

Day2Day Care Policy

Suitability:

- This policy covers persons in the age group 91 days onwards.
- The Minimum entry age for Adult Dependent is 18 years and Maximum entry age is 65 years.
- There is no maximum cover ceasing age in this policy.
- The policy will be issued for a period of 1 or 2 year(s) period, the sum insured & benefits will be applicable on Policy Year basis
- This policy can be issued to an individual and/or family. The family includes spouse, dependent children and dependent parents/parents-in law.
- A maximum of 4 members can be covered in a single family floater policy with a maximum of 2 Adults and 3 children. The member combinations offered in a single family floater policy are: 1A+1C, 1A+2C, 1A+3C, 2A, 2A+1C and 2A+2C only. The 2 adults can be self & spouse. Dependent Parents/Parents-in-law will have to be covered in a separate policy
- A maximum of 6 members can be covered in a single individual policy on individual sum insured basis with a maximum of 4 adults and 5 children. The member combinations allowed in an individual policy are 1A, 1A+1C, 1A+2C, 1A+3C, 1A+4C, 1A+5C, 2A, 2A+1C, 2A+2C, 2A+3C, 2A+4C, 3A, 3A+1C, 3A+2C, 3A+3C, 4A, 4A+1C & 4A+2C only. The 4 adults can be a combination of Self, Spouse, either set of dependent parents/parents-in-law.

Note: Dependents means only the family members listed below:

- Your legally married spouse
- Your children Aged between 91 days and 25 years if they are unmarried and financially dependent with no independent source of income.
- Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Day2Day Care Policy,
- Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at their initial participation in the Day2Day Care Policy

SALIENT FEATURES & BENEFITS:

1. Outpatient Consultations- Unlimited Outpatient consultations by a general Medical Practitioner(s) or a specialist Medical Practitioner(s) in network centers A maximum of upto 5 consultations can be availed in a policy year for general or specialized consultation with a co-pay of 20% in non network centers. The coverage under this benefit will cover consultation services availed under Allopathy, Ayurveda, Unani, Siddha and Homeopathy.
2. Diagnostics, Pharmacy, vaccination and Physiotherapy -
This benefit covers outpatient diagnostic tests including pathology and radiology, cost and administration of vaccination by a medical practitioner, physiotherapy and pharmacy expenses for treatment under Allopathy, Ayurveda, Unani, Siddha and Homeopathy. A co-pay of 20% would be applicable on the benefit limit mentioned in the schedule of benefits in non-network centres and non network pharmacies.
3. Annual Health Check Up - A health check-up as specified in the Schedule of Benefits for the Insured Person within Network. 2 Health check-Ups would be offered in a family floater policy. In non-network centers the insured can avail the Health Check-up benefit maximum upto Rs 2000 per member in an Individual policy & upto Rs 4000 per policy in a Family Floater policy.
For two year policy's the insured can avail one health checkup per year per member in case of Individual policy & two health check-up per year per policy for a family floater policy.

Sum Insured:

Sum Insured for outpatient treatment under the policy is as mentioned in the schedule of benefits

Free-Look Period

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

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

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

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

Portability:

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

Detailed Guidelines on Portability are available at

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

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SPECIAL TERMS & CONDITIONS

Waiting Period

There is no waiting period in the plan.

General Exclusions:

We will not pay for any claim in respect of any Insured Person caused by, arising from or attributable to:

Non Medical Exclusions	<ol style="list-style-type: none"> Breach of Law: Code – Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. Intentional self-injury or attempted suicide while sane or insane
Medical Exclusions	<ol style="list-style-type: none"> Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12 Inpatient treatment & day care procedures; 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 – Excl13

Renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

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

Withdrawal of Policy:

- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Policy Period:

- The policy will be issued for 1 year or 2 years period, the sum insured & benefits will be applicable on Policy Year basis.

Requirement

- Completed proposal form

Claim Procedure:

All claims under this policy will be processed and settled by HDFC ERGO General Insurance Company Limited At network centers claims would be settled on cashless basis and on reimbursement basis in non network centers.

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Outpatient Consultation

- The customer should approach our network center and present his HDFC ERGO General Insurance Company Limited id card. The network clinic will check the eligible limit available on his policy from our provided system and settle the amount through a cashless transaction.
- The claim for Outpatient consultation can be availed only by an insured person.
- Outpatient consultation can be availed both at our network centers & in Non-network centers. In Non-network centers a co-pay of 20% would apply to all claims.
- The claim settlement at network centers would be on cashless basis
- In case of non network centers, the claim would be settled on reimbursement basis.

Diagnostic, Vaccination, Pharmacy and Physiotherapy

- Diagnostics, Vaccination, Pharmacy and physiotherapy benefit can be availed both at our network centers & non-network centers. In case of non-network centre a co-pay of 20% would apply to all claims
- The customer needs to approach our network centre and present his HDFC ERGO General Insurance Company Limited id card. The network centre will check the eligible limit available on his policy from our provided system and settle the amount through a cashless transaction.
- In case of non-network centers, the claim would be settled on reimbursement basis.
- Diagnostic tests, vaccination and physiotherapy benefit can be availed only against a prescription from medical practitioner.

Health check up benefit

- The customer should approach our network centre and present his HDFC ERGO General Insurance Company Limited id card. The network centre will check the eligible limit available on his policy from our provided system and settle the amount through a cashless transaction. This benefit can be availed both at our network centers & Non network centers..

Reimbursement Process:

Procedure for Reimbursement of General & specialized consultation, Diagnostics, Vaccination, Physiotherapy and Pharmacy Expenses & for availing Health Check-up Benefit at Non-network centers.

Please send the duly signed claim form by the claimant and all the essential information /documents* once during the policy year

*Documents required:- Original Invoices, Payment receipts, Original Prescription by Medical Practitioner.

- If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents.
- Claim settlement (provision for Penal Interest):

The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- The payment will be made in the name of the proposer.

Note:

- Payment will only be made for items covered under your policy and upto the limits therein.

In case of non- network centre a co-pay of 20% would apply to all claims except for the Health check-up benefit

Note: Please refer to the list of empanelled network centers on our website Or the list provided in the welcome kit.

Discounts

- Discount of 5% on published premium , if customer buys Day2Day Care Policy through Our Direct channels.
- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.
- Multi-Product Discount guidelines
 - o 10% discount on Day2DayCare premium if purchased along with Easy Health, Optima Restore or Total Health Plan of sum insured Rs. 3 Lacs and above at the time of renewal or buying as new plan together. To avail this discount the insured persons covered under Day2DayCare policy should also be covered under Easy Health, Optima Restore or Total Health Plan
 - o 5% discount on Day2DayCare premium if purchased along with Optima Super with deductible options of Rs. 1Lac-3 Lac at the time of renewal or buying as new plan together. To avail this discount, the insured persons covered under Day2DayCare policy must also be covered under Optima Super.
 - o The Multi product discount will not be cumulated in case an Insured person is buying multiple policies and the highest discount as per multi product discount guidelines would apply.

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Non-Disclosure or Misrepresentation:

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule; and
 - b) the claim under such Policy if any, shall be prejudiced.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/ Misrepresentation of Pre-existing diseases subject to your prior consent;
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

Migration:

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

Detailed Guidelines on Migration are available at

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

Moratorium Period:

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

Cancellation:

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

1 Year Policy Period		2 Year Policy Period	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

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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: If a customer has taken a 2 years policy upfront and makes a claim anytime during the 2 year tenure, then he is not eligible for any refund on cancellation as per our policy terms & conditions.

Premium Chart

Day2DayCare - Silver

Plan Type	Individual	Family Floater		
No. of Members	1 member	2 member	3 member	4 member
Premium ex tax (in Rs.)	6903	8493	10906	13436

Day2DayCare - Gold

Plan Type	Individual	Family Floater		
No. of Members	1 member	2 member	3 member	4 member
Premium ex tax (in Rs.)	10877	15557	17971	20500

The premium mentioned is Annual Premium.

All premium rates are exclusive of service tax and applicable cess

2 Year Premium

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance

For example:

Proposed insured opts for Day2DayCare-Gold Plan Individual 2 year policy.

Calculation – Rs.10877X 2 X 92.5% = Rs. 20122/- plus taxes

Tax Benefit:

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

IRDA REGULATION NO 12: This Policy is subject to regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulations, 2017.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

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Annexure 1: Schedule of Benefits

SILVER PLAN				
	Individual	Family Floater		
	1 member	2 members	3 members	4 members
Outpatient Consultation (general & specialized)	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network
Pharmacy & Diagnostics (including Pathology; radiology; vaccination; physiotherapy)	Network - Upto Rs 5000/ Year Non Network- Upto Rs. 5000/year after applying 20% co-pay	Network - Upto Rs 6000/ Year Non Network- Upto Rs. 6000/year after applying 20% co-pay	Network - Upto Rs 7000/ Year Non Network- Upto Rs. 7000/year after applying 20% co-pay	Network- Upto Rs 8000/Year Non Network- Upto Rs. 8000/ year after applying 20% co-pay
Health check	NA	NA	NA	NA

GOLD PLAN				
	Individual	Family Floater		
	1 member	Upto 2 members	Upto 3 members	Upto 4 members
Doctor Consultation (general & specialized)	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network
Pharmacy & Diagnostics (including Pathology; radiology; vaccination; physiotherapy)	Network - Upto Rs 5000/ Year Non Network- Upto Rs. 5000/year after applying 20% co-pay	Network - Upto Rs 6000/ Year Non Network- Upto Rs. 6000/year after applying 20% co-pay	Network - Upto Rs 7000/ Year Non Network- Upto Rs. 7000/year after applying 20% co-pay	Network- Upto Rs 8000/Year Non Network- Upto Rs. 8000/ year after applying 20% co-pay
Health check	Annual Health Check Up at network centre Non-Network: Upto a maximum of Rs 2000 per member	2 Annual Health Check-Ups at network centre Non-Network: Upto a maximum of Rs 4000 per policy.	2 Annual Health Check-Ups at network centre Non-Network: Upto a maximum of Rs 4000 per policy .	2 Annual Health Check-Ups at network centre Non-Network: Upto a maximum of Rs 4000 per policy.

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Premium / Benefit Illustration
Sum Insured - As mentioned below
Plan Name –Silver
Tenure: 1 year

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Premium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
7	6,903	5,000	6,903	0	6,903	5,000	13,436	NA	13,436	8,000
10	6,903	5,000	6,903	0	6,903	5,000		NA		
35	6,903	5,000	6,903	0	6,903	5,000		NA		
40	6,903	5,000	6,903	0	6,903	5,000		NA		
	27,612				27,612				13,436	
	Total premium for all members of the family is Rs. 27,612 when each member is covered separately.		Total premium for all members of the family is Rs. 27,612 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.13,436			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co- pay for Non-Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 8,000 per year (with 20% co-pay for Non-Network)			

Premium as mentioned above are exclusive of taxes.
 Above premium examples are for Illustration purpose only, terms and conditions apply.

Day2Day Care Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Premium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
10	6,903	5,000	6,903	0	6,903	5,000	13,436	NA	13,436	8,000
15	6,903	5,000	6,903	0	6,903	5,000		NA		
45	6,903	5,000	6,903	0	6,903	5,000		NA		
48	6,903	5,000	6,903	0	6,903	5,000		NA		
	27,612				27,612				13,436	
	Total premium for all members of the family is Rs. 27,612 when each member is covered separately.		Total premium for all members of the family is Rs. 27,612 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.13,436			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co- pay for Non-Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 8,000 per year (with 20% co-pay for Non-Network)			

Premium as mentioned above are exclusive of taxes.

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Day2Day Care Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Premium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
10	6,903	5,000	6,903	0	6,903	5,000	10,906	NA	10,906	7,000
35	6,903	5,000	6,903	0	6,903	5,000		NA		
40	6,903	5,000	6,903	0	6,903	5,000		NA		
	20,709				20,709				10,906	
	Total premium for all members of the family is Rs. 20,709 when each member is covered separately.		Total premium for all members of the family is Rs. 20,709 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.10,906			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co- pay for Non-Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 7,000 per year (with 20% co- pay for Non-Network)			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.

Day2Day Care Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Premium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
15	6,903	5,000	6,903	0	6,903	5,000	10,906	NA	10,906	7,000
45	6,903	5,000	6,903	0	6,903	5,000		NA		
48	6,903	5,000	6,903	0	6,903	5,000		NA		
	20,709				20,709				10,906	
	Total premium for all members of the family is Rs. 20,709 when each member is covered separately.		Total premium for all members of the family is Rs. 20,709 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.10,906			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co-pay for Non-Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 7,000 per year (with 20% co-pay for Non-Network)			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.

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Premium / Benefit Illustration
Sum Insured - As mentioned below
Plan Name –Gold
Tenure: 1 year

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Pre-mium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
7	10,877	5,000	10,877	0	10,877	5,000	20,500	NA	20,500	8,000
10	10,877	5,000	10,877	0	10,877	5,000		NA		
35	10,877	5,000	10,877	0	10,877	5,000		NA		
40	10,877	5,000	10,877	0	10,877	5,000		NA		
	43,508				43,508				20,500	
	Total premium for all members of the family is Rs. 43,508 when each member is covered separately.		Total premium for all members of the family is Rs.43,508 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.20,500			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non-Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 8,000 per year (with 20% co- pay for Non-Network) 3. Health Checkup: 2 Health checkups per policy at network centres (Upto max of Rs. 4,000 per policy for Non-Network)			

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Day2Day Care Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Pre-mium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
10	10,877	5,000	10,877	0	10,877	5,000	20,500	NA	20,500	8,000
15	10,877	5,000	10,877	0	10,877	5,000		NA		
45	10,877	5,000	10,877	0	10,877	5,000		NA		
48	10,877	5,000	10,877	0	10,877	5,000		NA		
	43,508				43,508				20,500	
	Total premium for all members of the family is Rs. 43,508 when each member is covered separately.		Total premium for all members of the family is Rs. 43,508 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.20,500			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co- pay for Non-Network) 3. Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non- Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 8,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: 2 Health checkups per policy at network centres (Upto max of Rs. 4,000 per policy for Non-Network)			

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Day2Day Care Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Premium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
10	10,877	5,000	10,877	0	10,877	5,000	17,971	NA	17,971	7,000
35	10,877	5,000	10,877	0	10,877	5,000		NA		
40	10,877	5,000	10,877	0	10,877	5,000		NA		
	32,631				32,631				17,971	
	Total premium for all members of the family is Rs.32,631 when each member is covered separately.		Total premium for all members of the family is Rs. 32,631 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.17,971			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non-Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co-pay for Non-Network)Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 7,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: 2 Health checkups per policy at network centres (Upto max of Rs. 4,000 per policy for Non-Network)			

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Day2Day Care Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in 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 Per Year (Rs.)	Premium (Rs.)	Family Discount of 0% (i.e. no family discount applicable)	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Year (Rs.)
15	10,877	5,000	10,877	0	10,877	5,000	17,971	NA	17,971	7,000
45	10,877	5,000	10,877	0	10,877	5,000		NA		
48	10,877	5,000	10,877	0	10,877	5,000		NA		
	32,631				32,631				17,971	
	Total premium for all members of the family is Rs. 32,631 when each member is covered separately.		Total premium for all members of the family is Rs. 32,631 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.17,971			
	Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs.5,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non-Network)		Sum Insured available for each individual: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 5,000 per year (with 20% co-pay for Non-Network)Health Checkup: Annual checkup per person (Upto max of Rs. 2,000 for Non-Network)				Sum Insured available for the entire family: · Out-Patient Benefits - 1. Out-Patient Consultations - Unlimited for Network & Max upto 5 consultations after applying 20% co-pay 2. Pharmacy & Diagnostics - Rs. 7,000 per year (with 20% co-pay for Non-Network) 3. Health Checkup: 2 Health checkups per policy at network centres (Upto max of Rs. 4,000 per policy for Non-Network)			

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