

Acquire a large health Cover for a much lower premium.

It is important that you consider the fact that with rising inflation, the health insurance covers of Rs 2 or 3 lakhs, provided by your current health insurance policy may not be adequate in face of a simple procedure or hospitalization. At the same time buying a large insurance cover within the current policy either may not be affordable nor available.

For such a scenario, my:health Super Top Up Insurance Policy provides you with an option of buying a top-up insurance cover which works alongside your current health insurance policy; your current health insurance policy could have been bought by you individually or provided by your organization.

For Example: If you have an existing health insurance cover of Rs 2 lakhs from any health insurance policy (corporate or individual) then you could buy an additional insurance cover of Rs 8 lakhs through my:health Medisure Super Top Up plan taking your total health insurance coverage upto Rs 10 lakhs. At the time of submitting a claim, the first Rs 2 lakhs of a claim amount will be paid by your existing policy and the rest of the claim upto Rs 8 lakhs will be paid by the Company. So you can claim a total of Rs 10 lakhs from both the insurers either through one claim or through multiple claims in one year.

Of course if you do not have any insurance policy, you could still buy my:health Medisure Super Top Up Insurance Policy; you always have the option of paying Rs 2 lakhs in the above example yourself and claim the rest of the Rs 8 lakhs from the Company.

A simple and affordable solution to help ensure that you have an adequate Health Insurance cover!

KEY FEATURES

1. Higher Sum Insured at a low premium with option of choosing from wide range of deductibles
2. Comprehensive coverage that includes pre and post hospitalisation expenses and day care procedures without any sub limits
3. 6 Hours response guarantee on every cashless claim or we pay a penalty

It can be renewed annually or for a period of 2 years throughout your lifetime.

POLICY COVERAGE

- 1) **In-patient hospitalization expenses** - If the treatment of an illness or accidental injury is taken in a hospital, we cover the medical expenses incurred by you towards your hospitalisation on room rent /ICU/ Therapeutic Unit, Medical Practitioner fees, Anaesthetist fees, nurse fees, blood, oxygen and anaesthesia. There are no sub-limits under this cover.
- 2) **Pre and Post-hospitalisation medical expenses** - We understand that medical expenses start even before hospitalisation and continue post hospitalisation also. That's why we cover all the medical expenses you incur up to 30 days before being admitted into a hospital and for 60 days after you have been discharged from hospital. These expenses are payable subject to following condition.
 - Such medical expenses are incurred for the same condition for which Your hospitalization was required and
 - the Inpatient Hospitalization claim for such hospitalization is admissible by Us

- 3) **Expenses for Pre-existing diseases** - The Policy covers expenses incurred for the treatment of diseases that you have before taking the Policy. Such will be covered only after 3 continuous renewals with us.
- 4) **Day Care Procedures** - The Policy also covers the medical expenses incurred by you for treatment or procedures that requires less than 24 hours of hospitalization undertaken under general or local anesthesia. There is no static list for day care procedures in the policy as advances in medical science leads to many more being added continuously. So, even if it is a new procedure, you can be rest assured that, we will cover it. However, this cover excludes diagnostic procedures and treatments taken in an out-patient department.

SUM INSURED AND AGGREGATE DEDUCTIBLE

Aggregate Deductible	Sum Insured			
2 Lakh	3 Lakh	8 Lakh		
3 Lakh	7 Lakh	12 Lakh		
4 Lakh	6 Lakh	11 Lakh	16 Lakh	
5 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh

ILLUSTRATION

You have opted for a Sum Insured of Rs. 8,00,000 and aggregate deductible of Rs. 2,00,000. The aggregate deductible is the amount that you or your existing health insurance policy will pay for medical expenses incurred. If you make 3 claims in a policy year and the total claim amount is Rs.10,00,000 then after the initial Rs 2,00,000 (aggregate deductible) is paid by you or your current health insurance policy, the additional Rs. 8,00,000 will be paid by us. Please note that any expenses over and above the Sum Insured chosen will not be paid by us.

	Deductible	Sum Insured in Super Top Up Policy	Claims amt assessed	Deductible Exhaustion	Balance Deductible	Claim Amt payable by other policy / savings	Claim Amt payable by Super Top up Policy
At Inception	200,000	800,000	0	0	200,000	0	0
Claim 1	200,000	800,000	150,000	150,000	50,000	150,000	0
Claim 2	200,000	800,000	300,000	50,000	0	50,000	250,000
Claim 3	200,000	800,000	550,000	0	0	0	550,000

ADDITIONAL BENEFITS

1.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

- 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.

2. Tax benefit under Section 80D - This Policy offers tax benefits under Section 80D.

3. Two Year Policy Period - You can take the Policy for a continuous period of two years and get a 5% discount on the total premium amount of 2 years.

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

- i. The Company shall endeavour to give notice for **Renewal**. However, the Company is not under obligation to give any notice for **Renewal**.
- ii. **Renewal** shall not be denied on the ground that the **Insured Person** had made a claim or claims in the preceding policy years.
- iii. Request for **Renewal** along with requisite premium shall be received by the Company before the end of the policy period.
- iv. 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**.
- v. No loading shall apply on renewals based on individual claims experience.

5. Individual and Floater Sum Insured Options - This Policy gives you an option of covering your spouse and 2 dependent children. Your parents and parents in-law can also be covered in the same Policy if it is on an Individual Sum Insured basis and in a separate Policy on floater Sum Insured basis

6. No Claims Experience Loading on Renewal - Even if you make a claim during the Policy year, we do not increase the premium to be paid at the time of renewal due to claims in the Policy

7. Claim Settlement (Provision for Penal Interest)

- I. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- II. 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.
- III. 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**.
- IV. 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.
- V. 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.

- VI. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- VII. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and **Hospitalization** records pertaining to the **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
- VIII. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

ELIGIBILITY

With this Policy, one can be insured from the age of 18 years to 65 years. You can insure your children from the age of 91 days to the age of 23 years. Your parents and parents in-law can also be covered in the same Policy on an Individual Sum Insured basis and in a separate Policy on floater Sum Insured basis. (Age as on last birthday as at Policy inception date to be considered.)

You can also cover your family members as given below in a single Policy on Individual Sum Insured basis

- Grand Mother
- Grand Father
- Brother
- Sister
- Grand Son
- Grand Daughter
- Daughter in Law
- Son in Law
- Nephew
- Niece

You are not required to undergo any medical tests upto the age of 55 years, except if you have declared any pre-existing diseases or ailments at the time of applying for the policy. In such cases and for applicants above age 55 years, one has to undergo the specified medical tests.

On acceptance of proposals, we will reimburse 50% of the expenses (on our pre agreed rates with the network provider) incurred on the pre-acceptance medical tests

Medical Underwriting

Proposers above 55 years of age and those having medical history are subject to Medical Underwriting by the Company. We reserve the right to accept such proposals on standard terms/Decline/Accept with exclusion or Premium loading (up to maximum of 100% on basic Premium). These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

The Company reserves the right to Accept on standard terms/Decline/Accept with exclusion and/or Premium loading (up to maximum of 100% on Basic Premium).

Loading on the premium is arrived at on the basis of factors given below;

- Health condition at the time of proposal
- Pre existing disease/medical condition (Existing or cured)
- Test results
- Other co-morbid factors

Indicative range of loadings for most common diseases based on above factors is given below. These loadings are for your reference purpose only and are subject to change based on medical test results.

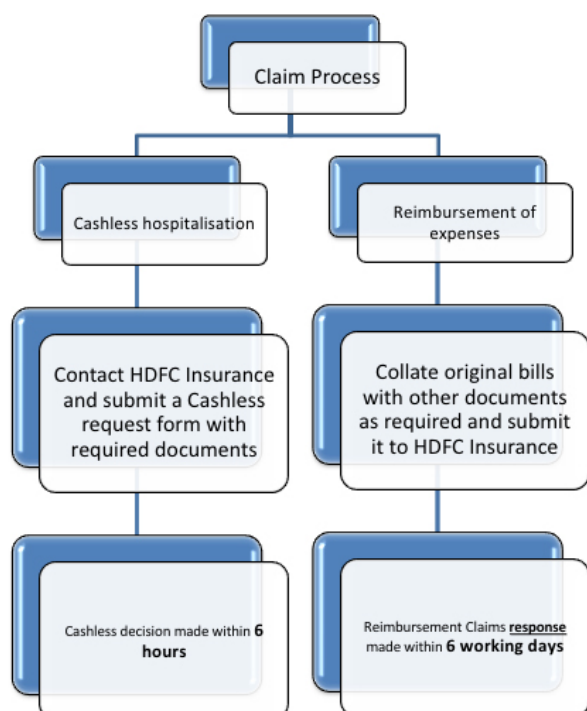
Illness	Premium loading % on Basic Premium (For reference only)
Diabetes	10% - 40%
Blood Pressure/Hypertension	10% - 30%
Asthma	10% - 30%
Kidney Related disorders	10% - 30%

For those having following Health conditions, proposal may be accepted with permanent exclusion (for those specific condition only) however acceptance is subject to submission of treatment reports and subsequent medical examination by us.

- o Polio mellitus (not on treatment)
- o Cancer (fully cured)
- o Hysterectomy (operated before 1 year from proposal date)
- o Fracture with foreign objects inserted

For those having multiple illnesses and for other health conditions, loading may be charged and/or exclusion may be applied or Proposal may be declined based on severity of the condition at the time of proposal. Loading will be subject to an amount ranging from 10% to 100% of Basic Premium.

Final decision of acceptance and related criteria will lie with Company.



What the Policy Doesn't Cover

We shall not be liable to make any payment for any claim caused by, based on, arising out of or attributable to any of the following:

1. Pre-existing Diseases - Code – Excl01

- 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.
- In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the **Policy** after the expiry of 36 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

2. 30-day waiting period - Code – Excl03

- 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.
- This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

3. Specified Disease/Procedure waiting period - Code – Excl02

- 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**.
 - In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
 - If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
 - The waiting period for listed conditions shall apply even if contracted after the **Policy** or declared and accepted without a specific exclusion.
 - If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- Cataract
 - Hysterectomy other than for malignancy
 - Uterine prolapse including any condition requiring Hysterectomy
 - Polycystic Ovarian Diseases, Myomectomy for Fibroids
 - Knee Replacement Surgery (other than caused by an accident)
 - Osteoarthritis and Osteoporosis
 - Arthritis, Arthroscopic Surgery, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertebral

discs(other than caused by accident)

- Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary, uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele
- Congenital internal anomaly
- Fistula in anus, Piles, Fissures
- Fibroids, Dilatation & Curettage for treatment purposes, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM)
- Deviated Nasal Septum, Sinusitis and related disorders
- Surgery on tonsils/Adenoids
- Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, benign ear, Nose and Throat disorders and surgeries Chronic Nephritis and Nephropathy (Kidney diseases).

4. Investigation & Evaluation: Code – Excl04

- d) Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
- e) 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 - Excl05 – Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. 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.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/Weight control: Code - Excl06 - 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)
 - i. Greater than or equal to 40 or,
 - ii. 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:
 1. Obesity related cardiomyopathy
 2. coronary heart disease
 3. severe sleep apnoea
 4. uncontrolled type2 diabetes

7. Change-of-Gender treatments: Code – Excl07 – 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 – 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**.

9. Hazardous or Adventure sports: Code – Excl09 – 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 – 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.

11. Excluded Providers: Code11 – 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 – Excl12

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 – Excl13

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 – Excl14**

15. Refractive Error: Code - Excl15 – Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16. 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.

17. Sterility and Infertility: Code- Excl17 – Expenses related to sterility and infertility. This includes:

- f) Any type of contraception, sterilization
- g) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- h) Gestational Surrogacy
- i) Reversal of sterilization

18. Maternity: Code – Excl18

- j) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- k) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.

19. Domiciliary hospitalization expenses

20. Co-payment: All person(s) named in the Schedule to this Policy above the age of 80 years (age last birthday) shall bear a co-pay of 10% for each and every claim.

21. Aggregate Deductible: We are not liable for Claims/Claim amount falling within Aggregate Deductible limit as opted and mentioned on the Schedule

22. War or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

23. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

24. Any Insured Person's participation or involvement in naval, military or air force operation.

25. Investigative treatment for Sleep-apnoea, general debility or exhaustion ("run-down condition").

26. Congenital external diseases, defects or anomalies,

27. Stem cell harvesting, or growth hormone therapy.

28. Dental Treatment and surgery of any kind, unless requiring Hospitalization.

29. Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

30. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

31. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

32. Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't require **Hospitalization**; and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

33. Vaccination including inoculation and immunisations (Except post bite treatment),

34. 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 etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.

35. 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 an Insured Person's family, or stays with him,

36. Treatment taken on Outpatient basis

37. The provision or fitting of hearing aids, spectacles or contact lenses.

38. Any treatment and associated expenses for alopecia, baldness

including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement method. Optometric therapy.

39. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

40. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical Expenses is attached and also available on www.hdfcergo.com.

41. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

42. Ambulance charges.

43. Costs of donor screening and organ.

44. Expenses incurred on Alternative treatments.

45. whilst You are flying or taking part in aerial activities (including cabin crew) except as a bonafide passenger (fare-paying or otherwise) in a regular Scheduled airline or air Charter Company.

How to Renew your Policy

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

- vi. The Company shall endeavor to give notice for **Renewal**. However, the Company is not under obligation to give any notice for **Renewal**.
- vii. **Renewal** shall not be denied on the ground that the **Insured Person** had made a claim or claims in the preceding policy years.
- viii. Request for **Renewal** along with requisite premium shall be received by the Company before the end of the policy period.
- ix. 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

10% co-payment will be applicable each and every claim after you have attained the age of 80 years

The Company reserves its right to vary the premium from time to time subject to approval of IRDA (Insurance Regulatory and Development Authority).

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

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

How to Cancel your Policy

- 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.

Period of Cover up to	Refund of Annual Premium rate (%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding 6 Months up to 365 days	NIL

In case of 2 year Policy;

If cancellation done before completion of 1 year: same grid as given above is applicable on first year Premium and second year Premium will be completely refunded.

If cancellation is done after completion of 1 year: same grid as given above is applicable however retention Premium on second year premium will be calculated on Annual Premium without long term Policy discount.

Not with standing 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**.

- 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.

Premium Chart – my:health Medisure Super Top Up Insurance. Premium is payable in advance on or before inception of the Policy.

Premium is exclusive of Service Tax (in Rs.)								
Age : Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
200,000	300,000	1,430	1,980	2,310	2,640	1,760	2,090	2,420
200,000	800,000	1,980	2,750	3,300	3,850	2,530	3,080	3,630
Age : 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
200,000	300,000	2,090	3,080	3,410	3,740	2,420	2,750	3,080
200,000	800,000	2,750	4,070	4,620	5,170	3,300	3,850	4,400
Age : 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
200,000	300,000	3,850	6,600	6,930	7,260	4,180	4,510	4,840
200,000	800,000	5,500	9,460	10,010	10,560	6,050	6,600	7,150

Age : >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
200,000	300,000	11,000	17,600	17,930	18,260	11,330	11,660	11,990
200,000	800,000	15,400	24,750	25,300	25,850	15,950	16,500	17,050

Premium is exclusive of Service Tax (in Rs.)

Age : Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
300,000	700,000	1,320	1,980	2,310	2,640	1,650	1,980	2,310
300,000	1,200,000	1,870	2,750	3,300	3,850	2,420	2,970	3,520

Age : 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
300,000	700,000	1,870	2,750	3,080	3,410	2,200	2,530	2,860
300,000	1,200,000	2,200	3,300	3,850	4,400	2,750	3,300	3,850

Age : 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
300,000	700,000	3,850	6,050	6,380	6,710	4,180	4,510	4,840
300,000	1,200,000	4,400	7,150	7,700	8,250	4,950	5,500	6,050

Age : >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
300,000	700,000	11,000	18,700	19,030	19,360	11,330	11,660	11,990
300,000	1,200,000	13,200	22,000	22,550	23,100	13,750	14,300	14,850

Premium is exclusive of Service Tax (in Rs.)

Age : Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
400,000	600,000	990	1,430	1,760	2,090	1,320	1,650	1,980
400,000	1,100,000	1,540	2,200	2,750	3,300	2,090	2,640	3,190
400,000	1,600,000	1,980	2,860	3,410	3,960	2,530	3,080	3,630

Age : 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
400,000	600,000	1,210	1,870	2,200	2,530	1,540	1,870	2,200
400,000	1,100,000	1,760	2,750	3,300	3,850	2,310	2,860	3,410
400,000	1,600,000	2,420	3,740	4,290	4,840	2,970	3,520	4,070

Age : 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
400,000	600,000	2,750	4,180	4,510	4,840	3,080	3,410	3,740
400,000	1,100,000	3,300	5,060	5,610	6,160	3,850	4,400	4,950
400,000	1,600,000	4,400	6,600	7,150	7,700	4,950	5,500	6,050

Age : >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
400,000	600,000	8,250	12,650	12,980	13,310	8,580	8,910	9,240
400,000	1,100,000	9,350	14,300	14,850	15,400	9,900	10,450	11,000
400,000	1,600,000	10,450	15,950	16,500	17,050	11,000	11,550	12,100

Premium is exclusive of Service Tax (in Rs.)								
Age : Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
500,000	500,000	770	1,210	1,540	1,870	1,100	1,430	1,760
500,000	1,000,000	1,100	1,650	2,200	2,750	1,650	2,200	2,750
500,000	1,500,000	1,650	2,530	3,080	3,630	2,200	2,750	3,300
500,000	2,000,000	2,200	3,300	3,850	4,400	2,750	3,300	3,850

Age : 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
500,000	500,000	990	1,540	1,870	2,200	1,320	1,650	1,980
500,000	1,000,000	1,320	2,090	2,640	3,190	1,870	2,420	2,970
500,000	1,500,000	1,870	2,970	3,520	4,070	2,420	2,970	3,520
500,000	2,000,000	2,420	3,850	4,400	4,950	2,970	3,520	4,070

Age : 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
500,000	500,000	1,980	3,080	3,410	3,740	2,310	2,640	2,970
500,000	1,000,000	2,530	3,850	4,400	4,950	3,080	3,630	4,180
500,000	1,500,000	3,080	4,620	5,170	5,720	3,630	4,180	4,730
500,000	2,000,000	3,630	5,500	6,050	6,600	4,180	4,730	5,280

Age : >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
500,000	500,000	6,050	9,350	9,680	10,010	6,380	6,710	7,040
500,000	1,000,000	6,600	10,450	11,000	11,550	7,150	7,700	8,250
500,000	1,500,000	7,260	11,550	12,100	12,650	7,810	8,360	8,910
500,000	2,000,000	7,810	12,100	12,650	13,200	8,360	8,910	9,460

Annexure I – List of Non-Medical Expenses

S .no	Item	S .no	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY