

Prospectus



This document is only a summary of the features of the Policy. Actual benefits available are as mentioned in the Policy, and are subject to its terms, conditions and exclusions.

HEALTH INSURANCE POLICY – RETAIL

Your greatest wealth is your health & everybody has differing levels of control over their own wellbeing. Life follows no fixed plan and sudden illness or bodily injury can sometimes leave you financially hurt and highly stressed. SBI General Health Insurance Policy – Retail, can protect you & make your medical treatment expenses more manageable and ensures quality health care for you and your family. Now is the time to insure yourself and your family against rising health care costs. Let SBI General assist you in removing the financial burden caused by hospitalization, when you are traumatized with expensive medical care.



Scope of Cover

This policy covers the following subject to the terms and conditions:

1. Room, Board & Nursing Expenses & Service Charges Etc - Up to 1% of the SI per day.
2. Intensive Care Unit - Up to 2% of the SI per day.
3. All admissible claims under 1 & 2 during the policy period - Up to 25% of the SI per illness/injury per claim.
4. Surgeon, Anaesthetist, Consultants, Specialists Fees - Up to 40% of the SI per illness/injury per claim.
5. Anaesthesia, Blood, Oxygen, OT Charges, Surgical Appliances - Up to 40% of the SI per illness/injury per claim.
6. Pre-hospitalisation - Up to 10% of the eligible hospitalisation expenses incurred in 30 days prior to date of admission into the hospital
7. Post-hospitalisation - Up to 10% of the eligible hospitalisation expenses incurred in 60 days after the date of discharge from the hospital.
8. Ambulance charges - 1% of SI up to a max of INR 1500.
9. Free Medical Check up - 1% of SI up to a max of INR 2500 For every 4 claim free years.
10. Organ Donor: The Medical Expenses incurred for extraction of the required organ from the organ donor are covered under the policy subject to Insurer accepting the inpatient Hospitalisation claim made by the Insured
11. Parental Care: Available for persons above 60 years old Insurer shall pay for the attendant nursing charges after discharge from the hospital for INR 500 or actual whichever is less per day up to a maximum 10 days per hospitalisation subject to the treating Medical Practitioner at the hospital where the hospitalisation took place, recommending the duration of such nursing care requirement. The charges can be reimbursed for a period not exceeding 15 days during the entire Policy period.

SBI General Insurance Co Limited (SBI General) is a Joint Venture between State Bank of India (SBI) and Insurance Australia Group (IAG).

SBI is the largest commercial bank of India and traces its roots back over 200 years. SBI and its 6 associate banks have over 15,000 branches across India. Also SBI has international presence in several countries across all time zones.

IAG (Insurance Australia Group) has leading and established non life insurance brands across Australia, New Zealand and Asia. IAG has a large suite of general insurance products catering to all commercial and retail segments.

SBI General has a large range of Commercial products such as Fire, Engineering, Construction, Motor, Marine, Group Health, and Business Package.

SBI General caters for all customer segments - Corporate, Retail and SME.

12. Child Care: Insurer shall pay for the attendant escort charges of INR 500 for each completed day of hospitalisation in case of a child below 10 years of age, subject to maximum of 30 days during the Policy Period. Escort person includes mother, father, grandfather, grandmother and any immediate family member.
13. Limit of Cataract - 15% of sum insured subject to maximum of INR 25000 per eye subject to first two years exclusion for cataract as provided under the policy.
14. Accidental Hospitalisation – In case of hospitalization following an Accident, Sum Insured limit available for the Insured Person will be 125% of the amount arrived after deducting the claims paid and/or outstanding from sum insured for the Insured Person under the policy excluding cumulative bonus component and subject to a maximum of INR 1,00,000/-
15. Alternative Treatment (Subject to Treatment taken in a government hospital or in any institute recognised by government and/or accredited by Quality Council of India/National Accreditation Board on Health) - Ayurvedic Treatment Covered maximum 15% of Sum Insured per Policy period up to a maximum of INR 20000 & Homeopathy and Unani Treatment covered maximum 10% of Sum Insured per Policy period up to a maximum of INR 15000.
16. Domiciliary Hospitalisation - Reasonable and Customary Charges towards Domiciliary Hospitalisation exceeding 3 days as defined in Policy definition subject to 20% of the Sum Insured maximum up to INR 20000 whichever is less. however domiciliary hospitalisation benefits shall not cover:-
 - a. Expenses incurred for pre and post Domiciliary Hospitalisation treatment or
 - b. Expenses incurred for treatment for any of the following **Diseases**
 - i. Asthma
 - ii. Bronchitis
 - iii. Chronic Nephritis and Nephritic Syndrome
 - iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
 - v. Diabetes Mellitus and Insipidus
 - vi. Epilepsy
 - vii. Hypertension
 - viii. Influenza, Cough and Cold
 - ix. All Psychiatric or Psychosomatic Disorders
 - x. Pyrexia of unknown Origin for less than 10 days
 - xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
 - xii. Arthritis, Gout and Rheumatism
17. Convalescence Benefit –Benefit available for Insured above 10 years & below 60 years. We shall compensate the Insured, up to an amount not exceeding INR 5,000/- per Insured, if the Insured is hospitalised for any bodily injury or illness as covered under the Policy, for a period of 10 consecutive days or more. This benefit is payable only once per Insured during the Period of Insurance.
18. 10% Co-Pay after deductible will apply on all eligible admissible claims in non-network hospitals.
19. Day Surgery where less than 24 hours hospitalization undertaken for specified procedures like Dialysis, Chemotherapy, Radio therapy, Eye Surgery, Dental Surgery (Due to accident) , Tonsillectomy, etc is covered.
20. We offer Cashless facility eliminating the entire trouble of documentation and direct settlement of your bills with our Network hospitals.

Add on covers:

Following Add on covers can be opted under this policy -

1. Removal of Room & ICU rent sub-limits
2. Removal of sub-limits on operation and consultancy charges

Exclusions:

We will not pay for any expenses incurred by Insured in respect of claims arising out of or howsoever related to any of the following:

1. Pre existing Diseases Exclusion:

Benefits will not be available for Any condition, whether diagnosed or not, ailment or injury or related condition(s) for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Insurer. It would also mean any direct or indirect complications arising out of pre-existing diseases whether known or unknown to the Insured.

This Exclusion shall cease to apply if Insured has maintained the Health Insurance Policy with Insurer for a continuous period of a full 4 years without break from the date of Insured's first Health Insurance Policy with Insurer.

This Exclusion shall also apply to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover.

In case of rollover/renewal policies issued by any Other Insurer which are accepted by us the following conditions would be applicable for coverage of exclusion of Pre-Existing diseases but only up to the sum insured limit under the expiring policy held by the insured.

- a. If the Insured is covered continuously and without interruption for at least 4 years under any Other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing disease exclusion stands waived.
- b. If the Insured is covered continuously and without interruption for at least 3 years under any other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing disease exclusion stands waived after a waiting period of 1 year from commencement of Policy.
- c. If the Insured is covered continuously and without interruption for at least 2 years under any other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing disease exclusion stands waived after a waiting period of 2 years from commencement of Policy.
- d. If the Insured is covered continuously and without interruption for at least 1 year under any other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing disease exclusion stands waived after a waiting period of 3 year from commencement of Policy.

2. Exclusions applicable to first 30 days of cover from commencement of Policy:

Medical Expenses incurred for any disease / illness or diagnosable within 30 days, of the commencement (Commencement Date of first Health Insurance Policy with us) of the Policy Period except those incurred as a result of Accidental bodily Injury. This Exclusion shall also apply to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover. If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously for at least 1 year under a individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived

3. Exclusions applicable to first year of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

- a. Any types of gastric or duodenal ulcers,
- b. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty
- c. Surgery on all internal or external tumor /cysts/nodules/polyps of any kind including breast lumps
- d. All types of Hernia and Hydrocele
- e. Anal Fissures, Fistula and Piles

This Exclusion shall also apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover. If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously for at least 1 year under a individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived provided that the Insured establishes to the Insurer's satisfaction that Insured was unaware of and had not taken any advice or medication for such Illness or treatment.

4. Exclusions applicable to first two years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

- a. Cataract
- b. Benign Prostatic Hypertrophy
- c. Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus
- d. Hypertension, Heart Disease and related complications
- e. Diabetes and related complications
- f. Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism
- g. Surgery of Genitourinary tract
- h. Calculus Diseases of any etiology
- i. Sinusitis and related disorders
- j. Surgery for prolapsed intervertebral disc unless arising from accident
- k. Surgery of varicose veins and varicose ulcers

I. Chronic Renal failure including dialysis

This Exclusion shall also apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover. If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously and without interruption/break in insurance for at least 2 years under a individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived provided that the Insured establishes to the Insurer's satisfaction that Insured Person was unaware of and had not taken any advice or medication for such Illness or treatment.

5. Exclusions applicable to first three years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:
Medical Expenses incurred during or in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement surgery is necessitated by accidental bodily Injury. This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover. If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously and without interruption/break in insurance for at least 3 years under an individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived provided that the Insured establishes to the Insurer's satisfaction that Insured was unaware of and had not taken any advice or medication for such Illness or treatment.
6. Treatment outside India.
7. Epidemics recognized by WHO or/and Indian government. Government screening programs, etc are not covered by this policy.
8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
10. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of Illness or Accidental bodily injury).
12. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances. Prosthesis and/or devices.
13. Expenses incurred on Items for personal comfort like television, telephone, etc. incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital.
14. External medical equipment of any kind used at home as post Hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Ambulatory Peritoneal Dialysis (C.A.P.D) and Oxygen concentrator for Bronchial Asthmatic condition.
15. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
16. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect.
17. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
18. Any complications arising out of or ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
19. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
20. Venereal disease or any sexually transmitted disease or sickness.
21. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and certification by Gynecologist that it is life threatening.
22. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
23. Vaccination or inoculation except as part of post-bite treatment for animal bite.
24. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Medical Practitioner.
25. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental bodily injury and proved to our satisfaction that the condition is a result of an accidental injury.
26. Treatment for any mental illness or psychiatric or psychological ailment / condition.
27. Medical Practitioner's home visit Expenses during pre and post hospitalization period, Attendant Nursing Expenses unless more than 60 years as specified in the parental care benefit.
28. Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
29. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to all forms of skiing, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurer.
30. Genetic disorders and stem cell implantation / surgery/storage.
31. Expenses incurred at Hospital primarily for diagnosis irrespective of 24 hours hospitalization without diagnosis of any disease which does not require any follow up treatment covered under this policy. This would also include stay in a hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner, which ordinarily can be given without hospitalization.
32. Treatments in health hydro, spas, nature care clinics and the like.

33. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital with the Appropriate Authorities
34. Treatment with alternative medicines like acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
35. Expenses incurred primarily for diagnostics, x-ray or laboratory examinations, or other diagnostics studies not consistent with or incidental to diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a hospital or at home under domiciliary hospitalization as defined.
36. Hospitalization for donation of any body organs by an Insured Person including complications arising from the donation of organs.
37. Treatment for obesity, weight reduction or weight management.
38. Experimental and unproven treatment.
39. Costs of donor screening or treatment
40. Disease / injury illness whilst performing duties as a serving member of a military or police force.
41. Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.

Who can take this policy

1. Cover available for individual and family & floater option is available for entire family.
2. By Family we mean Insured, Insured's legal Spouse, Legal, and Dependent Children & Dependent Parents. The dependent parents can't be covered under the floater option available under the policy.
3. Minimum entry age is 18 years and maximum entry age is 65 years. Children can be covered from 3 months and maximum up to 23 years subject to parents concurrently covered with us.
4. There is no exit age. However, beyond 70 years the renewal will be allowed subject to Insured accepting to pay the premium and additional loading as applicable for the age band in which the Insured falls at the time of renewal and as approved by IRDA.
5. Based on the medical history, Sum Insured opted and age proposed, Insured person may be subject to a Medical Examination. For persons aged above 45 years, the acceptance of proposal is subject to a satisfactory medical examination as per our company's requirements, irrespective of sum insured chosen and whether it is a fresh proposal or rollover/renewal from another insurer. However, if the proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the insurer.

Period of insurance

Health Insurance Policy – Retail, will normally be issued for one year; short period policy requests may be considered on specific request by Insured. Premium for such short period policies will be charged as per the table provided below –

Period on Risk	Required % of Annual Premium
Not exceeding 1 month	25%
Exceeding 1 month but not exceeding 3 months	50%
Exceeding 3 month but not exceeding 6 months	75%
Exceeding 6 months	100%

Fixing of sum Insured

1. Minimum SI: INR.50, 000
2. Maximum SI: INR 500,000
3. The Maximum Sum Insured would be restricted to INR 200,000/- for insured persons aged 60 and above and taking a policy with us for the first time.
4. Sum Insured of dependents to be less than or equal to Primary Insured's Sum Insured.
5. Plan Options: Plan A (Mumbai& Delhi), Plan B (Chennai, Kolkata, Bangalore, Ahmedabad, and Hyderabad) & Plan C (Rest of India). The plan which Insured is covered for will be shown on the Schedule. The table below sets out the percentage of the admissible claim amount that Insurer will be accountable for where a claim cost is incurred in a Location other than that prescribed in the Schedule.

Benefit Plan	Treatment Location A-Mumbai and Delhi	Treatment Location B - Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad	Treatment Location C- Rest of India
Plan A (Normal residential location - Mumbai & Delhi)	100%	100%	100%
Plan B (Normal residential location - Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad)	80%	100%	100%
Plan C (Normal residential location -Rest of India)	70%	80%	100%

Premium:

The premium rates (excluding service tax) applicable to respective plan and age for the policy are shown below, all amounts are in INR.

Non Floater Policies:

Age Band	Plan A (Mumbai & Delhi)						Plan B (Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad, Pune)					Plan C (Rest of India)					
	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L
0.25-18	1,401	2,358	2,849	4,144	4,788	907	1,210	2,037	2,460	3,579	4,135	859	1,146	1,930	2,331	3,391	3,918
19-35	1,647	2,664	3,218	4,723	5,689	1,067	1,422	2,301	2,779	4,079	4,913	1,010	1,347	2,179	2,633	3,864	4,654
36-40	2,093	3,391	4,146	6,580	7,768	1,356	1,808	2,929	3,581	5,683	6,709	1,284	1,712	2,774	3,392	5,384	6,356
41-45	2,431	3,875	4,807	8,151	9,418	1,575	2,100	3,347	4,152	7,040	8,133	1,492	1,989	3,170	3,933	6,669	7,705
46-55	3,284	5,725	7,088	11,139	13,299	2,127	2,836	4,944	6,121	9,620	11,485	2,015	2,687	4,684	5,799	9,114	10,881
56-60	5,337	8,437	10,191	13,680	16,859	3,457	4,610	7,286	8,801	11,815	14,560	3,275	4,367	6,903	8,338	11,193	13,794
61-65	6,808	10,760	12,998	17,448	21,503	4,409	5,879	9,293	11,226	15,069	18,571	4,177	5,570	8,804	10,635	14,276	17,593
66 - 70	10,220	15,145	18,295	26,195	30,265	6,620	8,827	13,080	15,800	22,623	26,138	6,272	8,362	12,391	14,968	21,433	24,762
71 - 75	13,477	19,970	24,123	34,541	39,907	8,729	11,639	17,247	20,834	29,831	34,466	8,270	11,026	16,339	19,737	28,261	32,652
76 - 80	16,794	25,488	30,788	44,084	50,933	10,620	14,504	22,012	26,590	38,073	43,988	10,061	13,741	20,854	25,190	36,069	41,673
81 - 85	20,929	32,530	39,294	56,264	65,005	12,921	18,075	28,094	33,936	48,592	56,141	12,241	17,124	26,615	32,150	46,034	53,186
86 - 90	26,081	41,517	50,150	71,809	82,965	15,721	22,525	35,856	43,312	62,017	71,651	14,893	21,339	33,968	41,032	58,753	67,880
91 - 95	32,502	52,987	64,006	91,648	1,05,886	19,127	28,070	45,762	55,278	79,151	91,447	18,120	26,592	43,353	52,368	74,985	86,634
96 - 100	40,503	67,627	81,690	1,16,969	1,35,141	23,271	34,980	58,405	70,550	1,01,019	1,16,713	22,046	33,139	55,331	66,837	95,702	1,10,570
101 - 105	50,474	86,311	1,04,259	1,49,285	1,72,478	28,312	43,591	74,541	90,042	1,28,928	1,48,958	26,822	41,297	70,618	85,303	1,22,143	1,41,118
106 - 110	62,900	1,10,157	1,33,064	1,90,530	2,20,130	34,446	54,323	95,135	1,14,919	1,64,549	1,90,112	32,633	51,464	90,128	1,08,870	1,55,888	1,80,107
111 - 115	78,385	1,40,591	1,69,827	2,43,170	2,80,948	41,909	67,696	1,21,420	1,46,668	2,10,010	2,42,637	39,703	64,133	1,15,029	1,38,949	1,98,957	2,29,867

If we have a policy holder beyond age of 115, we will continue to charge premiums applicable for age of 115. This is applicable for floater policies too.

Floater – two adult options:

Two Adults Floater Premiums																	
Plan A (Mumbai & Delhi)						Plan B (Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad, Pune)						Plan C (Rest of India)					
Age Band	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L
0.25-18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19-35	-	4,795	5,631	8,501	10,240	-	-	4,141	4,863	7,342	8,843	-	-	3,923	4,607	6,955	8,378
36-40	-	4,917	6,012	8,555	10,331	-	-	4,246	5,192	7,388	8,923	-	-	4,023	4,919	6,999	8,453
41-45	-	6,200	7,451	12,227	14,127	-	-	5,354	6,435	10,560	12,200	-	-	5,073	6,096	10,004	11,558
46-55	-	9,732	9,923	15,038	17,953	-	-	8,405	8,570	12,987	15,505	-	-	7,962	8,119	12,304	14,689
56-60	-	15,186	17,834	23,940	29,504	-	-	13,115	15,402	20,676	25,480	-	-	12,425	14,592	19,587	24,139
61-65	-	19,369	22,747	30,534	37,630	-	-	16,728	19,645	26,371	32,499	-	-	15,847	18,611	24,983	30,788
66 - 70	-	27,261	32,015	45,842	52,964	-	-	23,544	27,650	39,591	45,742	-	-	22,305	26,194	37,507	43,334
71 - 75	-	35,947	42,215	60,447	69,838	-	-	31,045	36,459	52,204	60,315	-	-	29,411	34,540	49,457	57,140
76 - 80	-	41,672	51,362	73,543	84,969	-	-	35,989	44,358	63,515	73,382	-	-	34,095	42,023	60,172	69,520
81 - 85	-	48,309	62,489	89,477	1,03,377	-	-	41,722	53,968	77,275	89,280	-	-	39,526	51,128	73,208	84,582
86 - 90	-	56,004	76,028	1,08,862	1,25,774	-	-	48,367	65,660	94,017	1,08,623	-	-	45,821	62,205	89,069	1,02,906
91 - 95	-	63,585	76,807	1,09,978	1,27,064	-	-	54,914	66,333	94,981	1,09,737	-	-	52,024	62,842	89,982	1,03,961
96 - 100	-	81,152	98,027	1,40,363	1,62,169	-	-	70,086	84,660	1,21,222	1,40,055	-	-	66,397	80,204	1,14,842	1,32,684
101 - 105	-	99,257	1,19,898	1,71,678	1,98,349	-	-	85,722	1,03,548	1,48,267	1,71,302	-	-	81,211	98,098	1,40,464	1,62,286
106 - 110	-	1,26,680	1,53,023	2,19,110	2,53,150	-	-	1,09,406	1,32,156	1,89,231	2,18,629	-	-	1,03,647	1,25,201	1,79,271	2,07,123
111 - 115	-	1,61,680	1,95,301	2,79,645	3,23,090	-	-	1,39,632	1,68,669	2,41,512	2,79,033	-	-	1,32,283	1,59,791	2,28,801	2,64,347

If we have a policy holder beyond age of 115, we will continue to charge premiums applicable for age of 115. This is applicable for floater policies too.

Floater – two adult and one child option:

Two Adults and One Child Floater Premiums																	
Plan A (Mumbai & Delhi)						Plan B (Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad, Pune)						Plan C (Rest of India)					
Age Band	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L
0.25-18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19-35	-	5,461	6,596	9,682	11,377	-	-	4,716	5,697	8,362	9,826	-	-	4,468	5,397	7,921	9,309
36-40	-	6,104	7,463	9,871	12,040	-	-	5,271	6,445	8,525	10,399	-	-	4,994	6,106	8,076	9,851
41-45	-	8,137	9,134	12,635	16,010	-	-	7,028	7,888	10,912	13,827	-	-	6,658	7,473	10,337	13,099
46-55	-	11,449	13,467	20,050	22,608	-	-	9,888	11,631	17,316	19,525	-	-	9,368	11,018	16,405	18,497
56-60	-	18,560	20,382	27,360	33,718	-	-	16,030	17,603	23,629	29,120	-	-	15,186	16,676	22,386	27,588
61-65	-	23,673	25,996	34,897	43,006	-	-	20,445	22,451	30,138	37,141	-	-	19,369	21,269	28,552	35,187
66 - 70	-	33,319	36,589	52,391	60,530	-	-	28,776	31,600	45,247	52,276	-	-	27,261	29,937	42,865	49,525
71 - 75	-	43,935	48,246	69,082	79,815	-	-	37,944	41,667	59,662	68,931	-	-	35,947	39,474	56,522	65,303
76 - 80	-	50,932	58,699	84,049	97,107	-	-	43,987	50,695	72,588	83,865	-	-	41,672	48,026	68,768	79,451
81 - 85	-	59,045	71,416	1,02,259	1,18,146	-	-	50,993	61,678	88,315	1,02,035	-	-	48,309	58,432	83,666	96,665
86 - 90	-	68,449	86,889	1,24,414	1,43,742	-	-	59,115	75,040	1,07,448	1,24,141	-	-	56,004	71,091	1,01,793	1,17,607
91 - 95	-	79,351	1,05,714	1,51,368	1,74,884	-	-	68,530	91,298	1,30,727	1,51,037	-	-	64,924	86,493	1,23,847	1,43,087
96 - 100	-	91,990	1,28,617	1,84,163	2,12,774	-	-	79,446	1,11,078	1,59,050	1,83,759	-	-	75,264	1,05,232	1,50,679	1,74,087
101 - 105	-	1,06,641	1,56,482	2,24,062	2,58,872	-	-	92,099	1,35,143	1,93,508	2,23,571	-	-	87,252	1,28,031	1,83,323	2,11,804
106 - 110	-	1,34,281	1,62,205	2,32,256	2,68,339	-	-	1,15,970	1,40,086	2,00,585	2,31,747	-	-	1,09,866	1,32,713	1,90,028	2,19,550
111 - 115	-	1,69,764	2,05,066	2,93,628	3,39,245	-	-	1,46,614	1,77,102	2,53,588	2,92,984	-	-	1,38,898	1,67,781	2,40,241	2,77,564

If we have a policy holder beyond age of 115, we will continue to charge premiums applicable for age of 115. This is applicable for floater policies too.

Floater – two adult and two children option:

Two Adults and Two Children Floater Premiums

Plan A (Mumbai & Delhi)					Plan B (Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad, Pune)						Plan C (Rest of India)						
Age Band	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L
0.25-18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19-35	-	6,659	8,044	10,863	14,222	-	-	5,751	6,947	9,381	12,283	-	-	5,449	6,582	8,888	11,636
36-40	-	7,121	8,707	11,845	16,313	-	-	6,150	7,520	10,230	14,088	-	-	5,826	7,124	9,691	13,347
41-45	-	8,912	11,057	14,672	17,894	-	-	7,697	9,549	12,672	15,454	-	-	7,292	9,046	12,005	14,640
46-55	-	13,167	16,302	22,278	30,587	-	-	11,371	14,079	19,240	26,416	-	-	10,773	13,338	18,228	25,026
56-60	-	19,404	23,439	31,464	38,776	-	-	16,758	20,243	27,174	33,488	-	-	15,876	19,178	25,744	31,726
61-65	-	24,749	29,895	40,131	49,457	-	-	21,374	25,819	34,659	42,713	-	-	20,249	24,460	32,834	40,465
66 - 70	-	34,834	42,078	60,250	69,610	-	-	30,084	36,340	52,034	60,118	-	-	28,500	34,427	49,295	56,953
71 - 75	-	46,132	50,659	72,537	83,806	-	-	39,841	43,751	62,645	72,378	-	-	37,744	41,448	59,348	68,568
76 - 80	-	53,479	61,634	88,252	1,01,962	-	-	46,186	53,229	76,218	88,058	-	-	43,756	50,428	72,206	83,424
81 - 85	-	61,997	74,987	1,07,372	1,24,053	-	-	53,543	64,762	92,730	1,07,137	-	-	50,725	61,353	87,850	1,01,498
86 - 90	-	71,871	91,233	1,30,634	1,50,929	-	-	62,071	78,792	1,12,821	1,30,348	-	-	58,804	74,645	1,06,883	1,23,488
91 - 95	-	83,319	1,10,999	1,58,937	1,83,629	-	-	71,957	95,863	1,37,263	1,58,588	-	-	68,170	90,818	1,30,039	1,50,242
96 - 100	-	96,589	1,35,048	1,93,371	2,23,412	-	-	83,418	1,16,632	1,67,002	1,92,947	-	-	79,027	1,10,493	1,58,212	1,82,792
101 - 105	-	1,11,973	1,64,306	2,35,265	2,71,815	-	-	96,704	1,41,901	2,03,183	2,34,749	-	-	91,614	1,34,432	1,92,490	2,22,394
106 - 110	-	1,40,995	1,70,315	2,43,869	2,81,756	-	-	1,21,769	1,47,090	2,10,614	2,43,334	-	-	1,15,360	1,39,348	1,99,529	2,30,527
111 - 115	-	1,78,252	2,15,319	3,08,309	3,56,207	-	-	1,53,945	1,85,957	2,66,267	3,07,633	-	-	1,45,842	1,76,170	2,52,253	2,91,442

If we have a policy holder beyond age of 115, we will continue to charge premiums applicable for age of 115. This is applicable for floater policies too.

Floater – One adult and one child option:

One Adult and One Child Floater Premiums																	
Plan A (Mumbai & Delhi)						Plan B (Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad, Pune)						Plan C (Rest of India)					
Age Band	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L
0.25-18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19-35	-	4,395	5,148	7,793	9,386	-	-	3,796	4,446	6,730	8,106	-	-	3,596	4,212	6,376	7,680
36-40	-	4,578	5,597	7,897	9,710	-	-	3,954	4,834	6,820	8,386	-	-	3,746	4,580	6,461	7,945
41-45	-	5,425	6,490	10,597	12,243	-	-	4,685	5,605	9,152	10,574	-	-	4,439	5,310	8,670	10,017
46-55	-	8,301	8,151	12,253	14,628	-	-	7,169	7,040	10,582	12,634	-	-	6,791	6,669	10,025	11,969
56-60	-	12,233	14,267	19,152	23,603	-	-	10,565	12,322	16,541	20,384	-	-	10,009	11,673	15,670	19,311
61-65	-	15,065	17,547	23,555	29,029	-	-	13,010	15,154	20,343	25,070	-	-	12,326	14,357	19,272	23,751
66 - 70	-	21,203	24,698	35,364	40,858	-	-	18,312	21,330	30,542	35,286	-	-	17,348	20,207	28,934	33,429
71 - 75	-	27,958	32,566	46,631	53,875	-	-	24,146	28,125	40,272	46,528	-	-	22,875	26,645	38,152	44,080
76 - 80	-	32,412	39,622	56,733	65,547	-	-	27,992	34,219	48,997	56,609	-	-	26,519	32,418	46,418	53,630
81 - 85	-	37,574	48,206	69,025	79,748	-	-	32,450	41,632	59,612	68,874	-	-	30,742	39,441	56,475	65,249
86 - 90	-	45,669	55,165	78,990	91,261	-	-	39,441	47,643	68,218	78,817	-	-	37,365	45,135	64,628	74,668
91 - 95	-	58,286	70,406	1,00,813	1,16,475	-	-	50,338	60,806	87,066	1,00,592	-	-	47,689	57,605	82,483	95,298
96 - 100	-	74,389	89,858	1,28,666	1,48,655	-	-	64,245	77,605	1,11,120	1,28,384	-	-	60,864	73,521	1,05,272	1,21,627
101 - 105	-	94,942	1,14,685	1,64,214	1,89,726	-	-	81,995	99,046	1,41,821	1,63,854	-	-	77,680	93,833	1,34,357	1,55,230
106 - 110	-	1,21,172	1,46,370	2,09,583	2,42,143	-	-	1,04,649	1,26,410	1,81,004	2,09,124	-	-	99,141	1,19,757	1,71,477	1,98,117
111 - 115	-	1,54,650	1,86,809	2,67,487	3,09,043	-	-	1,33,561	1,61,335	2,31,011	2,66,901	-	-	1,26,532	1,52,844	2,18,853	2,52,853

If we have a policy holder beyond age of 115, we will continue to charge premiums applicable for age of 115. This is applicable for floater policies too.

Floater – One adult and two children option:

Two Adult and Two Children Floater Premiums																	
Plan A (Mumbai & Delhi)						Plan B (Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad, Pune)						Plan C (Rest of India)					
Age Band	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L	50K	1L	2L	3L	4L	5L
0.25-18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19-35	-	5,594	6,596	8,973	12,231	-	-	4,831	5,697	7,750	10,563	-	-	4,577	5,397	7,342	10,007
36-40	-	5,934	7,256	10,529	15,148	-	-	5,125	6,266	9,093	13,082	-	-	4,855	5,936	8,614	12,394
41-45	-	6,200	8,413	12,635	16,010	-	-	5,354	7,265	10,912	13,827	-	-	5,073	6,883	10,337	13,099
46-55	-	10,018	10,986	14,481	22,608	-	-	8,652	9,488	12,506	19,525	-	-	8,197	8,989	11,848	18,497
56-60	-	13,077	17,325	23,256	28,661	-	-	11,294	14,962	20,085	24,752	-	-	10,699	14,175	19,028	23,450
61-65	-	16,141	21,447	28,790	35,480	-	-	13,940	18,522	24,864	30,642	-	-	13,206	17,547	23,555	29,029
66-70	-	22,718	30,186	43,223	49,937	-	-	19,620	26,070	37,329	43,128	-	-	18,587	24,698	35,364	40,858
71-75	-	29,956	39,803	56,993	65,847	-	-	25,871	34,375	49,221	56,868	-	-	24,509	32,566	46,631	53,875
76-80	-	34,727	48,427	69,341	80,113	-	-	29,991	41,823	59,885	69,189	-	-	28,413	39,622	56,733	65,547
81-85	-	40,258	58,918	84,364	97,470	-	-	34,768	50,884	72,860	84,179	-	-	32,938	48,206	69,025	79,748
86-90	-	47,744	57,673	82,580	95,409	-	-	41,234	49,808	71,319	82,399	-	-	39,064	47,187	67,566	78,062
91-95	-	60,935	73,607	1,05,395	1,21,769	-	-	52,626	63,569	91,023	1,05,164	-	-	49,856	60,224	86,233	99,629
96-100	-	77,771	93,943	1,34,514	1,55,412	-	-	67,166	81,133	1,16,171	1,34,219	-	-	63,631	76,862	1,10,057	1,27,155
101-105	-	99,257	1,19,898	1,71,678	1,98,349	-	-	85,722	1,03,548	1,48,267	1,71,302	-	-	81,211	98,098	1,40,464	1,62,286
106-110	-	1,26,680	1,53,023	2,19,110	2,53,150	-	-	1,09,406	1,32,156	1,89,231	2,18,629	-	-	1,03,647	1,25,201	1,79,271	2,07,123
111-115	-	1,61,680	1,95,301	2,79,645	3,23,090	-	-	1,39,632	1,68,669	2,41,512	2,79,033	-	-	1,32,283	1,59,791	2,28,801	2,64,347

If we have a policy holder beyond age of 115, we will continue to charge premiums applicable for age of 115. This is applicable for floater policies too.

Add on covers pricing –

Sr	Add on / endorsement proposed	Premium Loading (on basic premium)			
		Age Band	Plan A	Plan B	Plan C
1	Removal of Room & ICU rent sub-limits	0.25 – 1	15%	12%	10%
		2.0 – 18	4%	3%	3%
		19 – 25	4%	3%	3%
		26 – 30	4%	3%	3%
		31 – 35	5%	4%	3%
		36 – 40	6%	4%	3%
		41 – 45	7%	5%	4%
		46 – 50	8%	6%	4%
		51 – 55	10%	7%	4%
		56 – 60	12%	8%	5%
		61 – 65	13%	9%	6%
		66-70	14%	10%	8%
		70+	15%	11%	10%
2	Removal of sub-limits on operation and consultancy charges	Loading @ 5 % of the basic premium			

Additions/Deletions during the policy period

Inclusion of family members for the proposed coverage is allowed only at application time or when eligible (eg, new-born after 90 days), Otherwise inclusion should only be done at renewal time. Cover from any Insured Person can be withdrawn by Insured giving 15 days notice in this regard to the Insurer.

Revision in the sum insured during policy period

Midterm revision of Sum Insured is not allowed, Sum Insured changes are allowed only on renewals. Increase of sum Insured will be allowed only after medical underwriting applicable to similar new business proposal of comparative age / gender.

Revision of Product

In case of revision of this product we will communicate to you at least 3 months prior to the revision. Existing policy will continue to remain in force till its expiry, and for existing policyholders the revision will be applicable only from the date of renewal.

Loading

Taking into account the proposal form and /or the medical reports following restrictions & loadings are applicable:

Sr. No		3months-35 years	>35 years
1	Smoker (less than 40 cigarettes daily) Smoker (more than 40 per days) = decline	10% loading on the standard rates	
2	Alcohol Consumption	20% loading on the standard rates	
3	Hypertension	20% loading on premium accept with related conditions exclusion (if no complication detected via medical examination/test/reports)	Acceptance subject to Medical Underwriting.
4	Diabetes	20% loading on premium accept with Diabetes and related conditions exclusion (if no complication detected via medical examination/test/reports)	
5	Asthma	10% loading on standard premium accept with exclusion	
6	Combination of other impairment	20% loading on premium (if no complication detected via medical examination/test/reports.	Acceptance subject to Medical Underwriting
7	Combination of any 2 or more from Sr. No 3 To Sr. No 6	Decline	

Cumulative Bonus

If no claim has been made under the policy with us and the policy is renewed with us and without any break or within the Grace period as defined under the policy, we will allow a cumulative bonus to the renewal policy upon receipt of premium automatically by increasing the Sum Insured by 5%. The maximum cumulative bonus shall not exceed 25% of the Sum Insured in any policy year. The cumulative bonus to be offered is as mentioned below:

- a. In case of a family floater cover, the cumulative bonus so applied will depend on the claim/claims made under the expiring policy and will be 5% of Sum Insured for a claim free year and subject to a maximum of 25% of Sum Insured in any policy year.
- b. In case of a claim in the Policy the Cumulative Bonus if any under the policy will get reduced by 5% at the time of renewal, in the renewed policy. Also, in case of a policy issued to a Family with specific Sum Insured to Insured Persons, the Cumulative Bonus, if any for the Insured Person who has made the claim under the policy gets reduced by 5% in the following year in the renewed policy.
- c. In case of a policy being renewed with us and which was previously covered with other Indian Insurers, we will be offering a maximum cumulative bonus of 20% of Sum Insured provided the Insured submits the renewal notice and policy copy reflecting a no claim bonus/cumulative bonus equivalent or more than 25%. In case of no claim bonus enjoyed with previous Insurers being less than 25%, a deduction of 5% will be made from the % of no claim bonus enjoyed and the balance will be allowed under the policy, as no claim bonus/cumulative bonus. However, this benefit will be restricted only up to the sum insured as provided under the previous or expiring policy obtained by the Insured from Other Insurer.
- d. In case of increase in the Sum Insured on renewal of the Policy Cumulative bonus will be applicable on the increased Sum Insured only from the next year subject to no claims and will start from 5% and may / may not be similar to the cumulative bonus on the basic Sum Insured at the inception of the Policy with us.
- e. The accumulated cumulative bonus is available to the insured person only upon exhaustion of the basic sum insured under the policy and all the eligibility criteria for the ascertaining the applicable limits under the policy will be calculated basing on the base sum insured.

Termination of Policy

This Policy terminates on earliest of the following events-

- a. Cancellation of policy as per the cancellation provision.
- b. On the policy expiry date.

Portability

This policy is portable as per Insurance Regulatory and Development Authority (Health Insurance) Regulation, 2013 and you should initiate action to approach another insurer, to take advantage of portability, well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer.

Mechanism for continuity of coverage

In the event of this policy under which the Insured Person is covered and which is being discontinued or not renewed or Insured person leaving the policy because of any reason, the Insured Person has the option of taking out any other indemnity based individual health insurance policy. In such an event, all the waiting periods as stipulated under such other indemnity based individual health policy will be applicable with due adjustment for the Uninterrupted period in completed years for which the Individual was covered under this policy. This continuity of coverage will be applicable only if the migration from this policy to such other indemnity based individual health policy takes place within 30 days of coverage being discontinued under this policy. However, any such benefit would be restricted to the maximum of his eligibility of sum insured under such other indemnity based individual health policy or the sum insured enjoyed by the individual under this policy whichever is lower. Also, all the underwriting rules and regulations of such other indemnity based individual health policy would be applicable for acceptance of such risk.

Renewal & Cancellation

Ordinarily renewals will not be refused /cancellation will not be invoked by Insurer except on ground of fraud, moral hazard or misrepresentation. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may increase the risk to the Insurer under the coverage provided hereunder. In case any disease /illness is contracted during the last 12 months (whether a claim is made or not with the Insurer), the information on the same needs to be provided to us at the time of renewal. The Policy will automatically terminate at the end of the Policy Period and we are under no obligation to give notice that it is due for renewal. Renewal premium will be charged as per the age at the time of renewal as per the table provided under heading of Premium, however the same may be changed as mentioned under heading of revision of product.

In case of a Policy that has expired/ not renewed with the Insurer before the end date of period of Insurance and being renewed upon specific acceptance by the Insurer within 30 days from the date of expiry, the cover would be without loss of continuity benefits of waiting period and coverage of Pre-existing diseases. However, Coverage is not available for the period for which no premium is received and any complications arising from any illness/disease/accident during such period of break in Insurance is not covered under the Policy. In the event of any renewal of the policy after 30 days from the expiry of the policy, the same will be treated as a fresh policy and all the terms and conditions of the policy will be applicable.

Insurer may cancel this insurance by giving Insured at least 15 days written notice and shall refund a pro-rata premium for the unexpired Policy Period. Insured may cancel this insurance by giving Insurer at least 15 days written notice, and if no claim has been made then the Insurer shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil