,299	52,034	56,462	60,419
	46-50	36,949	44,674	46,902	52,708	57,811	62,347	68,584	74,419	79,630
	51-55	40,435	49,740	52,272	58,401	63,504	68,607	75,468	81,886	87,618
	56-59	47,213	58,877	64,330	73,880	80,117	86,354	94,989	1,03,069	1,10,287
	60	43,278	53,970	64,330	77,398	83,932	90,466	99,513	1,07,977	1,15,539
	61-65	66,528	79,276	96,350	1,11,200	1,29,614	1,50,404	1,65,447	1,79,512	1,92,082
	66-70	83,160	99,103	1,20,439	1,33,448	1,55,544	1,80,492	1,98,545	2,15,426	2,30,507
	71-75	1,08,108	1,28,839	1,56,578	1,73,483	2,02,210	2,34,642	2,58,111	2,80,053	2,99,661
	Above 75	1,40,540	1,67,496	2,03,552	2,25,530	2,62,880	3,05,043	3,35,551	3,64,075	3,89,563

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone D										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	3m-35	8,334	10,145	11,028	13,863	15,989	17,310	19,046	20,667	22,118
	36-45	9,593	12,029	13,353	16,188	18,314	19,975	21,977	23,848	25,520
	46-50	15,682	20,035	22,527	25,362	27,710	29,728	32,704	35,489	37,977
	51-55	19,127	23,327	25,396	29,949	33,878	36,447	40,092	43,506	46,556
	56-59	22,216	27,188	29,677	35,137	39,600	42,712	46,988	50,985	54,557
	60	22,216	27,188	31,090	36,810	41,485	44,746	49,225	53,413	57,155
	61-65	30,591	36,383	40,743	48,245	53,198	56,495	62,150	67,437	72,159
	66-70	41,954	48,506	53,158	58,610	61,455	64,016	70,419	76,406	81,759
	71-75	49,195	58,515	65,542	73,579	77,149	80,374	88,417	95,937	1,02,655
	Above 75	64,431	76,258	85,091	94,815	99,411	1,03,569	1,13,929	1,23,617	1,32,272
1A+1C	18-35	10,905	13,472	15,026	18,404	21,239	23,961	26,360	28,605	30,613
	36-45	12,023	14,660	16,636	20,866	23,701	27,103	29,813	32,347	34,615
	46-50	16,917	20,398	23,485	29,155	31,990	35,392	38,936	42,247	45,207
	51-55	19,234	24,473	27,885	33,555	36,957	40,359	44,396	48,172	51,546
	56-59	23,404	31,933	36,628	42,298	45,700	49,102	54,012	58,605	62,710
	60	23,404	31,933	38,372	44,312	47,876	51,440	56,584	61,395	65,696
	61-65	37,327	44,740	53,427	61,149	69,416	87,830	96,614	1,04,829	1,12,171
	66-70	46,664	55,931	66,790	73,383	83,303	1,05,400	1,15,943	1,25,804	1,34,613
	71-75	60,672	72,718	86,831	95,409	1,08,298	1,37,024	1,50,728	1,63,540	1,74,992
	Above 75	78,883	94,541	1,12,884	1,24,039	1,40,790	1,78,141	1,95,955	2,12,617	2,27,502
1A+2C	18-35	13,009	15,836	17,010	21,546	24,528	27,363	30,102	32,664	34,956
	36-45	14,280	17,214	18,756	24,426	28,135	31,537	34,695	37,649	40,285
	46-50	23,142	27,716	30,528	36,198	39,600	43,002	47,305	51,330	54,926
	51-55	24,366	29,225	32,931	38,601	42,003	45,405	49,947	54,194	57,993
	56-59	28,013	35,011	39,758	47,696	51,665	56,201	61,826	67,081	71,782
	60	28,013	35,011	41,652	49,968	54,126	58,878	64,770	70,276	75,200
	61-65	43,944	52,342	56,104	63,826	90,987	1,11,777	1,22,958	1,33,412	1,42,756
	66-70	54,933	65,435	70,139	76,602	1,09,189	1,34,137	1,47,555	1,60,101	1,71,310
	71-75	71,423	85,073	91,191	99,590	1,41,954	1,74,386	1,91,827	2,08,132	2,22,703
	Above 75	92,854	1,10,603	1,18,550	1,29,468	1,84,544	2,26,706	2,49,379	2,70,579	2,89,521
1A+3C	18-35	18,521	22,560	23,757	29,994	33,805	37,774	41,556	45,088	48,246
	36-45	20,268	24,497	26,116	33,487	38,148	42,343	46,579	50,543	54,080
	46-50	27,871	34,262	37,706	49,046	54,716	59,252	65,177	70,722	75,678
	51-55	31,957	39,857	44,510	56,984	62,654	67,190	73,908	80,191	85,810
	56-59	35,961	45,156	50,917	66,793	73,030	78,700	86,569	93,929	1,00,506
	60	35,961	45,156	53,341	69,973	76,507	82,447	90,692	98,402	1,05,292
	61-65	49,136	58,290	72,076	86,926	1,12,558	1,33,348	1,46,683	1,59,150	1,70,294
	66-70	61,420	72,872	90,098	1,04,319	1,35,076	1,60,024	1,76,026	1,90,989	2,04,360
	71-75	79,846	94,743	1,17,137	1,35,622	1,75,599	2,08,031	2,28,839	2,48,292	2,65,672
	Above 75	1,03,807	1,23,171	1,52,277	1,76,311	2,28,286	2,70,448	2,97,493	3,22,785	3,45,381

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone D										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
2A	18-35	12,379	15,813	17,645	22,181	25,583	28,418	31,265	33,923	36,300
	36-45	14,399	19,400	21,364	25,900	29,302	32,137	35,352	38,358	41,046
	46-50	26,611	33,288	38,397	42,933	46,335	49,170	54,092	58,690	62,801
	51-55	28,084	35,070	40,631	45,734	49,136	52,198	57,420	62,302	66,668
	56-59	33,930	42,376	49,295	54,398	57,800	60,862	66,951	72,644	77,730
	60	33,930	42,376	51,643	56,989	60,553	63,760	70,139	76,104	81,432
	61-65	46,094	55,871	68,037	73,383	76,947	80,155	88,174	95,669	1,02,370
	66-70	57,618	69,842	85,049	88,066	92,343	96,193	1,05,816	1,14,815	1,22,857
	71-75	74,903	90,798	1,10,568	1,14,488	1,20,047	1,25,061	1,37,570	1,49,267	1,59,721
	Above 75	97,381	1,18,040	1,43,748	1,48,844	1,56,068	1,62,590	1,78,853	1,94,060	2,07,645
2A+1C	18-35	15,646	19,792	21,671	26,944	30,346	33,181	36,503	39,610	42,389
	36-45	17,036	21,919	24,393	30,063	33,465	36,300	39,934	43,330	46,364
	46-50	27,965	34,833	39,588	45,258	48,660	51,495	56,649	61,468	65,772
	51-55	30,663	38,348	43,943	50,180	53,808	56,870	62,557	67,875	72,627
	56-59	36,912	45,513	51,642	57,879	61,848	64,910	71,402	77,475	82,901
	60	36,912	45,513	54,101	60,635	64,793	68,001	74,802	81,165	86,848
	61-65	59,162	70,371	86,709	97,104	1,15,518	1,36,308	1,49,943	1,62,691	1,74,084
	66-70	73,953	87,971	1,08,393	1,16,531	1,38,628	1,63,576	1,79,935	1,95,230	2,08,898
	71-75	96,144	1,14,369	1,40,921	1,51,494	1,80,220	2,12,652	2,33,917	2,53,804	2,71,571
	Above 75	1,24,990	1,48,690	1,83,202	1,96,946	2,34,286	2,76,448	3,04,093	3,29,943	3,53,044
2A+2C	18-35	17,582	21,954	23,724	28,985	32,387	35,449	38,998	42,315	45,280
	36-45	19,495	24,069	26,672	32,342	35,744	38,806	42,690	46,319	49,561
	46-50	30,163	37,422	42,060	47,730	51,132	54,194	59,615	64,683	69,214
	51-55	33,466	41,521	47,186	52,856	56,825	60,227	66,254	71,890	76,925
	56-59	39,596	49,124	56,213	62,450	66,419	69,821	76,805	83,337	89,172
	60	39,596	49,124	58,890	65,424	69,582	73,146	80,463	87,306	93,419
	61-65	63,439	76,489	91,968	1,02,363	1,20,777	1,41,567	1,55,729	1,68,969	1,80,802
	66-70	79,299	95,610	1,14,963	1,22,839	1,44,936	1,69,884	1,86,872	2,02,762	2,16,959
	71-75	1,03,094	1,24,300	1,49,463	1,59,691	1,88,417	2,20,849	2,42,934	2,63,588	2,82,043
	Above 75	1,34,031	1,61,592	1,94,310	2,07,603	2,44,941	2,87,104	3,15,818	3,42,667	3,66,659
2A+3C	18-35	20,196	24,972	26,796	34,734	39,792	44,351	48,790	52,941	56,649
	36-45	22,750	27,300	29,722	37,660	42,763	47,299	52,034	56,462	60,419
	46-50	33,870	40,951	44,770	52,708	57,811	62,347	68,584	74,419	79,630
	51-55	37,066	45,595	49,896	58,401	63,504	68,607	75,468	81,886	87,618
	56-59	43,278	53,970	61,406	73,880	80,117	86,354	94,989	1,03,069	1,10,287
	60	43,278	53,970	64,330	77,398	83,932	90,466	99,513	1,07,977	1,15,539
	61-65	66,528	79,276	96,350	1,11,200	1,29,614	1,50,404	1,65,447	1,79,512	1,92,082
	66-70	83,160	99,103	1,20,439	1,33,448	1,55,544	1,80,492	1,98,545	2,15,426	2,30,507
	71-75	1,08,108	1,28,839	1,56,578	1,73,483	2,02,210	2,34,642	2,58,111	2,80,053	2,99,661
	Above 75	1,40,540	1,67,496	2,03,552	2,25,530	2,62,880	3,05,043	3,35,551	3,64,075	3,89,563

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone E										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
1A	3m-35	7,955	9,684	11,028	13,863	15,989	17,310	19,046	20,667	22,118
	36-45	9,157	11,482	13,353	16,188	18,314	19,975	21,977	23,848	25,520
	46-50	14,969	19,125	22,527	25,362	27,710	29,728	32,704	35,489	37,977
	51-55	18,257	22,266	25,396	29,949	33,878	36,447	40,092	43,506	46,556
	56-59	21,206	25,952	29,677	35,137	39,600	42,712	46,988	50,985	54,557
	60	22,216	27,188	29,677	35,137	39,600	42,712	46,988	50,985	54,557
	61-65	30,591	36,383	38,891	46,052	50,780	53,927	59,325	64,371	68,879
	66-70	41,954	48,506	50,741	55,946	58,661	61,106	67,218	72,933	78,042
	71-75	49,195	58,515	62,563	70,235	73,642	76,720	84,398	91,576	97,989
	Above 75	64,431	76,258	81,223	90,505	94,893	98,862	1,08,751	1,17,998	1,26,259
1A+1C	18-35	10,410	12,859	15,026	18,404	21,239	23,961	26,360	28,605	30,613
	36-45	11,477	13,993	16,636	20,866	23,701	27,103	29,813	32,347	34,615
	46-50	16,148	19,471	23,485	29,155	31,990	35,392	38,936	42,247	45,207
	51-55	18,359	23,360	27,885	33,555	36,957	40,359	44,396	48,172	51,546
	56-59	22,340	30,482	36,628	42,298	45,700	49,102	54,012	58,605	62,710
	60	23,404	31,933	36,628	42,298	45,700	49,102	54,012	58,605	62,710
	61-65	37,327	44,740	50,999	58,370	66,260	83,837	92,223	1,00,064	1,07,073
	66-70	46,664	55,931	63,754	70,048	79,517	1,00,609	1,10,673	1,20,085	1,28,494
	71-75	60,672	72,718	82,884	91,072	1,03,376	1,30,795	1,43,876	1,56,107	1,67,038
	Above 75	78,883	94,541	1,07,753	1,18,401	1,34,391	1,70,043	1,87,048	2,02,952	2,17,161
1A+2C	18-35	12,417	15,116	17,010	21,546	24,528	27,363	30,102	32,664	34,956
	36-45	13,631	16,431	18,756	24,426	28,135	31,537	34,695	37,649	40,285
	46-50	22,090	26,456	30,528	36,198	39,600	43,002	47,305	51,330	54,926
	51-55	23,259	27,896	32,931	38,601	42,003	45,405	49,947	54,194	57,993
	56-59	26,739	33,419	39,758	47,696	51,665	56,201	61,826	67,081	71,782
	60	28,013	35,011	39,758	47,696	51,665	56,201	61,826	67,081	71,782
	61-65	43,944	52,342	53,554	60,925	86,851	1,06,696	1,17,369	1,27,348	1,36,267
	66-70	54,933	65,435	66,951	73,120	1,04,226	1,28,040	1,40,848	1,52,823	1,63,523
	71-75	71,423	85,073	87,046	95,063	1,35,501	1,66,460	1,83,107	1,98,672	2,12,580
	Above 75	92,854	1,10,603	1,13,162	1,23,583	1,76,155	2,16,401	2,38,043	2,58,280	2,76,361
1A+3C	18-35	17,679	21,534	23,757	29,994	33,805	37,774	41,556	45,088	48,246
	36-45	19,346	23,384	26,116	33,487	38,148	42,343	46,579	50,543	54,080
	46-50	26,604	32,704	37,706	49,046	54,716	59,252	65,177	70,722	75,678
	51-55	30,505	38,046	44,510	56,984	62,654	67,190	73,908	80,191	85,810
	56-59	34,327	43,104	50,917	66,793	73,030	78,700	86,569	93,929	1,00,506
	60	35,961	45,156	50,917	66,793	73,030	78,700	86,569	93,929	1,00,506
	61-65	49,136	58,290	68,800	82,975	1,07,441	1,27,286	1,40,015	1,51,916	1,62,554
	66-70	61,420	72,872	86,002	99,577	1,28,936	1,52,750	1,68,025	1,82,307	1,95,071
	71-75	79,846	94,743	1,11,812	1,29,458	1,67,617	1,98,575	2,18,437	2,37,006	2,53,596
	Above 75	1,03,807	1,23,171	1,45,356	1,68,297	2,17,910	2,58,155	2,83,970	3,08,113	3,29,682

Premium Chart for 1 year (Excluding Tax) (in Rs.) Zone E										
Plan type	Age band (in years)	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
2A	18-35	11,817	15,094	17,645	22,181	25,583	28,418	31,265	33,923	36,300
	36-45	13,745	18,518	21,364	25,900	29,302	32,137	35,352	38,358	41,046
	46-50	25,402	31,775	38,397	42,933	46,335	49,170	54,092	58,690	62,801
	51-55	26,808	33,476	40,631	45,734	49,136	52,198	57,420	62,302	66,668
	56-59	32,387	40,450	49,295	54,398	57,800	60,862	66,951	72,644	77,730
	60	33,930	42,376	49,295	54,398	57,800	60,862	66,951	72,644	77,730
	61-65	46,094	55,871	64,945	70,048	73,450	76,511	84,166	91,321	97,717
	66-70	57,618	69,842	81,183	84,063	88,145	91,820	1,01,006	1,09,596	1,17,272
	71-75	74,903	90,798	1,05,542	1,09,284	1,14,591	1,19,377	1,31,317	1,42,482	1,52,461
	Above 75	97,381	1,18,040	1,37,214	1,42,079	1,48,974	1,55,199	1,70,724	1,85,239	1,98,206
2A+1C	18-35	14,935	18,893	21,671	26,944	30,346	33,181	36,503	39,610	42,389
	36-45	16,261	20,922	24,393	30,063	33,465	36,300	39,934	43,330	46,364
	46-50	26,694	33,249	39,588	45,258	48,660	51,495	56,649	61,468	65,772
	51-55	29,269	36,605	43,943	50,180	53,808	56,870	62,557	67,875	72,627
	56-59	35,234	43,444	51,642	57,879	61,848	64,910	71,402	77,475	82,901
	60	36,912	45,513	51,642	57,879	61,848	64,910	71,402	77,475	82,901
	61-65	59,162	70,371	82,767	92,690	1,10,267	1,30,112	1,43,128	1,55,296	1,66,171
	66-70	73,953	87,971	1,03,466	1,11,234	1,32,326	1,56,140	1,71,756	1,86,356	1,99,402
	71-75	96,144	1,14,369	1,34,516	1,44,608	1,72,028	2,02,986	2,23,285	2,42,268	2,59,227
	Above 75	1,24,990	1,48,690	1,74,874	1,87,994	2,23,636	2,63,882	2,90,270	3,14,945	3,36,996
2A+2C	18-35	16,783	20,956	23,724	28,985	32,387	35,449	38,998	42,315	45,280
	36-45	18,609	22,975	26,672	32,342	35,744	38,806	42,690	46,319	49,561
	46-50	28,792	35,721	42,060	47,730	51,132	54,194	59,615	64,683	69,214
	51-55	31,945	39,633	47,186	52,856	56,825	60,227	66,254	71,890	76,925
	56-59	37,796	46,891	56,213	62,450	66,419	69,821	76,805	83,337	89,172
	60	39,596	49,124	56,213	62,450	66,419	69,821	76,805	83,337	89,172
	61-65	63,439	76,489	87,787	97,710	1,15,287	1,35,132	1,48,651	1,61,288	1,72,583
	66-70	79,299	95,610	1,09,738	1,17,256	1,38,348	1,62,162	1,78,378	1,93,545	2,07,097
	71-75	1,03,094	1,24,300	1,42,669	1,52,433	1,79,852	2,10,811	2,31,891	2,51,606	2,69,223
	Above 75	1,34,031	1,61,592	1,85,477	1,98,167	2,33,808	2,74,054	3,01,462	3,27,091	3,49,992
2A+3C	18-35	19,278	23,837	26,796	34,734	39,792	44,351	48,790	52,941	56,649
	36-45	21,716	26,059	29,722	37,660	42,763	47,299	52,034	56,462	60,419
	46-50	32,331	39,089	44,770	52,708	57,811	62,347	68,584	74,419	79,630
	51-55	35,381	43,523	49,896	58,401	63,504	68,607	75,468	81,886	87,618
	56-59	41,311	51,517	61,406	73,880	80,117	86,354	94,989	1,03,069	1,10,287
	60	43,278	53,970	61,406	73,880	80,117	86,354	94,989	1,03,069	1,10,287
	61-65	66,528	79,276	91,971	1,06,146	1,23,723	1,43,568	1,57,926	1,71,353	1,83,351
	66-70	83,160	99,103	1,14,965	1,27,382	1,48,474	1,72,288	1,89,520	2,05,634	2,20,030
	71-75	1,08,108	1,28,839	1,49,461	1,65,598	1,93,018	2,23,977	2,46,378	2,67,324	2,86,040
	Above 75	1,40,540	1,67,496	1,94,299	2,15,278	2,50,931	2,91,178	3,20,298	3,47,526	3,71,855

A-Adult | C-Child

PED Buy-Back loading	
Age in years	Loading on premium for 1st year
3m-35	20%
36-45	30%
46-50	35%
Above 50	50%

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	30,591	5,00,000	30,591	Nil	30,591	5,00,000	52,807	6,713	46,094	5,00,000
58	22,216	5,00,000	22,216		22,216	5,00,000				
Total Premium for all members of the family is Rs. 52,807/-, 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. 52,807/-, 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. 46,094/-, Sum Insured of Rs. 5,00,000/- is available for the entire family (2A)			
Illustration 2										
46	15,682	5,00,000	15,682	Nil	15,682	5,00,000	33,609	5,644	27,965	5,00,000
44	9,593	5,00,000	9,593		9,593	5,00,000				
18	8,334	5,00,000	8,334		8,334	5,00,000				
Total Premium for all members of the family is Rs. 33,609/-, 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. 33,609/-, 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. 27,965/- Sum Insured of Rs. 5,00,000/- is available for the entire family (2A+1C)			

Note:

1. **Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.**
2. **Floater discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured.**
3. **Premium considered are of Zone D**

A-Adult | C-Child