STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - STAR CARE MICRO INSURANCE POLICY

Unique Identification No.: SHAHLIP21180V022021

The product provides for regular hospitalization benefits on Individual Basis, as well as on Floater basis.

❖ **Who can take this insurance?**

- Any person between 18 years and 65 years of age can take this insurance. Children can be covered from 2 years along with parents.
- This age limit of 65 years is for entry level into this scheme only. Beyond 65 years only renewals accepted. There is no capping on exit age. Life long renewal
- Family means Self, Spouse and dependent children up to 25 years of age.

❖ **Is there any Pre-Acceptance Medical screening?**
No pre-acceptance medical screening

❖ **What are the sum insured options available?**
The insurance is available for sum insured of Rs.1,00,000/- . In case of 'Floater' policy, the Sum Insured will be common for the family and floats over all its covered members.

❖ **What are the benefits available under the insurance?**

A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 0.75% of Sum Insured (either private room or shared accommodation).

B) ICU charges upto Rs.2000/- per day subject to a maximum of Rs.10,000/- per hospitalization.

C) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

D) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.

E) Emergency ambulance charges up-to a sum of Rs.500/- per hospitalization and overall limit of Rs.1000/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided there is an admissible claim under the policy.

F) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.

G) Post-Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.3000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken

H) **Hospital Cash Benefit:** Will be paid at the rate of One Thousand Rupees per day of hospitalization subject to a maximum of 14 days, where the treatment was taken in Government Hospital. This will be paid only for covered surgeries done as in-patient, whether any claim is made on indemnity basis or not. Payment of claim under hospital cash benefit will not reduce the Sum Insured.

I) **Coverage for Modern Treatments**: The expenses payable during the entire policy period for treatment of the following treatment/procedures (either as a day care or as in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below;

Treatment / Procedure	Limit per person per policy period
Sum Insured	**Rs.1,00,000/-**
Sum Insured on Individual Basis: Limit per person, per policy period for each treatment / procedure **Sum Insured on Floater Basis:** Limit per policy period for each treatment / procedure	
A. Uterine artery Embolization and HIFU	Rs.12,500/-
B. Balloon Sinuplasty	Rs.5,000/-
C. Deep Brain Stimulation	Rs.25,000/-
D. Oral Chemotherapy*	Rs.12,500/-
E. Immunotherapy-Monoclonal Antibody to be given as injection	Rs.25,000/-
F. Intra Vitreal injections	Rs.5,000/-
G. Robotic surgeries	Rs.25,000/-
H. Stereotactic radio surgeries	Rs.25,000/-
I. Bronchical Thermoplasty	Upto Sum Insured
J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	
K. IONM-(Intra Operative Neuro Monitoring)	
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	Rs.25,000/-

*sublimits all inclusive with or without hospitalization where ever hospitalization includes pre and post hospitalization.

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments detailed elsewhere in the policy.

Expenses relating to the hospitalization will be considered in proportion to the room rent stated in the policy

❖ **Are there any sub-limits?**
There are sub-limits for specific diseases / illness as detailed below which should be read before concluding the purchase of this insurance

Ailment	Limit of Indemnity per policy period
Medical Management (Major diseases)	Rs.15,000/-
Medical Management (Other diseases)	Rs.7,500/-
Cataract	Rs.8,500/-
Accidental grievous injuries(either surgery or medical management)	Rs.40,000/-
Major Surgeries	Rs.40,000/-
Other Surgeries	Rs.20,000/-

❖ **Benefit Illustration:** Let us take the example of a family floater cover with following medical expenses during the policy period

Description	Hospital Bill (Rs.)	Amount payable as per policy (Rs)
Surgery for Cancer (Major Surgery) for self	Rs.55,000/-	Rs.40,000/-
Accidental grievous injury for spouse	Rs.45,000/-	Rs.40,000/-
Admission of son for Jaundice	Rs.8,500/-	Rs.7,500/-
Minor Surgery for draining of large sub-cutaneous abcess for self	Rs.19,500/-	Rs.12,500/- (Balance of sum insured of Rs.1,00,000/-)
Maximum Liability		**Rs.1,00,000/-**

❖ **What are the exclusions under the policy?**
The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of;

1. **Pre-Existing Diseases - Code Excl 01**
   A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer
   B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
   C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then for the same would be reduced to the extent of prior coverage
   D. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
2. **Specified disease / procedure waiting period - Code Excl 02**
   A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident
   B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
   C. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
   D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   F. List of specific diseases/procedures;
      a) Cataract, Retinal detachment, Glaucoma, diseases of ENT, Mastoidectomy, Tympanoplasty, Stapedectomy, diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, all diseases of prostate, Stricture Urethra, all obstructive-uropathies,all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, Pilonidal sinus and fistula, Rectal Prolapse, stress incontinence and Congenital Internal disease / defect
      b) Gall bladder diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary including gall bladder and pancreatic calculi. All types of management for kidney and genitourinary tract calculi
      c) All treatments (conservative, interventional, laparoscopic and open) related to all diseases of uterus, fallopian tubes, cervix and ovaries, dysfunctional uterine bleeding, pelvic inflammatory diseases, benign breast diseases
      d) Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint [other than caused by accident]
      e) Degenerative disc and vertebral diseases including replacement of bones and joints and degenerative diseases of the musculo-skeletal system
      f) Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, lipoma, neurofibroma, fibroadenoma, ganglion and similar pathology
      g) Any transplant and related surgery

3. **30-day waiting period - Code Excl 03**
   A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
   B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
   C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
4. **Investigation & Evaluation - Code Excl 04**
   A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
   B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
5. **Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes;
   1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons
   2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
6. **Obesity / Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;
   A. Surgery to be conducted is upon the advice of the Doctor
   B. The surgery/Procedure conducted should be supported by clinical protocols
   C. The member has to be 18 years of age or older and
   D. Body Mass Index (BMI);
      1. greater than or equal to 40 or
      2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
         a. Obesity-related cardiomyopathy
         b. Coronary heart disease
         c. Severe Sleep Apnea
         d. Uncontrolled Type2 Diabetes
7. **Change-of-Gender treatments - Code Excl 07** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. **Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **- Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons **- Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **- Code Excl 14**
15. **Refractive Error - Code - Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.
16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility - Code Excl 17:** Expenses related to sterility and infertility. This includes;
   a. Any type of contraception, sterilization
   b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
   c. Gestational Surrogacy
   d. Reversal of sterilization
18. **Maternity - Code Excl 18**
   a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
   b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
19. Circumcision(unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident) **- Code Excl 19**
20. Congenital external disease or defects or anomalies **- Code Excl 20**
21. Convalescence, general debility, run-down condition, nutritional deficiency states **- Code Excl 21**
22. Intentional self injury **- Code Excl 22**
23. Venereal Disease and Sexually Transmitted Diseases (Other than HIV) **- Code Excl 23**
24. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) **- Code Excl 24**
25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials **- Code Excl 25**
26. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, Photodynamic therapy and such other therapies **- Code Excl 26**.
27. Unconventional, untested, experimental therapies **- Code Excl 27**
28. Chondrocyte Implantation **- Code Excl 28**
29. All treatment for erectile dysfunctions **- Code Excl 30**
30. Inoculation or Vaccination (except for post–bite treatment and for medical treatment other than for prevention of diseases.) **- Code Excl 31**
31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) **- Code Excl 32**
32. Medical treatment of metabolic and endocrine disorders **- Code Excl 33**
33. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **- Code Excl 34**
34. Cost of spectacles and contact lens, hearing aids, Cochlear implants walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids **- Code Excl 35**
35. Other Excluded Expenses as detailed in the website www.starhealth.in **- Code Excl 37**
36. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes **- Code Excl 38**
37. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy **- Code Excl 39**
38. Naturopathy Treatment **- Code Excl 40**

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

❖ **Claim Procedure:** Claiming process and documents to be submitted in support of claim: For Cashless Treatment:
   a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477
   b. Inform the ID number for easy reference
   c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
   d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
   e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
   f. This form is submitted to the Company
   g. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
   h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
   i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
   j. Cashless facility can be availed only in networked Hospitals.
   k. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Note: The Company reserves the right to call for additional documents wherever required.

Claims for planned hospitalisation can be availed only from networked hospitals. However, emergency treatments can be availed also from hospitals which are not networked in Tier-1 & Tier-2 places

For Reimbursement claims: Time limit for submission of;

Sl.No.	Type of Claim	Prescribed time limit
1.	Reimbursement of hospitalization and day care expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2.	Reimbursement of Post hospitalization	within 15 days after completion of 60 days from the date of discharge from hospital
Note: Prescriptions and receipts for Pre and Post-hospitalisation needs to be submitted		

Documents to be submitted: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.
a) Duly completed claim form
b) Pre -admission investigations and treatment papers
c) Discharge summary from the hospital in original
d) Cash receipts from hospital, chemists
e) Cash receipts and reports for tests done
f) Receipts from doctors, surgeons, anesthetist
g) Certificate from the attending doctor regarding the diagnosis.
h) Copy of PAN card

Claims for Hospital Cash under coverage (H) of this policy will be processed similar to reimbursement claim. The documents required are the same as above, including Cash Receipts, wherever applicable.

Provision of Penal Interest
a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India.

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

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

  If the insured has not made any claim during the Free Look Period, the insured shall be entitled to;
  i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
  ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
  iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

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

- **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder

- **When can a policy be cancelled?**
  i. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Period on risk	Rate of premium to be retained
Up to one month	40% of annual premium
Up to three months	60% of annual premium
Up to six months	85% of annual premium
Exceeding six months	Full Annual Premium

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

  ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

- **Automatic Termination:** The insurance under this policy with respect to each relevant insured person shall terminate immediately on the earlier of the following events:
  - ✓ Upon the death of the Insured Person This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.
  - ✓ Upon exhaustion of the sum insured under the policy

- **Is Income Tax Benefit available?**
  Insured Person is eligible for relief under Section 80-D of the Income Tax Act in respect of the amount paid by any mode other than cash.

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

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

- **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

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

- **Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

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

- **How to buy this insurance?**
  All that needs to be done is to call the nearest office at the addresses/phone numbers given overleaf.

- **Important Note:** IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

- **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 the 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 published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

Premium Chart — **Amount in Rs. (Excluding Tax)**

Age (in years)	Family Size					
	1A	1A+1C	1A+2C	2A	2A+1C	2A+2C
2-25	905	1,290	1,620	1,400	1,705	1,995
26-40	1,100	1,665	2,090	1,805	2,200	2,500
41-50	1,600	2,395	2,945	2,600	3,100	3,500
51-60	2,200	3,320	4,180	3,605	4,400	5,000
61-65	3,080	4,540	5,700	4,930	6,000	6,780
66-70	3,665	5,400	6,795	5,865	7,150	8,065
Above 70	4,290	6,320	7,955	6,865	8,370	9,440

A - Adult | C - Child

Benefit Illustration in respect of policies offered on individual and family floater basis

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)
Illustration 1										
64	3,080	1,00,000	3,080	Nil	3,080	1,00,000	5,280	350	4,930	1,00,000
58	2,200	1,00,000	2,200		2,200	1,00,000				
Total Premium for all members of the family is **Rs.5,280/-**, when each member is covered separately. Sum insured available for each individual is **Rs.1,00,000/-**			Total Premium for all members of the family is **Rs.5,280/-**, when they are covered under a single policy. Sum insured available for each family member is **Rs.1,00,000/-**				Total Premium when policy is opted on floater basis is **Rs.4,930/-**, Sum insured of **Rs.1,00,000/-** is available for the entire family **(2A)**			
Illustration 2										
47	1,600	1,00,000	1,600	Nil	1,600	1,00,000	4,105	1,005	3,100	1,00,000
44	1,600	1,00,000	1,600		1,600	1,00,000				
19	905	1,00,000	905		905	1,00,000				
Total Premium for all members of the family is **Rs.4,105/-**, when each member is covered separately. Sum insured available for each individual is **Rs.1,00,000/-**			Total Premium for all members of the family is **Rs.4,105/-**, when they are covered under a single policy. Sum insured available for each family member is **Rs.1,00,000/-**				Total Premium when policy is opted on floater basis is **Rs.3,100/-** Sum insured of **Rs.1,00,000/-** is available for the entire family **(2A+1C)**			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

A-Adult | C-Child