

iCan, Policy

Suitability:

- This policy covers persons in the age group 5 years to 65 years. The minimum entry age for adults is 18 yrs & the maximum entry age is 65 years.
- Minimum entry age for child dependent is 5 years. Maximum entry age for child dependent is 17 years & the coverage as per adults will be applicable from 18 years.
- There is no maximum cover ceasing age on renewals.
- The policy will be issued for a period for 1 year.
- This policy can be issued to an individual and/or Family on individual Sum Insured basis only.
- A maximum of 6 members can be covered under a single policy. A maximum of 4 adults and a maximum of 5 children can be included in a single policy. The family includes following relationships spouse, dependent children and dependent parents and dependent parents in laws.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the primary insured member. Incase where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of Dependent Parents/Parents in law must be the same.

Salient Features & Benefits:

Benefits covered in the policy

A. Second Opinion

The Insured can request for a second opinion, on first diagnosis of Cancer. It will be provided through our panel of medical practitioners who may access artificial intelligence, deep analytic s & cognitive softwares.

The opinion will be directly sent to the insured person by the medical practitioner. This benefit can be availed once on first occurrence of Cancer.

B. My Care Benefit

Eligible Medical Expenses towards treatment of Cancer are covered.

Please Note, this benefit is applicable for Cancer as defined in Def. 4 in section IV of the policy wordings

iCan Offers Two plan options are available, expenses as per plan option selected & displaced on Policy Schedule are covered. Refer Schedule of Benefits (Annexure I) for details:

Standard Plan	Advanced Plan
<p>Treatments for Cancer availed in appropriate care setup like IN-PATIENT or OUT-PATIENT or DAYCARE are covered.</p> <ol style="list-style-type: none"> Conventional treatments Following treatments are covered - <ul style="list-style-type: none"> Chemotherapy Radiotherapy Organ transplantation, as part of Cancer treatment Surgeries for excision of cancerous tissue or removal of organs/ tissues (Onco-surgery) Pre-hospitalization Medical expenses incurred in the 30 days immediately before the date of admission to the Hospital. Post-hospitalization Medical expenses incurred during 60 days immediately after insured person is discharged from the Hospital. Emergency Ambulance: Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to the limit as per schedule of benefits. Follow Up care Post treatment: Expenses incurred on medical examination twice a year, provided treatment for Cancer has been discontinued basis recommendation of Medical Practitioner for atleast six months with "No evidence of disease (NED)". 	<p>In addition to coverage under standard plan, following Advanced treatments are also covered :</p> <ul style="list-style-type: none"> Proton beam therapy Immunotherapy including immunology agents Personalised & Targeted therapy Hormonal Therapy or Endocrine manipulation

C. CritiCare Benefit

Please Note:

- This benefit is applicable for "Cancer of Specified Severity", any reference of "Cancer" in this section refers to Cancer of Specified Severity (Refer Def. 6 in section IV of this policy)
- Eligible claim amount under this benefit is over and above the "MyCare" Sum insured & is payable only ONCE under the policy, including renewals.
- CritiCare Benefit is applicable for ONLY those Insured Person(s) who are 18 years and above on Policy Commencement Date.

On first diagnosis of Cancer of specified severity during the policy period, We will pay the Insured person lumpsum amount equivalent to 60% of the Sum Insured.

Conditions applicable

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If the first diagnosis of Cancer is identified as Advanced Metastatic Cancer, the Insured person will be eligible for FamilyCare Benefit & NO payment shall be made under CritiCare benefit.

D. FamilyCare Benefit

Please Note:

- a) We will pay a lumpsum benefit amount equivalent to 100% of the Sum Insured towards this benefit on occurrence of either of the below (whichever is earlier) during the policy period,
 - i) Advanced metastatic Cancer
 - ii) Recurrence of Cancer
- b) Sum Insured under this benefit is Over and above "MyCare" Sum insured & is payable only ONCE under this policy (including renewals).
- c) FamilyCare Benefit is applicable for ONLY those Insured Persons who are 18 years and above on Policy Commencement Date.

Conditions applicable-

- If the cancer is diagnosed as Advanced Metastatic Cancer within 12 months after the first diagnosis of Cancer of specified severity as stated under CritiCare benefit and We have made payment under CritiCare benefit, then the amount paid under CritiCare benefit shall be subtracted from FamilyCare benefit payout
- If the first diagnosis of Cancer is identified as Advanced Metastatic Cancer, the Insured person will be eligible for FamilyCare Benefit & NO payment shall be made under CritiCare benefit.

Sum Insured: Rs 5,00,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000

Policy Period: The policy will be issued for 1/2/3 year(s), the sum insured & benefits will be applicable on Policy Year basis.

Payment Facility:

- Online
- Cheque/ Cash/ Credit Card Payment
- Electronic Clearing System
- NACH

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

Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;.

Special terms and conditions:

A. Waiting Period

120 days waiting period shall apply from commencement date of the policy to all claims in the policy, provided the customer has been continuously covered without any break.

B. Portability

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

For Detailed Guidelines on Portability, kindly refer the link

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

C. General exclusions

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

Non Medical Exclusions	Adverse situations: Treatment directly or indirectly arising from or consequent upon nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
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<p>Medical Exclusions</p>	<ol style="list-style-type: none"> 1. Any Illness or Accident other than for Cancer. 2. Pre-existing Diseases – Code – Excl01 <ol style="list-style-type: none"> a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer. b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase. c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage. d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. 3. Non Allopathic treatment 4. Cosmetic or plastic surgery: Code – Excl08 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. 5. Unproven treatments: Code – Excl16 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 6. Investigation and evaluation: Code – Excl04 <ul style="list-style-type: none"> • Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. • Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded 7. Rest cure, rehabilitation, and respite care: Code – Excl05 Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ul style="list-style-type: none"> • Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. • Any services for people who are terminally ill to address physical, social, emotional and spiritual needs 8. Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't require Hospitalization 9. Any external appliance and/or device used for diagnosis or treatment (except when used intra-operatively). 10. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com. 11. 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 – Excl14 12. Prosthetic and devices which are self-detachable /removable without surgery involving anaesthesia. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com Treatment availed outside India or at a healthcare facility which is NOT a Hospital 13. Congenital external diseases, defects or anomalies 14. Specified healthcare providers (Hospitals /Medical Practitioners) <ul style="list-style-type: none"> • Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. • Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. • Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by treating doctors prescription. 15. Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12 16. Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. 17. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
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Claim Procedure:

HDFC ERGO General Insurance Company Limited will process all claims under this policy.

Intimation & Assistance: Please contact HDFC ERGO General Insurance Company Limited atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO General Insurance Company Limited within 24 hours of the event.

Please intimate HDFC ERGO General Insurance Company Limited of any event within 14 days of diagnosis of first occurrence of cancer of specified severity for Criticare benefit & within 14 days of Advanced metastatic cancer OR Recurrence of Cancer for FamilyCare benefit.

Procedure for Reimbursement of Medical Expenses: HDFC ERGO General Insurance Company Limited must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.

- Please send the duly signed claim form and all the information/documents mentioned therein to HDFC ERGO General Insurance Company Limited 15 days of the occurrence of the Incident. * Please refer to claim form for complete documentation. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- If there is any deficiency in the documents/information submitted by you, HDFC ERGO General Insurance Company Limited will send the deficiency letter within 7 days of receipt of the claim documents.
- 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.
- For My care benefit, The payment will be made in the name of the proposer. For Criticare benefit & familycare benefit, payment will be transferred to the customer account, details of which are shared by the policyholder in the application form.
- Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility:

- For any emergency Hospitalisation, HDFC ERGO General Insurance Company Limited must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO General Insurance Company Limited atleast 48 hours prior to the hospitalization.
- HDFC ERGO General Insurance Company Limited will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our Customer care number at 022 6234 6234 / 0120 6234 6234.
- Rejection of cashless facility in no way indicates rejection of the claim.

Renewal of Policy:

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.

Tax Benefit:

- The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.
- Income tax rules are subject to change.

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Requirement:

Completed proposal form

Pre policy checkup

Pre-Policy Check-up at our network may be required based upon the age and basic sum insured (as per eligibility). We will reimburse 100% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

Sum Insured/Age	18 – 45 Years	46 – 55 years	Greater than 55 Years
Less than 25,00,000 INR	SFQ	SFQ + Tele underwriting	SFQ + Tele underwriting + MER
25,00,000 INR and above	SFQ + Tele Underwriting	SFQ + Tele underwriting + MER	SFQ + Tele underwriting + MER

MER = Medical Examination Report;

SFQ – Short Form Questionnaire in proposal form

Loadings & Discounts

- We 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). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of enhancement in sum insured (for the enhanced Sum Insured).
- We will inform you about the applicable risk loading or exclusion or both as the case may be through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.

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.

Moratorium Period

After completion of eight continuous years under this Policy no look back would 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 eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud & permanent exclusions specified in the policy contract. The Policy would however be subject to all limits, sub limits, co-payments, Deductibles as per the policy contract.

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.

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

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	
Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 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.

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

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

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.

Annexure I – List of Non-Medical Expenses

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES

SI No	Item
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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Schedule of Benefits

	Essential	Enhance
Sum Insured per Insured Person (in Lacs)	5.00;10.00;15.00;20.00;25.00;50.00	5.00;10.00;15.00;20.00;25.00;50.00
A. Second Opinion	Covered	Covered
B. MYCARE Benefit	Upto Sum Insured	Upto Sum Insured
i. Conventional/ Advanced Treatment		
ii. Pre-Hospitalisation - 30 days		
iii. Post Hospitalisation – 60 days		
iv. Emergency Ambulance	INR 2000 per hospitalization	INR 2000 per hospitalization
iv. Emergency Ambulance	Upto INR 3000 twice a year	Upto INR 3000 twice a year
C. CRITICARE Benefit	Not Covered	Lumpsum payment equivalent to 60% of sum insured
D. FAMILYCARE Benefit	Not Covered	Lumpsum payment equivalent to 100% of sum insured

Premium Rates: Essential

Non Smokers:

Standard Plan

MALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	535	634	721	796	854	1,034
11 - 17	457	526	588	641	682	811
18 - 25	827	848	898	911	1,036	1,367
26 - 30	861	900	945	1,056	1,241	1,774
31 - 35	881	905	1,074	1,271	1,432	2,087
36 - 40	908	1,103	1,426	1,716	1,910	2,881
41 - 45	1,171	1,719	2,180	2,556	2,757	4,113
46 - 50	1,847	2,821	3,626	4,282	4,634	6,983
51 - 55	2,929	4,611	5,872	6,576	7,730	11,835
56 - 60	4,647	7,263	9,518	10,771	12,344	19,112
61 - 65	6,861	9,453	12,772	15,915	18,206	26,557
66 - 70^	9,780	14,332	19,519	23,812	27,455	39,506
71 - 75^	13,832	20,354	27,815	33,984	37,966	53,576
76 - 80^	17,534	25,763	35,182	42,961	46,328	67,615
81 - 85^	21,465	31,474	42,811	52,194	56,410	82,149
86 - 90^	24,489	35,660	48,287	58,711	63,400	91,702
91 - 95^	30,910	44,027	59,788	72,543	77,241	115,738
> 95	40,059	57,029	78,234	95,192	109,230	151,126

FEMALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	483	560	630	685	728	874
11 - 17	448	515	571	619	653	777
18 - 25	888	926	996	1,013	1,196	1,749

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26 - 30	1,049	1,149	1,452	1,732	2,009	2,926
31 - 35	1,252	1,698	2,144	2,564	2,901	4,300
36 - 40	1,612	2,376	3,011	3,640	4,073	6,205
41 - 45	2,277	3,439	4,407	5,193	5,663	8,542
46 - 50	3,140	4,861	6,290	7,454	8,121	12,439
51 - 55	4,308	6,786	8,675	9,786	11,453	17,708
56 - 60	5,845	9,081	11,863	13,481	15,404	23,912
61 - 65	7,499	10,413	13,900	17,123	19,500	28,611
66 - 70^	9,470	13,826	18,596	22,516	25,814	37,381
71 - 75^	11,932	17,486	23,630	28,665	31,962	45,441
76 - 80^	14,025	20,530	27,763	33,678	36,330	53,193
81 - 85^	16,120	23,569	31,807	38,541	41,602	60,790
86 - 90^	17,481	25,402	34,184	41,327	44,523	64,653
91 - 95^	20,913	29,774	40,227	48,567	51,581	77,555
> 95	26,089	37,170	50,852	61,653	70,530	98,160

Advanced Plan

MALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	685	784	871	985	1,110	1,658
11 - 17	607	676	738	791	864	1,253
18 - 25	977	999	1,049	1,060	1,085	1,791
26 - 30	1,011	1,049	1,095	1,205	1,441	2,262
31 - 35	1,030	1,055	1,223	1,442	1,666	2,656
36 - 40	1,057	1,254	1,578	1,947	2,219	3,638
41 - 45	1,322	1,870	2,425	2,924	3,253	5,325
46 - 50	1,998	3,060	4,070	4,948	5,536	9,183
51 - 55	3,080	4,995	6,592	7,656	9,188	15,400
56 - 60	4,798	7,862	10,636	12,447	14,610	24,650
61 - 65	7,039	10,339	14,426	18,395	21,559	34,748
66 - 70^	10,036	15,611	21,908	27,398	32,304	51,355
71 - 75^	14,190	22,139	31,152	38,997	44,742	70,137
76 - 80^	17,995	28,067	39,487	49,425	55,058	88,927
81 - 85^	22,051	34,415	48,315	60,462	67,574	109,417
86 - 90^	25,182	39,145	54,817	68,515	76,616	123,913
91 - 95^	31,739	48,225	67,655	84,360	93,171	154,632
> 95	41,022	61,932	87,436	109,014	127,905	196,570

iCan, Policy

FEMALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	633	710	780	835	910	1,345
11 - 17	598	665	721	769	851	1,249
18 - 25	1,038	1,074	1,163	1,258	1,522	2,491
26 - 30	1,199	1,311	1,733	2,140	2,549	4,162
31 - 35	1,403	1,950	2,583	3,199	3,744	6,230
36 - 40	1,762	2,727	3,618	4,522	5,239	8,876
41 - 45	2,428	3,941	5,278	6,457	7,338	12,376
46 - 50	3,345	5,542	7,472	9,165	10,389	17,635
51 - 55	4,585	7,709	10,279	12,110	14,529	24,760
56 - 60	6,218	10,313	14,001	16,579	19,506	33,314
61 - 65	7,989	12,033	16,712	21,199	24,898	40,981
66 - 70^	10,027	15,781	22,028	27,516	32,461	52,721
71 - 75^	12,554	19,786	27,709	34,638	39,926	63,945
76 - 80^	14,737	23,200	32,515	40,642	45,616	74,781
81 - 85^	16,915	26,643	37,309	46,626	52,400	85,981
86 - 90^	18,332	28,765	40,223	50,215	56,381	92,317
91 - 95^	21,848	33,541	47,018	58,576	64,947	108,840
> 95	27,095	41,298	58,318	72,669	85,287	132,634

Smokers:

Standard Plan

MALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	NA	NA	NA	NA	NA	NA
11 - 17	NA	NA	NA	NA	NA	NA
18 - 25	951	975	1,033	1,048	1,191	1,572
26 - 30	990	1,035	1,087	1,214	1,427	2,040
31 - 35	1,013	1,041	1,235	1,462	1,647	2,400
36 - 40	1,044	1,268	1,640	1,973	2,197	3,313
41 - 45	1,347	1,977	2,507	2,939	3,171	4,730
46 - 50	2,124	3,244	4,170	4,924	5,329	8,030
51 - 55	3,368	5,303	6,753	7,562	8,890	13,610
56 - 60	5,344	8,352	10,946	12,387	14,196	21,979
61 - 65	7,890	10,871	14,688	18,302	20,937	30,541
66 - 70^	11,247	16,482	22,447	27,384	31,573	45,432
71 - 75^	15,907	23,407	31,987	39,082	43,661	61,612
76 - 80^	20,164	29,627	40,459	49,405	53,277	77,757

iCan, Policy

81 - 85^	24,685	36,195	49,233	60,023	64,872	94,471
86 - 90^	28,162	41,009	55,530	67,518	72,910	105,457
91 - 95^	35,547	50,631	68,756	83,424	88,827	133,099
> 95	46,068	65,583	89,969	109,471	125,615	173,795

FEMALE

Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	NA	NA	NA	NA	NA	NA
11 - 17	NA	NA	NA	NA	NA	NA
18 - 25	1,021	1,065	1,145	1,165	1,375	2,011
26 - 30	1,206	1,321	1,670	1,992	2,310	3,365
31 - 35	1,440	1,953	2,466	2,949	3,336	4,945
36 - 40	1,854	2,732	3,463	4,186	4,684	7,136
41 - 45	2,619	3,955	5,068	5,972	6,512	9,823
46 - 50	3,611	5,590	7,234	8,572	9,339	14,305
51 - 55	4,954	7,804	9,976	11,254	13,171	20,364
56 - 60	6,722	10,443	13,642	15,503	17,715	27,499
61 - 65	8,624	11,975	15,985	19,691	22,425	32,903
66 - 70^	10,891	15,900	21,385	25,893	29,686	42,988
71 - 75^	13,722	20,109	27,175	32,965	36,756	52,257
76 - 80^	16,129	23,610	31,927	38,730	41,780	61,172
81 - 85^	18,538	27,104	36,578	44,322	47,842	69,909
86 - 90^	20,103	29,212	39,312	47,526	51,201	74,351
91 - 95^	24,050	34,240	46,261	55,852	59,318	89,188
> 95	30,002	42,746	58,480	70,901	81,110	112,884

Advanced Plan

MALE

Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5-10	NA	NA	NA	NA	NA	NA
11-17	NA	NA	NA	NA	NA	NA
18-25	1,124	1,149	1,206	1,219	1,248	2,060
26-30	1,163	1,206	1,259	1,386	1,657	2,601
31-35	1,185	1,213	1,406	1,658	1,916	3,054
36-40	1,216	1,442	1,815	2,239	2,552	4,184
41-45	1,520	2,151	2,789	3,363	3,741	6,124
46-50	2,298	3,519	4,681	5,690	6,366	10,560
51-55	3,542	5,744	7,581	8,804	10,566	17,710
56-60	5,518	9,041	12,231	14,314	16,802	28,348
61-65	8,095	11,890	16,590	21,154	24,793	39,960

iCan, Policy

66-70^	11,541	17,953	25,194	31,508	37,150	59,058
71-75^	16,319	25,460	35,825	44,847	51,453	80,658
76-80^	20,694	32,277	45,410	56,839	63,317	102,266
81-85^	25,359	39,577	55,562	69,531	77,710	125,830
86-90^	28,959	45,017	63,040	78,792	88,108	142,500
91-95^	36,500	55,459	77,803	97,014	107,147	177,827
>95	47,175	71,222	100,551	125,366	147,091	226,056

FEMALE

Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5-10	NA	NA	NA	NA	NA	NA
11-17	NA	NA	NA	NA	NA	NA
18-25	1,194	1,235	1,337	1,447	1,750	2,865
26-30	1,379	1,508	1,993	2,461	2,931	4,786
31-35	1,613	2,243	2,970	3,679	4,306	7,165
36-40	2,026	3,136	4,161	5,200	6,025	10,207
41-45	2,792	4,532	6,070	7,426	8,439	14,232
46-50	3,847	6,373	8,593	10,540	11,947	20,280
51-55	5,273	8,865	11,821	13,927	16,708	28,474
56-60	7,151	11,860	16,101	19,066	22,432	38,311
61-65	9,187	13,838	19,219	24,379	28,633	47,128
66-70^	11,531	18,148	25,332	31,643	37,330	60,629
71-75^	14,437	22,754	31,865	39,834	45,915	73,537
76-80^	16,948	26,680	37,392	46,738	52,458	85,998
81-85^	19,452	30,639	42,905	53,620	60,260	98,878
86-90^	21,082	33,080	46,256	57,747	64,838	106,165
91-95^	25,125	38,572	54,071	67,362	74,689	125,166
>95	31,159	47,493	67,066	83,569	98,080	152,529

Premium Rates: Enhance

Non Smokers:

Standard Plan

MALE

Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	535	634	721	796	854	1,035
11 - 17	457	526	588	641	683	811
18 - 25	914	1,012	1,117	1,201	1,275	2,094
26 - 30	979	1,124	1,265	1,475	1,749	2,877
31 - 35	1,022	1,185	1,500	1,840	2,157	3,618
36 - 40	1,103	1,496	2,035	2,530	2,964	5,071

iCan, Policy

41 - 45	1,481	2,338	3,142	3,887	4,519	7,784
46 - 50	2,374	3,874	5,262	6,545	7,634	13,232
51 - 55	3,934	6,618	9,052	11,155	13,451	23,757
56 - 60	6,388	10,867	15,120	18,824	22,614	40,508
61 - 65	9,705	16,055	22,674	29,116	35,045	62,432
66 - 70^	13,686	23,032	32,568	41,545	50,056	88,556
71 - 75^	19,433	32,825	46,521	59,406	71,014	125,418
76 - 80^	25,117	42,473	60,179	76,856	91,142	162,544
81 - 85^	30,749	51,929	73,411	93,686	111,268	198,356
86 - 90^	35,756	59,988	84,487	107,579	127,615	226,217
91 - 95^	43,275	71,061	99,976	126,757	148,405	261,726
> 95	54,275	87,514	123,402	155,881	185,828	311,786

FEMALE

Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	482	562	630	686	728	874
11 - 17	448	514	572	619	654	777
18 - 25	988	1,115	1,249	1,351	1,620	2,594
26 - 30	1,209	1,450	1,881	2,293	2,689	4,402
31 - 35	1,530	2,242	2,974	3,670	4,311	7,279
36 - 40	2,099	3,355	4,530	5,666	6,698	11,663
41 - 45	3,067	5,017	6,859	8,587	10,156	17,904
46 - 50	4,338	7,258	10,015	12,607	14,952	26,668
51 - 55	6,059	10,287	14,220	17,769	21,430	38,496
56 - 60	8,143	13,836	19,255	24,108	28,953	52,142
61 - 65	10,519	17,420	24,408	31,134	37,371	66,686
66 - 70^	13,053	21,805	30,564	38,779	46,543	82,366
71 - 75^	16,342	27,303	38,355	48,678	57,977	101,996
76 - 80^	19,418	32,396	45,506	57,724	68,112	120,480
81 - 85^	22,185	36,906	51,747	65,565	77,316	136,387
86 - 90^	24,508	40,505	56,618	71,569	84,202	147,597
91 - 95^	28,296	45,830	64,056	80,663	93,638	163,657
> 95	34,239	54,509	76,482	96,016	113,820	188,537

Advanced Plan

MALE

Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	685	784	871	985	1,110	1,658
11 - 17	607	676	738	791	864	1,253

iCan, Policy

18 - 25	1,064	1,162	1,267	1,351	1,449	2,518
26 - 30	1,129	1,274	1,415	1,625	1,949	3,365
31 - 35	1,172	1,335	1,650	2,012	2,390	4,187
36 - 40	1,253	1,646	2,188	2,760	3,274	5,830
41 - 45	1,631	2,488	3,387	4,254	5,016	8,998
46 - 50	2,524	4,112	5,706	7,212	8,535	15,432
51 - 55	4,084	7,003	9,771	12,234	14,911	27,321
56 - 60	6,538	11,465	16,237	20,502	24,880	46,044
61 - 65	9,884	16,940	24,327	31,597	38,398	70,623
66 - 70^	13,943	24,310	34,957	45,132	54,905	100,405
71 - 75^	19,791	34,609	49,858	64,418	77,789	141,978
76 - 80^	25,587	44,819	64,567	83,446	100,050	184,319
81 - 85^	31,346	54,926	79,019	102,112	122,661	226,217
86 - 90^	36,484	63,673	91,387	117,949	141,639	260,528
91 - 95^	44,146	75,500	108,298	139,269	165,330	303,156
> 95	55,305	92,796	133,311	170,787	205,997	361,183

FEMALE

Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	632	712	780	836	910	1,345
11 - 17	598	664	722	769	851	1,247
18 - 25	1,138	1,265	1,418	1,596	1,944	3,337
26 - 30	1,359	1,611	2,162	2,701	3,229	5,639
31 - 35	1,680	2,494	3,412	4,306	5,154	9,208
36 - 40	2,249	3,705	5,137	6,546	7,864	14,335
41 - 45	3,218	5,519	7,730	9,850	11,829	21,739
46 - 50	4,544	7,938	11,196	14,318	17,219	31,863
51 - 55	6,337	11,210	15,823	20,092	24,506	45,547
56 - 60	8,515	15,066	21,392	27,205	33,055	61,543
61 - 65	11,008	19,039	27,220	35,209	42,769	79,055
66 - 70^	13,611	23,759	33,996	43,778	53,188	97,706
71 - 75^	16,964	29,603	42,435	54,650	65,941	120,502
76 - 80^	20,142	35,117	50,347	64,822	77,586	142,535
81 - 85^	22,993	40,039	57,353	73,806	88,334	162,127
86 - 90^	25,402	44,059	62,999	80,969	96,785	177,066
91 - 95^	29,278	49,816	71,239	91,260	107,839	196,984
> 95	35,313	58,955	84,523	107,896	129,756	226,010

iCan, Policy

Smokers:

Standard Plan

MALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	NA	NA	NA	NA	NA	NA
11 - 17	NA	NA	NA	NA	NA	NA
18 - 25	1,051	1,164	1,285	1,381	1,466	2,408
26 - 30	1,126	1,293	1,455	1,696	2,011	3,309
31 - 35	1,175	1,363	1,725	2,116	2,481	4,161
36 - 40	1,268	1,720	2,340	2,910	3,409	5,832
41 - 45	1,703	2,689	3,613	4,470	5,197	8,952
46 - 50	2,730	4,455	6,051	7,527	8,779	15,217
51 - 55	4,524	7,611	10,410	12,828	15,469	27,321
56 - 60	7,346	12,497	17,388	21,648	26,006	46,584
61 - 65	11,161	18,463	26,075	33,483	40,302	71,797
66 - 70^	15,739	26,487	37,453	47,777	57,564	101,839
71 - 75^	22,348	37,749	53,499	68,317	81,666	144,231
76 - 80^	28,885	48,844	69,206	88,384	104,813	186,926
81 - 85^	35,361	59,718	84,423	107,739	127,958	228,109
86 - 90^	41,119	68,986	97,160	123,716	146,757	260,150
91 - 95^	49,766	81,720	114,972	145,771	170,666	300,985
> 95	62,416	100,641	141,912	179,263	213,702	358,554

FEMALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	NA	NA	NA	NA	NA	NA
11 - 17	NA	NA	NA	NA	NA	NA
18 - 25	1,136	1,282	1,436	1,554	1,863	2,983
26 - 30	1,390	1,668	2,163	2,637	3,092	5,062
31 - 35	1,760	2,578	3,420	4,221	4,958	8,371
36 - 40	2,414	3,858	5,210	6,516	7,703	13,412
41 - 45	3,527	5,770	7,888	9,875	11,679	20,590
46 - 50	4,989	8,347	11,517	14,498	17,195	30,668
51 - 55	6,968	11,830	16,353	20,434	24,645	44,270
56 - 60	9,364	15,911	22,143	27,724	33,296	59,963
61 - 65	12,097	20,033	28,069	35,804	42,977	76,689
66 - 70^	15,011	25,076	35,149	44,596	53,524	94,721
71 - 75^	18,793	31,398	44,108	55,980	66,674	117,295

iCan, Policy

76 - 80^	22,331	37,255	52,332	66,383	78,329	138,552
81 - 85^	25,513	42,442	59,509	75,400	88,913	156,845
86 - 90^	28,184	46,581	65,111	82,304	96,832	169,737
91 - 95^	32,540	52,705	73,664	92,762	107,684	188,206
> 95	39,375	62,685	87,954	110,418	130,893	216,818

Advanced Plan

MALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	NA	NA	NA	NA	NA	NA
11 - 17	NA	NA	NA	NA	NA	NA
18 - 25	1,224	1,336	1,457	1,554	1,666	2,896
26 - 30	1,298	1,465	1,627	1,869	2,241	3,870
31 - 35	1,348	1,535	1,898	2,314	2,749	4,815
36 - 40	1,441	1,893	2,516	3,174	3,765	6,705
41 - 45	1,876	2,861	3,895	4,892	5,768	10,348
46 - 50	2,903	4,729	6,562	8,294	9,815	17,747
51 - 55	4,697	8,053	11,237	14,069	17,148	31,419
56 - 60	7,519	13,185	18,673	23,577	28,612	52,951
61 - 65	11,367	19,481	27,976	36,337	44,158	81,216
66 - 70^	16,034	27,957	40,201	51,902	63,141	115,466
71 - 75^	22,760	39,800	57,337	74,081	89,457	163,275
76 - 80^	29,425	51,542	74,252	95,963	115,058	211,967
81 - 85^	36,048	63,165	90,872	117,429	141,060	260,150
86 - 90^	41,957	73,224	105,095	135,641	162,885	299,607
91 - 95^	50,768	86,825	124,543	160,159	190,130	348,629
> 95	63,601	106,715	153,308	196,405	236,897	415,360

FEMALE						
Age Band / Sum Insured	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
5 - 10	NA	NA	NA	NA	NA	NA
11 - 17	NA	NA	NA	NA	NA	NA
18 - 25	1,309	1,455	1,631	1,835	2,236	3,838
26 - 30	1,563	1,853	2,486	3,106	3,713	6,485
31 - 35	1,932	2,868	3,924	4,952	5,927	10,589
36 - 40	2,586	4,261	5,908	7,528	9,044	16,485
41 - 45	3,701	6,347	8,890	11,328	13,603	25,000
46 - 50	5,226	9,129	12,875	16,466	19,802	36,642
51 - 55	7,288	12,892	18,196	23,106	28,182	52,379
56 - 60	9,792	17,326	24,601	31,286	38,013	70,774
61 - 65	12,659	21,895	31,303	40,490	49,184	90,913
66 - 70^	15,653	27,323	39,095	50,345	61,166	112,362

iCan, Policy

71 - 75^	19,509	34,043	48,800	62,848	75,832	138,577
76 - 80^	23,163	40,385	57,899	74,545	89,224	163,915
81 - 85^	26,442	46,045	65,956	84,877	101,584	186,446
86 - 90^	29,212	50,668	72,449	93,114	111,303	203,626
91 - 95^	33,670	57,288	81,925	104,949	124,015	226,532
> 95	40,610	67,798	97,201	124,080	149,219	259,912

- Premiums are exclusive of service tax.
- The premium under individual coverage will be charged on the completed age of the individual insured member.
- Premium rates are subject to change with prior approval from IRDA.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate