

HEALTH SURAKSHA POLICY

Eligibility

- This policy covers persons in the age group 91 days onwards. There is no maximum entry age.
- Children below 5 years would be covered provided both the parents are covered under our policy.
- There is no cover ceasing age in the policy.
- The policy offers option on covering on individual sum insured basis and on family floater basis.
- This policy can be issued to an individual and/or family.
- The family includes spouse, dependent children and dependent parents.

Policy Period

The policy will be issued for 1 year/ 2 years/ 3 years period

Salient Features & Benefits

- In-patient Treatment:** covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for Room rent, boarding expenses, Nursing, Intensive care unit, Medical Practitioner, Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables, Diagnostic procedures, Cost of prosthetic & other devices or equipments if implanted internally during a Surgical Procedure. Global coverage for in-patient treatment is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for In-patient treatment outside India.
- Pre- Hospitalisation:** The Medical Expenses incurred due to an Illness in 60 days immediately before the Insured Person was hospitalized. Global coverage for pre-Hospitalisation is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for In-patient treatment outside India.
- Post-Hospitalisation:** The Medical Expenses incurred in 90days immediately after the Insured Person was discharged post Hospitalisation. Global coverage for post-Hospitalisation is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for In-patient treatment outside India.
- Day care procedures:** The Medical expenses for 144Day care procedures which do not require 24 hours hospitalization due to technological advancement. We will also pay for Pre & Post Hospitalisation. Global coverage for expenses towards day care procedures is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for expenses towards day care procedures outside India. For the global coverage all (not restricted to the list of Day Care Procedures) Medical Expenses for a day care procedure or surgery where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital (but not the outpatient department of a Hospital) are covered. The expenses on Day Care Treatment at a healthcare facility which is NOT a Hospital will not be covered.
- Domiciliary Treatment:** The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. Global coverage for expenses towards domiciliary treatment is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for expenses towards domiciliary treatment outside India
- Organ Donor:** The Medical Expenses for an organ donor's treatment in the event of organ transplantation. Global coverage for expenses towards organ donor is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for expenses towards domiciliary treatment outside India
- Emergency Ambulance:** Expenses for utilizing ambulance in emergency upto a limit of ₹2000/3200/15000 as per plan opted. Global coverage for expenses towards emergency ambulance is applicable and effective only if mentioned in the Schedule.
- AYUSH:** Medical expenses for in-patient treatment taken under Ayurveda, Unani, Siddha or Homeopathy. Global coverage for expenses towards domiciliary treatment is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for expenses towards domiciliary treatment outside India

Optional Benefits (Available in selective Plans on additional premium payment)

- Newborn baby:** Coverage for newborn from birth. Global coverage for expenses towards new born baby is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for expenses towards new born baby outside India.
- Maternity Expenses:** Medical Expenses for maternity including pre-natal and post-natal expenses after a waiting period of 4 years. Global coverage for maternity expenses is applicable and effective only if mentioned in the Schedule. A deductible of USD 100 applies for expenses towards new born baby outside India.
- Outpatient Dental Treatment:** 50% of the Medical expenses for X-rays, Extractions, Amalgam / Composite Fillings, Root Canal Treatments and prescribed Drugs from 4th year onwards. Global coverage for expenses towards outpatient dental treatment is applicable and effective only if mentioned in the Schedule.
- Spectacles, Contact Lenses, Hearing Aid:** 50% of actual expenses for one pair of spectacles or contact lenses or a hearing aid excluding batteries every third year subject to being prescribed by a Network EYE/ENT Medical Practitioner. Global coverage for expenses towards Spectacles, Contact Lenses, Hearing Aid is applicable and effective only if mentioned in the Schedule.
- E-Opinion in respect of a Critical Illness.** Global coverage for E-opinion in respect of a Critical Illness is applicable and effective only if mentioned in the Schedule.
- Convalescence Benefit:** Lumpsum payment of 1% of the sum insured upto a maximum of ₹40,000 in an event of hospitalisation exceeding 10 continuous and completed days. Global coverage for convalescence is applicable and effective only if mentioned in the Schedule.

Optional Benefits (Available in selective Plans on additional premium payment)

- Critical Illness:** We will pay the Insured person the sum insured as a lumpsum amount for the identified 11 critical illness subject to same have been diagnosed during the Policy Period and the Insured survives 30 days after the diagnosis. This benefit can be opted on payment of additional premium.

This benefit, if opted is applicable to all family members on individual Sum Insured basis equivalent to 50% or 100% of in-patient Sum Insured or 10 Lacs whichever is lower.

This benefit will be provided with a life-long renewability.

This benefit shall automatically terminate upon the occurrence of Critical Illness, without prejudice of Our obligation to make payment, with reference to that Insured Person.

Critical Illness covered are Cancer of specified severity, Coronary Artery (Bypass) Surgery, First Heart Attack (Myocardial Infarction), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms, Aorta Graft Surgery, Primary Pulmonary Arterial Hypertension and Heart Valve Replacement.

If mentioned in the policy schedule this benefit will be applicable to the eldest member of the family.

- Hospital Daily Cash:** Daily allowance for the each and every continuous and consecutive 24 hours as an inpatient hospitalisation. Maximum upto 30/60 days. If mentioned in the policy schedule this benefit will be applicable to the eldest member of the family. This benefit will be provided with a life-long renewability. Global coverage for Hospital Daily Cash benefit is applicable and effective only if mentioned in the Schedule.

- Regain Benefit:** Automatic availability of the basic sum insured, if the basic sum insured inclusive of the no claim bonus has been exhausted during the policy year. Basic sum insured will be re-instated only once in a policy year. Regain sum insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year. If the Regain sum insured is not utilised in a policy year, it shall not be carried forward to any subsequent policy year. The Regain benefit is applicable on sum insured of ₹3 lacs and above. Global coverage for Regain benefit is applicable and effective only if mentioned in the Schedule.

The insured can choose either Regain benefit or Co-pay Option and not both.

Once the Regain benefit is availed, it cannot be withdrawn by the Insured at subsequent renewals.

- Enhanced Cumulative Bonus:** The cumulative bonus shall automatically

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increase to 10% and the maximum cumulative bonus shall not exceed 100% of Base Sum Insured. Cumulative bonus thus applied would automatically decrease by 10% of the Basic Sum Insured in that following Policy Year in case of a claim. Once the enhanced cumulative bonus benefit is availed, it cannot be withdrawn by the Insured at subsequent renewals. Global coverage for Enhanced Cumulative Bonus benefit is applicable and effective only if mentioned in the Schedule.

e. **Co-Payment:** If an insured opts for 10% / 20% co-pay, then it will be applicable on all claims admissible under following benefits.

- In-patient Treatment
- Pre-Hospitalisation
- Post-hospitalisation
- Day Care Procedures
- Domiciliary Treatment
- Organ Donor
- Emergency Ambulance
- Ayush Benefit
- Newborn baby
- Maternity Expenses

The insured can choose either Regain benefit or Co-pay Option and not both.

Once the co-pay option is availed, it cannot be withdrawn by the Insured at subsequent renewals.

Annual Sum Insured

The Annual Sum Insured would Range from: ₹100,000 to ₹2,00,00,000 across three plan variants: Silver, Gold, Platinum & Global.

- a. **Renewal Incentives:** We will offer cumulative bonus of 5% for every claim free year accumulating up to 50% under both Individual and floater Sum Insured option. In the event of a claim the bonus shall be reduced by the 5% of Basic Sum Insured at the time of renewal. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.
- b. **Health Checkup:** We will offer health checkup only once at the end of continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years upto a maximum of ₹5,000.
- c. In case of a family floater, if any of the members make a claim under this policy, the health checkup benefit will not be offered to the whole family.

Free Look Period:

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and is not available at the time of renewal of the Policy.

A. Waiting Period:

All claims payable will be subject to the waiting periods specified below except if any Insured Person suffers an Accident:

- i. General waiting period of 30 days for all claims payable under the Policy.
- ii. A waiting period of 24 months shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below, except claims payable due to the occurrence of cancer. Additionally the said 24 months waiting period shall be applicable to all surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done.
 - a. **Illnesses:** internal congenital diseases, non infective arthritis; calculus diseases of gall bladder including cholecystitis and urogenital system e.g. Kidney stone, Urinary Bladder Stone; Pancreatitis, Ulcer and erosion of stomach and duodenum; Gastro Esophageal Reflux Disorder (GERD); All forms of Cirrhosis (Pls note: all forms of cirrhosis due to alcohol will be excluded); Perineal Abscesses; Perianal Abscesses; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis; polycystic ovarian diseases; Fibroids (fibromyoma); sinusitis; Rhinitis; Tonsillitis and skin tumors unless malignant; Benign Hyperplasia of Prostate.

- b. **Treatments:** adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); joint replacement; myomectomy for fibroids; surgery of genito urinary system unless necessitated by malignancy; surgery on prostate; cholecystectomy; surgery of hernia; surgery of hydrocele/ Rectocele; surgery for prolapsed inter vertebral disk; Joint replacement surgeries surgery of varicose veins and varicose ulcers; Surgery for Nasal septum deviation, nasal concha resection.

- iii. 48 months waiting period for all Pre-existing Conditions declared and/or accepted at the time of application.

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

B. Reduction in waiting period

1. If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
 - a. any health insurance plan with an Indian general insurer, as per guidelines on portability issued by the insurance regulator, OR
 - b. any other health insurance plan from Us,

Then:

 - i. The waiting periods specified above stand deleted; AND
 - ii. The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - iii. If the proposed coverage for a proposed Insured Person is more than the coverage applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the coverage under the previous health insurance policy.
2. The reduction in the waiting period specified above shall be applied subject to the following:
 - a. We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
 - b. We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
 - c. We will retain the right to underwrite the proposal as per Our underwriting guidelines.
 - d. We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

C. General Exclusions

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- i. War or any act of war, invasion, act of foreign enemy, war like operations (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.
- ii. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide or suicide while sane or insane.
- iii. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.
- iv. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

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- v. Treatment of Obesity and any weight control program.
- vi. Psychiatric, mental disorders (including mental health treatments) and, sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition");
- vii. Congenital external diseases, defects or anomalies.
- viii. Stem cell implantation or surgery, or growth hormone therapy. Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- ix. Save as and to the extent provided for under Maternity Benefit, pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to a claim under In-Patient Treatment for in-patient treatment only.
- x. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xi. Save as and to the extent provided for under Outpatient Dental Treatment Benefit, dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xii. Expenses for donor screening, or, save as and to the extent provided for in Organ Donor Benefit, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xiii. Treatment and supplies 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).
- xiv. Circumcisions (unless necessitated by illness or injury and forming part of treatment); treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.
- xv. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
- xvi. Conditions for which Hospitalisation is NOT required.
- xvii. Experimental, investigational or unproven treatment devices and pharmacological regimens.
- xviii. Admission primarily for diagnostic purposes not related to illness for which Hospitalisation has been done.
- xix. Save as and to the extent provided for under Convalescence Benefit, any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xx. Save as and to the extent provided for under AYUSH Benefit, any non allopathic treatment.
- xxi. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) 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.
- xxii. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxiii. Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), food stuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonic unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxiv. 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, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxv. Save as and to the extent provided in Spectacles, Contact Lenses, Hearing Aid benefit, the provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxvi. Any treatment or part of a treatment that is not of a reasonable cost, not medically necessary; treatments or drugs not supported by a prescription.
- xxvii. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxviii. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per our underwriting guidelines.
- xxix. Any non medical expenses mentioned in Appendix II of the policy document.

Portability:

If you are insured continuously and without interruption under a plan issued by an Indian general insurer and you want to shift to us on renewal, Health Suraksha policy offers you transfer of accrued benefits and make due allowances for waiting period etc, as per regulations & guidelines on portability issued by IRDA. If the insured person transfers from any other insurer and enhances coverage, then the portability benefits will be offered only in respect to the previous sum insured.

Claim Procedure

Intimation & Assistance - Please contact Us atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses –

- Please register your claim with Us within 7 days of discharge.
- Please send the duly signed claim form and all the information/documents mentioned therein to Us within 15 days of the occurrence of the Incident. Please refer to claim form for complete documentation.
- 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.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent in the name of the proposer.

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, We must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Us atleast 72 hours prior to the hospitalization.
- We 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 Service No: 022 - 6234 6234 / 0120 - 6234 6234

Rejection of cashless facility in no way indicates rejection of the claim

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

Terms of renewal

- a. **Lifelong Renewal:** We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper,

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dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the Policy poses a moral hazard.

- Grace Period:** Grace Period of 30 days for renewing the Policy is provided under this Policy.
- Maximum Age:** There is no maximum cover ceasing age in this policy. For Additional benefit of Critical Illness and Hospital Daily Cash will be provided with a life-long renewability.
- Waiting Period:** The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Health Suraksha Insurance Policy.
- Renewal Premium:** Renewal premium are subject to change with prior approval from IRDA. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated atleast 3 months in advance.
- In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person will have the option to migrate to any health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
- Sum Insured Enhancement** –The Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. The increase in sum insured is allowed subject to underwriting acceptance. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.
- Any Insured Person in the policy has the option to migrate to any health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

Tax Benefit:

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

Requirement

- Completed proposal form

Pre-Acceptance Medical Test

- The person proposed for insurance may have to undergo Pre Policy Checkup depending on the age.
- Pre-Policy Check-up at our network will be required. We will reimburse 50% 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.

Without CI				
Sum Insured (in ₹ Lacs)				
Age (Yrs)	1 to 2	3 to 5	7.5 to 10	15 and above
0-17	Nil	Nil	Nil	Nil
18-45	Nil	Nil	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Sr Creat, Lipid Profile, PSA (Males), TMT, SGOT, USG Abd (females), HbA1c, SGPT, GGT, HBsAg
46-55	ME, FBS, ECG	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, CBC, ECG, TC	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg
>55	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, TMT/2D ECHO & ECG, HbA1c, Sr Creat, PSA (males), USG Abdomen (females)	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT/2D ECHO & ECG, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg

With CI				
Sum Insured (in ₹ Lacs)				
Age (Yrs)	1 to 2	3 to 5	7.5 to 10	15 and above
0-17	Nil	Nil	Nil	Nil
18-45	Nil	ME, FBS, ECG	ME, RUA, FBS, ECG, TC, CBC	ME, RUA, FBS, CBC, Sr Creat, Lipid Profile, PSA (Males), TMT, SGOT, USG Abd (females), HbA1c, SGPT, GGT, HBsAg
46-55	ME, FBS, ECG	ME, RUA, FBS, CBC, TMT, Lipids	ME, RUA, FBS, CBC, TMT, HbA1c, SGOT, Sr Creatinine, Lipids, PSA (males), USG Abdomen (females)	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg
>55	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Lipids, TMT/2D ECHO & ECG, SGOT, Sr Creatinine	ME, RUA, FBS, CBC, Lipids, TMT/2D ECHO & ECG, HbA1c, LFT, RFT, PSA (males), USG Abdomen (females)	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT/2D ECHO & ECG, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg

ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, TMT = Treadmill Test, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycosylated Hb, TC – Total Cholesterol, LFT = Liver Function Test; RFT = Renal Function Test; HBsAg = Hepatitis B Surface Antigen; SGPT = Serum Glutamic Pyruvic Transaminase; GGT = Gamma-Glutamyl Transpeptidase, 2D ECHO-2D Echocardiogram.

Rating Schedule

- The premium varies depending on several factors including the age of the persons proposed to be covered, and the Sum insured.

Consider a male aged 35 who is undergoing treatment for hypertension.

Age	Hypertension	Treatment	Systolic	Diastolic	loading
35	Yes	Yes	110-145	70-95	10%
35	Yes	Yes	146-160	70-95	20%
35	Yes	Yes	110-140	96-105	20%
35	Yes	Yes	>160	Any	Reject
35	Yes	Yes	Any	>105	Reject

Please note that this example is for illustrative purposes only, the decisions may vary based on age, co morbidities etc.

- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue policy only after getting your consent and additional premium, if any.
- Please visit our nearest branch to refer our underwriting guidelines if required.

Discounts

- A family discount of 10%, if 2 or more members of a family are covered under the same policy on Individual sum insured basis.
- 10% discount in case the Insured Person is paying 2 years premium in advance.
- 13 % discount in case the Insured Person is paying 3 years premium in advance
- Web Sales discount of 2.5% in case the Insured Person is buying the new Policy Online from HDFC ERGO Portal

For Example:

- Proposed Insured Age 33 years opting for Health Suraksha Individual -

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silver 2 year policy with Sum Insured of Rs 2 Lac.

Calculation – $2863 \times 2 \times 90\% = ₹5153.4/-$ plus taxes.

2. Proposed Insured Age 35 years opting for Health Suraksha Individual - Silver 2 year policy with Sum Insured of Rs 2 Lac.

Calculation – $(2863 + 3593) \times 90\% = ₹5810.4/-$ plus taxes.

- c. Discount in case the Insured Person opts for co-pay option on his Health Suraksha Plan.

1. 25% discount on base premium if the Insured opts for 20% Co-pay option on his/her Health Suraksha Plan.
2. 10% discount on base premium if the Insured opts for 10% Co-pay option on his/her Health Suraksha Plan.

Loadings

- 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 not apply any additional loading on your policy premium at renewal based on claim experience
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue policy only after getting your consent.

Termination

- a. You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table 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

3 Year Policy Period	
Length of time Policy in force	% of premium refunded
Upto 1 Month	90.00%
Upto 3 Months	84.00%
Upto 6 Months	78.50%
Upto 12 Month	60.00%
Upto 15 Months	54.00%
Upto 18 Months	30.00%
Upto 21 Months	20.50%
Upto 24 Month	18.00%
Upto 27 Months	15.00%
Upto 30 Months	10.00%
Exceeding 6 Months	Nil

- b. We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person

or anyone acting on Your behalf or on behalf of an Insured Person after 30 days of giving You a notice and We would issue and send an endorsement in this regard at Your address shown in the Schedule without refund of any premium.

Premium Rates

- a. The premium under individual coverage will be charged on the completed age of the individual insured member.
- b. The premium under family floater coverage will be charged basis the completed age of the eldest insured member.
- c. Premium rates are subject to change with prior approval from IRDA.
- d. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- e. Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.

HEALTH SURAKSHA POLICY

Plan Variants

HDFC ERGO Health Suraksha					
Section	Product Benefit	Silver	Gold	Platinum	Global
1.1	In-patient Treatment	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.2	Pre-hospitalization for 60 days	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.3	Post-hospitalization for 90 days	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.4	Day Care Procedures 144 Day Care procedures	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.5	Domiciliary Treatment	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.6	Organ Donor	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.7	Emergency Ambulance	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.8	AYUSH	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
1.9	New Born Baby Expenses	Optional	Covered as Basic	Covered as Basic	Covered as Basic
2.1	Maternity	Optional	Covered as Basic	Covered as Basic	Covered as Basic
2.2	Outpatient Dental Treatment	Optional	Optional	Covered as Basic	Covered as Basic
2.3	Spectacles/Contact Lenses and/or Hearing Aid	Optional	Optional	Covered as Basic	Covered as Basic
2.4	E-Opinion for CI	Optional	Covered as Basic	Covered as Basic	Covered as Basic
2.5	Convalescence Benefit max 1% of SI upto ₹10000 to ₹40000	Optional	Covered as Basic	Covered as Basic	Covered as Basic
3	Critical Illness max upto ₹10,00,000 as per rate chart	Optional	Optional	Optional	Optional
4	Hospital daily cash	Optional	Optional	Optional	Optional
5	Regain Benefit	Optional	Optional	Optional	Optional
6	Enhanced Cumulative Bonus	Optional	Optional	Optional	Optional
7	Co-payment	Optional	Optional	Optional	Optional
8.a	Cumulative Bonus	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic
8.b	Health Check up	Covered as Basic	Covered as Basic	Covered as Basic	Covered as Basic

Schedule of Benefits

Schedule of Benefits (Individual) - Health Suraksha					
Section	Annual Sum Insured (Basic Sum Insured per Insured Person per Policy Year [All figures in ₹])	Silver	Gold	Platinum	Global
Annual Indemnity Sum Insured	1,00,000	✓	✓	Not Applicable	Not Applicable
	2,00,000	✓	✓	✓	Not Applicable
	3,00,000	✓	✓	✓	Not Applicable
	4,00,000	✓	✓	✓	Not Applicable
	5,00,000	✓	✓	✓	Not Applicable
	7,50,000	✓	✓	✓	Not Applicable
	10,00,000	✓	✓	✓	Not Applicable
	15,00,000	✓	✓	✓	Not Applicable
	20,00,000	✓	✓	✓	Not Applicable
	25,00,000	✓	✓	✓	✓
	50,00,000	✓	✓	✓	✓
	100,00,000	Not Applicable	Not Applicable	Not Applicable	✓
	150,00,000	Not Applicable	Not Applicable	Not Applicable	✓
200,00,000	Not Applicable	Not Applicable	Not Applicable	✓	

Section	Product Benefit	Silver	Gold	Platinum	Global
Section 1: Benefits below will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive					
1.1	In-patient Treatment	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.2	Pre-hospitalization for 60 days	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.3	Post-hospitalization for 90 days	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.4	Day Care Procedures 144 Day Care procedures	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.5	Domiciliary Treatment	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.6	Organ Donor	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)

HEALTH SURAKSHA POLICY

Section	Product Benefit	Silver	Gold	Platinum	Global
1.7	Emergency Ambulance Limit per hospitalisation	Covered as basic within India 1) For SI ₹100,000; 200,000; 300,000; 400,000; 500,000 = ₹2,000 2) For SI ₹7,50,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000 = ₹3,500	Covered as basic within India 1) For SI ₹100,000; 200,000; 300,000; 400,000; 500,000 = ₹2,000 2) For SI ₹7,50,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000 = ₹3,500	Covered as basic within India 1) For SI ₹100,000; 200,000; 300,000; 400,000; 500,000 = ₹2,000 2) For SI ₹7,50,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000 = ₹3,500	Covered as basic globally 1) For SI ₹25,00,000 & 50,00,000 = ₹3,500 2) For SI ₹100,00,000; 150,00,000 & 200,00,000 = ₹15,000
1.8	AYUSH	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.9	New Born Baby Expenses	Optional	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
Section 2: Benefits not related to Basic Sum Insured & any claim under them will not affect entitlement to Renewal Incentive					
2.1	Maternity (Waiting Period 4 Years)	Optional	Covered as basic Normal Delivery ₹15,000 Caesarean Delivery ₹25,000 Termination ₹15,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹1,500 and New Born limit of ₹2,000)	Covered as basic Normal Delivery ₹25,000 Caesarean Delivery ₹40,000 Termination ₹25,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹2,500 and New Born limit of ₹3,500)	1) For SI ₹25,00,000 & 50,00,000 Covered as basic Normal Delivery ₹50,000 Caesarean Delivery ₹100,000 Termination ₹50,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹5000 & New Born limit of ₹6000) 2) For SI ₹100,00,000; 150,00,000 & 200,00,000 Covered as basic Normal Delivery ₹80,000 Caesarean Delivery ₹200,000 Termination ₹80,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹7000 and New Born limit of ₹10000)
2.2	Outpatient Dental Treatment (Waiting Period of 3 years Copayment 50%)	Optional	Optional	Upto 1% of Sum insured subject to a Maximum of ₹5000	Upto 1% of Sum insured subject to a Maximum of ₹20,000
2.3	Spectacles/Contact Lenses and/or Hearing Aid Every Third Year Copayment 50%	Optional	Optional	Covered as basic Upto ₹5000	Covered as basic Upto ₹20,000
2.4	E-Opinion for CI	Optional	Covered as basic	Covered as basic	Covered as basic globally
2.5	Convalescence Benefit	Optional	Optional	Covered as basic Upto ₹5000	Covered as basic Upto ₹20,000
Section 3: Optional Benefit; not related to Basic Sum Insured & any claim under them will not affect entitlement to Renewal Incentive					
3	Critical Illness	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower
Section 4: Optional Benefit; not related to Basic Sum Insured & any claim under them will not affect entitlement to Renewal Incentive					
4	Hospital daily cash	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted
Section 5: Optional Benefit will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive					
5	Regain Benefit	Optional: 100% of basic sum insured (applicable for ₹3 Lakhs and above Sum Insured)	Optional: 100% of basic sum insured (applicable for ₹3 Lakhs and above Sum Insured)	Optional: 100% of basic sum insured (applicable for ₹3 Lakhs and above Sum Insured)	Optional: 100% of basic sum insured
Section 6: Optional Benefit will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive					
6	Enhanced Cumulative Bonus	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)
Section 7: Optional Co-Pay					
7	Co-Payment	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule

HEALTH SURAKSHA POLICY

Section	Product Benefit	Silver	Gold	Platinum	Global
Section 8: Renewal Incentive					
8.a	Cumulative Bonus	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)
8.b	Health check Up	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person

Schedule of Benefits (Family Floaters) - Health Suraksha					
Section	Annual Sum Insured (Basic Sum Insured per Insured Person per Policy Year [All figures in ₹])	Silver	Gold	Platinum	Global
Annual Indemnity Sum Insured	1,00,000	✓	✓	Not Applicable	Not Applicable
	2,00,000	✓	✓	✓	Not Applicable
	3,00,000	✓	✓	✓	Not Applicable
	4,00,000	✓	✓	✓	Not Applicable
	5,00,000	✓	✓	✓	Not Applicable
	7,50,000	✓	✓	✓	Not Applicable
	10,00,000	✓	✓	✓	Not Applicable
	15,00,000	✓	✓	✓	Not Applicable
	20,00,000	✓	✓	✓	Not Applicable
	25,00,000	✓	✓	✓	✓
	50,00,000	✓	✓	✓	✓
	100,00,000	Not Applicable	Not Applicable	Not Applicable	✓
	150,00,000	Not Applicable	Not Applicable	Not Applicable	✓
200,00,000	Not Applicable	Not Applicable	Not Applicable	✓	

Section	Product Benefit	Silver	Gold	Platinum	Global
Section 1: Benefits below will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive					
1.1	In-patient Treatment	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.2	Pre-hospitalization for 60 days	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.3	Post-hospitalization for 90 days	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.4	Day Care Procedures 144 Day Care procedures	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.5	Domiciliary Treatment	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.6	Organ Donor	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.7	Emergency Ambulance Limit per hospitalisation	Covered as basic within India 1) For SI ₹100,000; 200,000; 300,000; 400,000; 500,000 = ₹2,000 2) For SI ₹7,50,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000 = ₹3,500	Covered as basic within India 1) For SI ₹100,000; 200,000; 300,000; 400,000; 500,000 = ₹2,000 2) For SI ₹7,50,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000 = ₹3,500	Covered as basic within India 1) For SI ₹100,000; 200,000; 300,000; 400,000; 500,000 = ₹2,000 2) For SI ₹7,50,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000 = ₹3,500	Covered as basic globally 1) For SI ₹25,00,000 & 50,00,000 = ₹3,500 2) For SI ₹100,00,000; 150,00,000 & 200,00,000 = ₹15,000
1.8	AYUSH	Covered as basic within India	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)
1.9	New Born Baby Expenses	Optional	Covered as basic within India	Covered as basic within India	Covered as basic globally (Deductible USD 100 outside India)

HEALTH SURAKSHA POLICY

Section	Product Benefit	Silver	Gold	Platinum	Global
Section 2: Benefits not related to Basic Sum Insured & any claim under them will not affect entitlement to Renewal Incentive					
2.1	Maternity (Waiting Period 4 Years)	Optional	Covered as basic Normal Delivery ₹15,000 Caesarean Delivery ₹25,000 Termination ₹15,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹1,500 and New Born limit of ₹2,000)	Covered as basic Normal Delivery ₹25,000 Caesarean Delivery ₹40,000 Termination ₹25,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹2,500 and New Born limit of ₹3,500)	1) For SI ₹25,00,000 & 50,00,000 Covered as basic Normal Delivery ₹50,000 Caesarean Delivery ₹100,000 Termination ₹50,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹5000 & New Born limit of ₹6000) 2) For SI ₹100,00,000; 150,00,000 & 200,00,000 Covered as basic Normal Delivery ₹80,000 Caesarean Delivery ₹200,000 Termination ₹80,000 (The maternity sum insured above Includes Pre/Post Natal limit of ₹7000 and New Born limit of ₹10000)
2.2	Outpatient Dental Treatment (Waiting Period of 3 years Copayment 50%)	Optional	Optional	Upto 1 % of Sum insured subject to a Maximum of ₹5000	Upto 1 % of Sum insured subject to a Maximum of ₹20,000
2.3	Spectacles/Contact Lenses and/or Hearing Aid Every Third Year Copayment 50%	Optional	Optional	Covered as basic Upto ₹5000	Covered as basic Upto ₹20,000
2.4	E-Opinion for CI	Optional	Covered as basic	Covered as basic	Covered as basic globally
2.5	Convalescence Benefit	Optional	Optional	Covered as basic Upto ₹5000	Covered as basic Upto ₹20,000
Section 3: Optional Benefit; not related to Basic Sum Insured & any claim under them will not affect entitlement to Renewal Incentive					
3	Critical Illness	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower	Optional: 50% or 100% of Basic Sum Insured or ₹10 Lakhs whichever is lower
Section 4: Optional Benefit; not related to Basic Sum Insured & any claim under them will not affect entitlement to Renewal Incentive					
4	Hospital daily cash	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Optional: ₹500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted
Section 5: Optional Benefit will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive					
5	Regain Benefit	Optional:100% of basic sum insured (applicable for ₹3 Lakhs and above Sum Insured)	Optional:100% of basic sum insured (applicable for ₹3 Lakhs and above Sum Insured)	Optional:100% of basic sum insured (applicable for ₹3 Lakhs and above Sum Insured)	Optional:100% of basic sum insured
Section 6: Optional Benefit will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive					
6	Enhanced Cumulative Bonus	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)	Optional: 10% of Sum Insured; Maximum 100% (Reduced by 10% in the event of claim)
Section 7: Optional Co-Pay					
7	Co-Payment	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	Optional: 10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule
Section 8: Renewal Incentive					
8.a	Cumulative Bonus	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)	Covered as basic: 5% of Sum Insured; Maximum 50% (Reduced by 5% in the event of claim)
8.b	Health check Up	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person	Covered as basic: Upto 1% of Sum Insured; Max ₹5000 per person

HEALTH SURAKSHA POLICY

GLOBAL PLAN OPTIONS

Platinum plan is not available for Sum Insured ₹1,00,000

Sum Insured ₹2,500,000							
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C
0-17	30,686	-	-	-	-	-	-
18-35	38,339	63,930	91,461	1,15,902	59,279	85,715	1,22,894
36-45	38,672	68,073	95,168	1,19,460	56,927	80,888	1,17,521
46-50	55,663	91,435	1,13,618	1,26,589	64,541	77,666	1,02,167
51-55	70,841	1,19,929	1,46,266	1,67,768	81,304	97,732	1,23,095
56-60	83,027	1,42,642	1,74,815	2,02,274	96,360	1,09,983	1,28,971
61-65	1,03,107	1,78,339	2,12,053	2,35,917	1,18,450	1,09,983	1,62,562
66-70	1,21,153	2,06,817	2,41,420	2,64,344	1,36,230	1,55,293	1,80,611
71-75	1,65,754	2,76,445	3,11,604	3,37,108	1,84,764	2,12,813	2,47,452
76-80	2,15,216	3,50,067	3,84,206	4,11,891	2,35,463	2,70,950	3,16,337
>80	2,87,996	4,72,942	5,05,640	5,38,542	3,20,492	3,69,647	4,24,859

Sum Insured ₹5,000,000							
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C
0-17	42,720	-	-	-	-	-	-
18-35	50,089	83,465	1,16,411	1,51,131	76,772	1,08,525	1,55,654
36-45	51,219	87,912	1,22,847	1,54,117	74,217	1,05,100	1,48,930
46-50	73,702	1,22,981	1,48,879	1,68,639	83,825	1,00,092	1,28,741
51-55	96,296	1,64,536	2,00,678	2,24,593	1,08,847	1,30,059	1,63,581
56-60	1,15,686	1,97,459	2,42,391	2,74,344	1,32,745	1,47,939	1,75,959
61-65	1,45,905	2,52,140	2,94,532	3,27,035	1,63,633	1,89,028	2,23,437
66-70	1,69,299	2,89,441	3,31,821	3,62,572	1,89,070	2,14,887	2,49,955
71-75	2,31,809	3,87,230	4,28,292	4,62,542	2,57,208	2,96,019	3,38,104
76-80	2,93,766	4,87,416	5,34,897	5,60,513	3,26,139	3,75,429	4,29,946
>80	3,88,632	6,38,362	6,97,201	7,25,013	4,31,339	4,97,487	5,72,354

Sum Insured ₹100,00,000							
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C
0-17	72,916	-	-	-	-	-	-
18-35	77,451	1,25,820	1,79,486	2,26,757	1,15,338	1,66,526	2,40,582
36-45	77,240	1,30,533	1,81,346	2,27,354	1,09,289	1,54,253	2,26,239
46-50	1,08,661	1,72,809	2,13,618	2,34,499	1,18,813	1,40,809	1,86,369
51-55	1,45,037	2,35,909	2,88,168	3,29,175	1,59,138	1,89,051	2,37,477
56-60	1,71,868	2,85,439	3,51,479	4,05,836	1,91,518	2,16,809	2,51,934
61-65	2,12,403	3,57,236	4,25,667	4,72,709	2,36,719	2,72,038	3,21,812
66-70	2,47,070	4,10,021	4,78,498	5,22,987	2,66,754	3,02,356	3,49,777
71-75	3,29,386	5,36,415	6,04,968	6,53,270	3,55,301	4,06,960	4,75,308
76-80	4,16,369	6,60,635	7,21,848	7,76,015	4,41,439	5,06,296	5,93,959
>80	5,38,348	8,65,029	9,18,062	9,79,156	5,82,592	6,70,851	7,74,449

Sum Insured ₹150,00,000							
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C
0-17	94,306	-	-	-	-	-	-
18-35	96,426	1,57,227	2,24,621	2,84,165	1,43,488	2,07,680	3,01,508
36-45	97,166	1,61,826	2,25,351	2,82,745	1,36,681	1,92,851	2,83,652
46-50	1,36,750	2,17,471	2,68,451	2,93,888	1,48,236	1,75,026	2,31,909
51-55	1,85,354	3,00,967	3,67,755	4,19,402	2,02,177	2,39,621	3,01,280
56-60	2,20,313	3,65,630	4,50,715	5,20,032	2,44,608	2,75,949	3,20,549
61-65	2,71,499	4,57,039	5,44,745	6,04,491	3,01,748	3,46,259	4,09,666
66-70	3,11,782	5,18,501	6,05,290	6,61,053	3,36,069	3,80,487	4,40,300
71-75	4,15,427	6,77,684	7,64,154	8,24,639	4,47,675	5,12,665	5,98,875
76-80	5,20,523	8,27,264	9,03,875	9,70,600	5,51,571	6,32,701	7,42,611
>80	6,64,961	10,69,637	11,35,204	12,09,579	7,19,397	8,28,586	9,57,044

Sum Insured ₹200,00,000							
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C
0-17	1,14,677	-	-	-	-	-	-
18-35	1,14,285	1,86,889	2,67,349	3,38,579	1,70,072	2,46,615	3,59,364
36-45	1,15,856	1,91,225	2,66,840	3,35,030	1,62,443	2,29,236	3,37,972
46-50	1,62,975	2,59,301	3,19,871	3,49,579	1,75,686	2,06,946	2,74,510
51-55	2,23,246	3,62,289	4,42,879	5,04,564	2,42,620	2,87,160	3,61,402
56-60	2,65,810	4,41,167	5,44,352	6,27,830	2,94,501	3,31,501	3,85,107
61-65	3,26,708	5,50,637	6,56,566	7,28,298	3,62,540	4,15,700	4,91,994
66-70	3,71,526	6,19,107	7,23,061	7,89,366	4,00,158	4,52,798	5,24,251
71-75	4,94,714	8,08,309	9,11,496	9,83,337	5,32,920	6,10,357	7,13,249
76-80	6,15,663	9,79,992	10,70,914	11,49,162	6,52,340	7,48,561	8,79,105
>80	7,79,087	12,54,584	13,31,708	14,18,102	8,42,916	9,71,247	11,22,481

Additional Benefit Premium

RIDER PREMIUM - CRITICAL ILLNESS					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Sum Insured in (₹)	50,000	1,00,000	1,50,000	2,00,000	2,50,000
Individual	Premiums exclusive of GST				
Age Band					
5-17	43	86	129	172	215
18-35	92	183	275	366	458
36-45	314	628	942	1256	1570
46-50	616	1231	1847	2462	3078
51-55	1038	2075	3113	4150	5188
56-60	1611	3222	4833	6444	8055
61-65	2498	4996	7494	9993	12491
66-70	4259	8518	12777	17037	21296
>70	9378	18757	28135	37513	46892

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Sum Insured in (₹)	3,00,000	3,75,000	4,00,000	5,00,000	7,50,000	10,00,000
Individual	Premiums exclusive of GST					
Age Band						
5-17	258	323	344	430	645	860
18-35	549	686	732	915	1373	1830
36-45	1884	2355	2512	3140	4710	6280
46-50	3693	4616	4924	6155	9233	12310
51-55	6225	7781	8300	10375	15563	20750
56-60	9666	12083	12888	16110	24165	32220
61-65	14989	18736	19985	24982	37472	49963
66-70	25555	31944	34073	42592	63887	85183
>70	56270	70337	75027	93783	140675	187567

The Insured person has an option to select CI sum insured equivalent to 50% or 100% of his In-patient Sum Insured.

This benefit is available only to the eldest member in a family floater policy

HEALTH SURAKSHA POLICY

RIDER PREMIUM - HOSPITAL DAILY CASH					
Premiums exclusive of GST					
for 30 days	500	1,000	1,500	2,000	2,500
Age bands					
0-17	162	326	490	736	1,076
18-35	250	500	748	1,124	1,642
36-45	388	774	1,162	1,742	2,548
46-50	442	886	1,328	1,992	2,914
51-55	656	1,314	1,968	2,956	4,320
56-60	910	1,820	2,730	4,096	5,988
61-65	1,259	2,518	3,777	5,666	8,284
66-70	1,693	3,386	5,078	7,619	11,139
71-75	2,230	4,461	6,691	10,039	14,676
76-80	2,676	5,352	8,029	12,045	17,611
>80	3,168	6,336	9,505	14,260	20,848

for 60 days	500	1,000	1,500	2,000	2,500
Age bands					
0-17	236	396	592	892	1,352
18-35	332	554	832	1,248	1,746
36-45	612	1,016	1,526	2,286	3,448
46-50	834	1,392	2,086	3,128	4,382
51-55	954	1,592	2,386	3,580	6,266
56-60	1,212	2,022	3,032	4,550	6,658
61-65	1,677	2,797	4,194	6,294	9,210
66-70	2,253	3,761	5,639	8,463	12,383
71-75	2,969	4,955	7,430	11,150	16,314
76-80	3,563	5,945	8,915	13,379	19,577
>80	4,218	7,038	10,554	15,838	23,175

This benefit is available only to the eldest member in a family floater policy

Optional Benefits

₹10,000 Convalescence Benefit					
Premiums exclusive of GST					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Individual					
Age Band	1 person	1 person	1 person	1 person	1 person
0-17	16	32	48	64	80
18-35	18	36	54	72	90
36-45	21	42	63	84	105
46-50	26	52	78	104	130
51-55	29	58	87	116	145
56-60	36	72	108	144	180
61-65	45	90	135	180	225
66-70	56	112	168	224	280
>70	71	142	213	284	355

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	120	160	160	160	160	160
18-35	135	180	180	180	180	180
36-45	158	210	210	210	210	210
46-50	195	260	260	260	260	260
51-55	218	290	290	290	290	290
56-60	270	360	360	360	360	360
61-65	338	450	450	450	450	450
66-70	420	560	560	560	560	560
>70	533	710	710	710	710	710

₹40,000 Convalescence Benefit					
Premiums exclusive of GST					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Individual					
Age Band	1 person	1 person	1 person	1 person	1 person
0-17	64	128	192	256	320
18-35	72	144	216	288	360
36-45	84	168	252	336	420
46-50	104	208	312	416	520
51-55	116	232	348	464	580
56-60	144	288	432	576	720
61-65	180	360	540	720	900
66-70	224	448	672	896	1,120
>70	284	568	852	1,136	1,420

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	480	640	640	640	640	480
18-35	540	720	720	720	720	540
36-45	630	840	840	840	840	630
46-50	780	1,040	1,040	1,040	1,040	780
51-55	870	1,160	1,160	1,160	1,160	870
56-60	1,080	1,440	1,440	1,440	1,440	1,080
61-65	1,350	1,800	1,800	1,800	1,800	1,350
66-70	1,680	2,240	2,240	2,240	2,240	1,680
>70	2,130	2,840	2,840	2,840	2,840	2,130

E-opinion for Critical Illness					
Premiums exclusive of GST					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Individual					
Age Band	1 person	1 person	1 person	1 person	1 person
0-17	41	41	41	41	41
18-35	41	41	41	41	41
36-45	41	41	41	41	41
46-50	41	41	41	41	41
51-55	41	41	41	41	41
56-60	41	41	41	41	41
61-65	41	41	41	41	41
66-70	41	41	41	41	41
>70	41	41	41	41	41

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	41	41	41	41	41	41
18-35	41	41	41	41	41	41
36-45	41	41	41	41	41	41
46-50	41	41	41	41	41	41
51-55	41	41	41	41	41	41
56-60	41	41	41	41	41	41
61-65	41	41	41	41	41	41
66-70	41	41	41	41	41	41
>70	41	41	41	41	41	41

HEALTH SURAKSHA POLICY

Maternity [Sum Insured ₹25000]		Premiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	205	205	205	205	205	
18-35	965	965	965	965	965	
36-45	325	325	325	325	325	
46-50	325	325	325	325	325	
51-55	325	325	325	325	325	
56-60	325	325	325	325	325	
61-65	325	325	325	325	325	
66-70	325	325	325	325	325	
>70	325	325	325	325	325	

Maternity [Sum Insured ₹1,00,000]		Premiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	820	820	820	820	820	
18-35	3,860	3,860	3,860	3,860	3,860	
36-45	1,300	1,300	1,300	1,300	1,300	
46-50	1,300	1,300	1,300	1,300	1,300	
51-55	1,300	1,300	1,300	1,300	1,300	
56-60	1,300	1,300	1,300	1,300	1,300	
61-65	1,300	1,300	1,300	1,300	1,300	
66-70	1,300	1,300	1,300	1,300	1,300	
>70	1,300	1,300	1,300	1,300	1,300	

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	205	205	205	205	205	205
18-35	965	965	965	965	965	965
36-45	325	325	325	325	325	325
46-50	325	325	325	325	325	325
51-55	325	325	325	325	325	325
56-60	325	325	325	325	325	325
61-65	325	325	325	325	325	325
66-70	325	325	325	325	325	325
>70	325	325	325	325	325	325

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	820	820	820	820	820	820
18-35	3,860	3,860	3,860	3,860	3,860	3,860
36-45	1,300	1,300	1,300	1,300	1,300	1,300
46-50	1,300	1,300	1,300	1,300	1,300	1,300
51-55	1,300	1,300	1,300	1,300	1,300	1,300
56-60	1,300	1,300	1,300	1,300	1,300	1,300
61-65	1,300	1,300	1,300	1,300	1,300	1,300
66-70	1,300	1,300	1,300	1,300	1,300	1,300
>70	1,300	1,300	1,300	1,300	1,300	1,300

Maternity [Sum Insured ₹40000]		Premiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	328	328	328	328	328	
18-35	1,544	1,544	1,544	1,544	1,544	
36-45	520	520	520	520	520	
46-50	520	520	520	520	520	
51-55	520	520	520	520	520	
56-60	520	520	520	520	520	
61-65	520	520	520	520	520	
66-70	520	520	520	520	520	
>70	520	520	520	520	520	

Maternity [Sum Insured ₹2,00,000]		PPremiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	1,640	1,640	1,640	1,640	1,640	
18-35	7,720	7,720	7,720	7,720	7,720	
36-45	2,600	2,600	2,600	2,600	2,600	
46-50	2,600	2,600	2,600	2,600	2,600	
51-55	2,600	2,600	2,600	2,600	2,600	
56-60	2,600	2,600	2,600	2,600	2,600	
61-65	2,600	2,600	2,600	2,600	2,600	
66-70	2,600	2,600	2,600	2,600	2,600	
>70	2,600	2,600	2,600	2,600	2,600	

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	328	328	328	328	328	328
18-35	1,544	1,544	1,544	1,544	1,544	1,544
36-45	520	520	520	520	520	520
46-50	520	520	520	520	520	520
51-55	520	520	520	520	520	520
56-60	520	520	520	520	520	520
61-65	520	520	520	520	520	520
66-70	520	520	520	520	520	520
>70	520	520	520	520	520	520

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	1,640	1,640	1,640	1,640	1,640	1,640
18-35	7,720	7,720	7,720	7,720	7,720	7,720
36-45	2,600	2,600	2,600	2,600	2,600	2,600
46-50	2,600	2,600	2,600	2,600	2,600	2,600
51-55	2,600	2,600	2,600	2,600	2,600	2,600
56-60	2,600	2,600	2,600	2,600	2,600	2,600
61-65	2,600	2,600	2,600	2,600	2,600	2,600
66-70	2,600	2,600	2,600	2,600	2,600	2,600
>70	2,600	2,600	2,600	2,600	2,600	2,600

HEALTH SURAKSHA POLICY

(₹5000) Dental		Premiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	600	600	600	710	760	
18-35	1,035	1,035	1,035	1,215	1,295	
36-45	1,035	1,035	1,035	1,215	1,295	
46-50	1,220	1,220	1,220	1,425	1,515	
51-55	1,335	1,335	1,335	1,565	1,665	
56-60	1,320	1,320	1,320	1,540	1,640	
61-65	1,160	1,160	1,160	1,360	1,450	
66-70	1,000	1,000	1,000	1,165	1,240	
>70	865	865	865	1,010	1,080	

(₹5000) Spectacles/ Contact Lenses and/or Hearing Aid		Premiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	475	475	475	475	475	
18-35	555	555	555	555	555	
36-45	590	590	590	590	590	
46-50	1,210	1,210	1,210	1,210	1,210	
51-55	1,210	1,210	1,210	1,210	1,210	
56-60	1,210	1,210	1,210	1,210	1,210	
61-65	1,050	1,050	1,050	1,050	1,050	
66-70	1,050	1,050	1,050	1,050	1,050	
>70	1,050	1,050	1,050	1,050	1,050	

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	760	760	760	760	760	760
18-35	1,295	1,295	1,295	1,295	1,295	1,295
36-45	1,295	1,295	1,295	1,295	1,295	1,295
46-50	1,515	1,515	1,515	1,515	1,515	1,515
51-55	1,665	1,665	1,665	1,665	1,665	1,665
56-60	1,640	1,640	1,640	1,640	1,640	1,640
61-65	1,450	1,450	1,450	1,450	1,450	1,450
66-70	1,240	1,240	1,240	1,240	1,240	1,240
>70	1,080	1,080	1,080	1,080	1,080	1,080

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	475	475	475	475	475	475
18-35	555	555	555	555	555	555
36-45	590	590	590	590	590	590
46-50	1,210	1,210	1,210	1,210	1,210	1,210
51-55	1,210	1,210	1,210	1,210	1,210	1,210
56-60	1,210	1,210	1,210	1,210	1,210	1,210
61-65	1,050	1,050	1,050	1,050	1,050	1,050
66-70	1,050	1,050	1,050	1,050	1,050	1,050
>70	1,050	1,050	1,050	1,050	1,050	1,050

(₹20,000) Dental		Premiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	2,400	2,400	2,400	2,840	3,040	
18-35	4,140	4,140	4,140	4,860	5,180	
36-45	4,140	4,140	4,140	4,860	5,180	
46-50	4,880	4,880	4,880	5,700	6,060	
51-55	5,340	5,340	5,340	6,260	6,660	
56-60	5,280	5,280	5,280	6,160	6,560	
61-65	4,640	4,640	4,640	5,440	5,800	
66-70	4,000	4,000	4,000	4,660	4,960	
>70	3,460	3,460	3,460	4,040	4,320	

(₹5000) Spectacles/ Contact Lenses and/or Hearing Aid		Premiums exclusive of GST				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	1,900	1,900	1,900	1,900	1,900	
18-35	2,220	2,220	2,220	2,220	2,220	
36-45	2,360	2,360	2,360	2,360	2,360	
46-50	4,840	4,840	4,840	4,840	4,840	
51-55	4,840	4,840	4,840	4,840	4,840	
56-60	4,840	4,840	4,840	4,840	4,840	
61-65	4,200	4,200	4,200	4,200	4,200	
66-70	4,200	4,200	4,200	4,200	4,200	
>70	4,200	4,200	4,200	4,200	4,200	

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	3,040	3,040	3,040	3,040	3,040	3,040
18-35	5,180	5,180	5,180	5,180	5,180	5,180
36-45	5,180	5,180	5,180	5,180	5,180	5,180
46-50	6,060	6,060	6,060	6,060	6,060	6,060
51-55	6,660	6,660	6,660	6,660	6,660	6,660
56-60	6,560	6,560	6,560	6,560	6,560	6,560
61-65	5,800	5,800	5,800	5,800	5,800	5,800
66-70	4,960	4,960	4,960	4,960	4,960	4,960
>70	4,320	4,320	4,320	4,320	4,320	4,320

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	1,900	1,900	1,900	1,900	1,900	1,900
18-35	2,220	2,220	2,220	2,220	2,220	2,220
36-45	2,360	2,360	2,360	2,360	2,360	2,360
46-50	4,840	4,840	4,840	4,840	4,840	4,840
51-55	4,840	4,840	4,840	4,840	4,840	4,840
56-60	4,840	4,840	4,840	4,840	4,840	4,840
61-65	4,200	4,200	4,200	4,200	4,200	4,200
66-70	4,200	4,200	4,200	4,200	4,200	4,200
>70	4,200	4,200	4,200	4,200	4,200	4,200

HEALTH SURAKSHA POLICY

Additional Benefits	Additional Premium
Regain Benefit	Additional premium of 5% of the base premium
Enhanced Cumulative Bonus	Additional premium of 2.5% of the base premium
Copay	25% discount on base premium if the Insured opts for 20% Co-pay option on his/her Health Suraksha Plan & 10% discount on base premium if the Insured opts for 10% Co-pay option on his/her Health Suraksha Plan

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10 Lakhs.

IRDA REGULATION NO 5- This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

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.

For more details on risk factors, terms & conditions, please read the sales brochure before concluding a sale.

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