

Is your existing health cover big enough for you?

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

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

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

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

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

KEY FEATURES



6 Hours response guarantee on every cashless claim or we pay a penalty



Higher Sum Insured at a low premium with option of choosing from a wide range of deductibles



Comprehensive coverage that includes pre and post hospitalisation expenses and day care procedures without any sub limits

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

POLICY COVERAGE



In-patient hospitalization expenses: If the treatment of an illness or accidental injury is taken in a hospital, we cover the medical expenses incurred by you towards your hospitalisation on room rent /ICU/ Therapeutic Unit, Medical Practitioner fees, Anaesthetist fees, nurse fees, blood, oxygen and anaesthesia. There are no sub-limits under this cover.

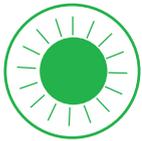


Pre and Post-hospitalisation medical expenses: We understand that medical expenses start even before hospitalisation and continue post hospitalisation also. That's why we cover all the medical expenses you incur up to 30 days before being admitted into a hospital and for 60 days after you have been discharged from hospital. These expenses are payable subject to following conditions.

- Such medical expenses are incurred for the same condition for which Your hospitalization was required and
- the Inpatient Hospitalization claim for such hospitalization is admissible by Us.



Expenses for Pre existing diseases: The Policy covers expenses incurred for the treatment of diseases that you have before taking the Policy. Such will be covered only after 3 continuous renewals with us.



Day Care Procedures: The Policy also covers the medical expenses incurred by you for treatment or procedures that requires less than 24 hours of hospitalisation undertaken under general or local anesthesia. There is no static list for day care procedures in the policy as advances in medical science leads to many more being added continuously. So, even if it is a new procedure, you can be rest assured that, we will cover it. However, this cover excludes diagnostic procedures and treatments taken in an out-patient department.

Family discount: In case more than 2 members of family are enrolled in single policy with individual Sum Insured, then a discount of 10% on final premium is given.

For the indicative list of covered treatments, please refer our website www.hdfcgi.com

SUM INSURED AND AGGREGATE DEDUCTIBLES

AGGREGATE DEDUCTIBLE	SUM INSURED			
	3 lakhs	8 lakhs	16 lakhs	20 lakhs
2 lakhs	3 lakhs	8 lakhs		
3 lakhs	7 lakhs	12 lakhs		
4 lakhs	6 lakhs	11 lakhs	16 lakhs	
5 lakhs	5 lakhs	10 lakhs	15 lakhs	20 lakhs

ILLUSTRATION

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

Deductible ₹ 2 lakhs and Sum Insured in my:health Medisure Super Top Up Insurance Rs. 8 lakhs

	Claim Amt assessed	Deductible exhaustion	Balance Deductible	Payable by other policy or savings	Payable by Super Top Up Policy
At Inception	0	0	200,000	0	0
Claim 1	150,000	150,000	50,000	150,000	0
Claim 2	300,000	50,000	0	50,000	250,000
Claim 3	550,000	0	0	0	550,000

ADDITIONAL BENEFITS



Free-Look Period: This gives you an option of cancelling the Policy within 15 days from the date of receipt of Policy documents, if you are not satisfied with the coverage and terms of the Policy. We will refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced). Refund will not be applicable if you have made a claim against the Policy during that period.

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



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



Guaranteed Renewal for Life: You can renew your Policy throughout your lifetime, provided your application for renewal and the renewal premium are received in full before the due date or within a maximum of 30 days from such date. Please note that no claims will be payable during this gap period of 30 days.



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



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



Service Guarantee: In case of a Cashless Claim - We assure a response within 6 hours for a cashless facility request, provided your intimation is received during working hours from 9 am to 9 pm on Monday to Saturday. In case we fail to meet this assurance; we will pay a fixed compensation/penalty of ₹ 1000. If your intimation is received after working hours on a working day, or any time during a holiday, we assure a response within 8 hours.

In case of a Reimbursement Claim - We assure a response within 6 working days from the date of receipt of the complete set of documents.

ELIGIBILITY

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

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

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

You are not required to undergo any medical tests upto the age of 55 years, except if you have declared any pre-existing diseases or ailments at the time of applying for the policy. In such cases and for applicants above age 55 years, one has to undergo the specified medical tests as given below. On acceptance of proposals, we will reimburse 50% of the expenses (on our pre agreed rates with the network provider) incurred on the pre-acceptance medical tests.

List of Medical Tests required

- Medical Examination Report • Treadmill Test/ECG • Lipid Profile • HbA1C • Serum Creatinine • Complete Blood Count, Urinalysis.

Pre agreed charges for health check up with our network provider are ₹ 675/- for the above tests.

The Health check up and subsequent Medical reports are valid upto 30 days from date of Health Check up.

On acceptance of proposals, we will reimburse 50% of the expenses (on our pre agreed rates with the network provider) incurred on the pre-acceptance medical tests. Please refer our website www.hdfcgi.com for the list of DC in your area.

MEDICAL UNDERWRITING

Proposer above 55 years of age (Age as on last birthday as at Policy inception date) and those having a medical history, are subject to Medical Underwriting by the Company. The Company reserves the right to Accept on standard terms/Decline/Accept with exclusion and/or Premium loading (up to a maximum of 100% on Basic Premium).

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

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

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

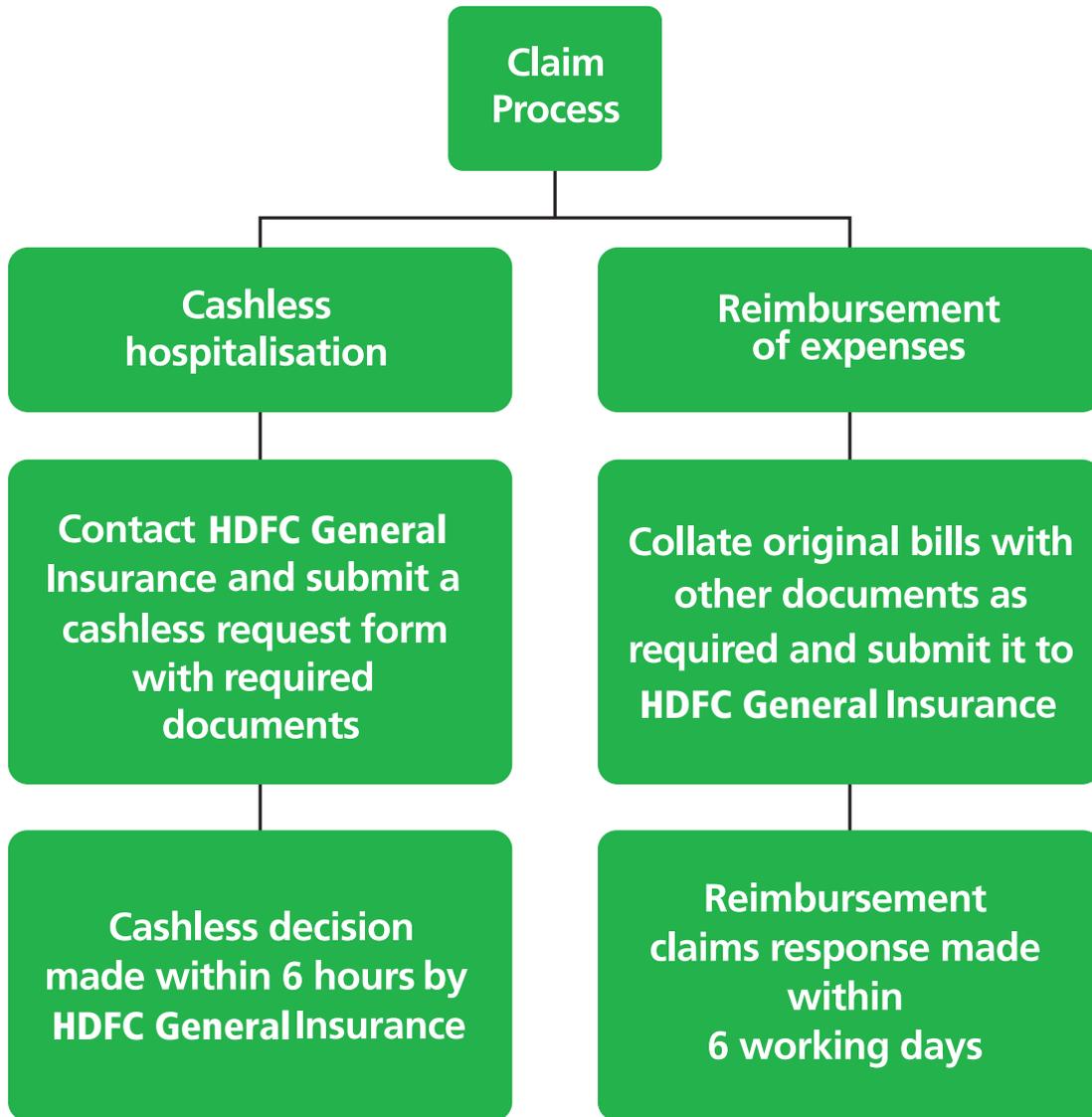
Illness	Premium loading % on Basic Premium (For reference only)
Diabetes	10% - 40%
Blood Pressure/Hypertension	10% - 30%
Asthama	10% - 30%
Kidney related disorders	10% - 30%

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

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

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

HOW TO MAKE A QUICK AND TRANSPARENT CLAIM WITH HDFC GENERAL INSURANCE



THIRD PARTY ADMINISTRATOR

E-Meditek is a TPA appointed by us for processing of Claims however, the ultimate responsibility of acceptance or rejection of a claim lies only with us.

WHAT THE POLICY DOES NOT COVER

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

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 36 months of continuous covers have elapsed since inception of the first Policy with us.
2. If the below given diseases are pre-existing at the time of proposal or subsequently found to be pre-existing, Exclusion 1 above shall apply to:
 - Diabetes & Related complications including Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper/Hypoglycaemic Shocks.

- Hypertension & Related complications including Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages.
3. Any disease contracted and/or Medical Expenses incurred by You in respect of any illness during the first 30 days from the commencement date of the Policy except in case of accidental injuries. This exclusion does not apply for those having any health insurance indemnity policy in India at least for 1 year prior to taking this Policy as well as for subsequent renewals with Us without a break.
 4. All expenses along with their complications on treatment towards the following ailments/illness are excluded and will be covered after the first two years (24 months) of continuous operation of this insurance cover:
 - Cataract
 - Hysterectomy other than for malignancy
 - Uterine prolapse including any condition requiring Hysterectomy
 - Polycystic Ovarian Diseases, Myomectomy for Fibroids
 - Knee Replacement Surgery (other than caused by an accident)
 - Osteoarthritis and Osteoporosis
 - Arthritis, Arthroscopic Surgery, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertebral discs (other than caused by accident)
 - Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary, uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele
 - Congenital internal anomaly
 - Fistula in anus, Piles, Fissures
 - Fibroids, Dilatation & Curettage for treatment purposes, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM)
 - Deviated Nasal Septum, Sinusitis and related disorders
 - Surgery on tonsils/Adenoids
 - Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, benign Ear, Nose and Throat disorders and surgeries, Chronic Nephritis and Nephropathy (Kidney diseases)
 - Hypertension and Diabetes and related complications
 5. Domiciliary hospitalization expenses
 6. Co-payment: All person(s) named in the Schedule to this Policy above the age of 80 years (age as on last birthday) shall bear a co-pay of 10% for each and every claim.
 7. Aggregate Deductible: We are not liable for Claims/Claim amount falling within Aggregate Deductible limit as opted and mentioned on the Schedule
 8. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means.

9. Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.
10. Ambulance charges.
11. Genetic disorder and stem cell implantation/surgery.
12. Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
13. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
14. Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment, issue of medical certificates and examinations as to suitability for employment or travel.
15. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV and sexually transmitted diseases.
16. Vitamins and tonics unless forming part of treatment for illness or injury and prescribed by a Medical Practitioner.
17. Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.
18. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
19. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder(ADHD).
20. Treatment for general debility, ageing, convalescence, run down condition or rest cure, Congenital external anomaly/ies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty or menopause.
21. Committing or attempting to commit a criminal or illegal act, or intentional self injury or attempted suicide while sane or insane.
22. Certification / Diagnosis / Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven.
23. Ailment requiring treatment due to use, abuse or a consequence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction or rehabilitation.
24. Any illness or hospitalization arising or resulting from You or any of Your family members committing any breach of law with criminal intent.
25. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
26. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the illness/ injury for which You were hospitalised.
27. Any stay in Hospital/Nursing Home without undertaking any treatment or where there is no active line of treatment by the Medical Practitioner.
28. Treatment of any mental illness or sickness including a psychiatric condition, disorganization of personality or mind, or emotions or behavior, Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an accident or illness or general debility or exhaustion ("run-down condition").
29. Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.
30. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.

31. Costs of donor screening and organ.
32. Costs incurred on Alternative treatments.
33. Whilst You are engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
34. Whilst You are flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
35. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
36. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. .
37. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the illness/injury for which you were hospitalized, Ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home.
38. Any condition after the point at which it is certified by the attending Medical Practitioner to be of such a nature that further medical treatment may serve to stabilize or maintain it but it is unlikely to result in a material improvement within a reasonable time.
39. Service charges or any other charges levied by the Hospital/Nursing Home, except registration/admission charges.

HOW TO RENEW YOUR POLICY

- i. We shall not be bound to give notice that renewal is due.
- ii. If you desire renewal, you shall apply to us for the same prior to expiry of the Policy Period of Insurance.
- iii. Renewals are deemed to be continuous when received within a period of 30 days from the date of expiry of last policy, subject however, to the effective policy inception date being reckoned from such period when the renewal premium is received by Us.
- iv. Policy will be considered as a fresh policy if there is a break of 30 or more days between the previous policy expiry date and the current policy start date.
- v. We will not be liable to pay hospitalization expenses incurred during the break period. Any disease/condition contracted in the break in period will not be covered and will be treated as a pre-existing condition.
- vi. Any enhanced Sum Insured during subsequent Policy renewals will not be available for an illness, injury already contracted under the preceding policy periods. All waiting periods as defined in the Policy shall apply for this enhanced limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with us. Sum Insured enhancement will be subject to Underwriting approval.
- vii. Where an individual is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with us.
- viii. In case of floater Policies, where a dependent child crosses 23 years of age, renewal can be done in a separate Policy under the same Product or any other available Products with continuity benefits.
- ix. A Policy shall be ordinarily renewable for lifetime unless:
 - a. any fraud, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by you or on your behalf is found, either in obtaining insurance or subsequently in relation thereto or,

- b. We have discontinued issuance of Policy under this Product, in which event you will have the option of renewal under any similar Policy being issued by us; provided however, benefits payable shall be subject to the terms contained in such other Policy. Such modification or revision of the terms and conditions of the Product shall be intimated to you 3 months in advance along with reasons of modification and revision.
- Based on the experience of the Product, Premium, the Terms and Conditions may be revised subject to the prior approval of the Insurance Regulatory and Development Authority. Such revision shall be intimated to you 3 months in advance with an option of renewal under any similar Policy being issued by us. However, benefits payable shall be subject to the terms contained in such other Policy. Individual Claims experience loading is not applicable under the Policy.

For any changes desired at the time of Renewal, please communicate with us. Contact details are provided on the last page.

HOW TO CANCEL YOUR POLICY

In case you wish to cancel your Policy, you may intimate us by giving 15 days notice in writing and we will refund the premium for the unexpired term as per the short period scale given below:

PERIOD OF COVER UP TO	REFUND OF ANNUAL PREMIUM RATE(%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding 6 Months up to 365 days	NIL

In case of a 2 year Policy:

If cancellation is done before completion of 1 year: the same grid as given above is applicable on first year Premium and the second year Premium will be completely refunded. If cancellation is done after completion of 1 year: the same grid as given above is applicable however retention Premium on second year premium will be calculated on Annual Premium without long term Policy discount. In all cases, a minimum premium amount of ₹ 250 per Policy shall be retained by us.

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

Premium Chart for Deductible ₹2,00,000

Age: Upto 35 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
2,00,000	3,00,000	1,645	2,277	2,657	3,036	2,024	2,404	2,783
2,00,000	8,00,000	2,277	3,163	3,795	4,428	2,910	3,542	4,175

Age: 36-45 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
2,00,000	3,00,000	2,404	3,542	3,922	4,301	2,783	3,163	3,542
2,00,000	8,00,000	3,163	4,681	5,313	5,946	3,795	4,428	5,060

Age: 46-60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
2,00,000	3,00,000	4,428	7,590	7,970	8,349	4,807	5,187	5,566
2,00,000	8,00,000	6,325	10,879	11,512	12,144	6,958	7,590	8,223

Age: >60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
2,00,000	3,00,000	12,650	20,240	20,620	20,999	13,030	13,409	13,789
2,00,000	8,00,000	17,710	28,463	29,095	29,728	18,343	18,975	19,608

Premium Chart for Deductible ₹3,00,000

Age: Upto 35 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
3,00,000	7,00,000	1,518	2,277	2,657	3,036	1,898	2,277	2,657
3,00,000	12,00,000	2,151	3,163	3,795	4,428	2,783	3,416	4,048

Age: 36-45 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
3,00,000	7,00,000	2,151	3,163	3,542	3,922	2,530	2,910	3,289
3,00,000	12,00,000	2,530	3,795	4,428	5,060	3,163	3,795	4,428

Age: 46-60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
3,00,000	7,00,000	4,428	6,958	7,337	7,717	4,807	5,187	5,566
3,00,000	12,00,000	5,060	8,223	8,855	9,488	5,693	6,325	6,958

Age: >60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
3,00,000	7,00,000	12,650	21,505	21,885	22,264	13,030	13,409	13,789
3,00,000	12,00,000	15,180	25,300	25,933	26,565	15,813	16,445	17,078

All Premium inclusive of 14% Service Tax, 0.5% Swachh Bharat Cess & 0.5% Krishi Kalyan Cess

Premium Chart for Deductible ₹4,00,000

Age: Upto 35 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
4,00,000	6,00,000	1,139	1,645	2,024	2,404	1,518	1,898	2,277
4,00,000	11,00,000	1,771	2,530	3,163	3,795	2,404	3,036	3,669
4,00,000	16,00,000	2,277	3,289	3,922	4,554	2,910	3,542	4,175
Age: 36-45 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
4,00,000	6,00,000	1,392	2,151	2,530	2,910	1,771	2,151	2,530
4,00,000	11,00,000	2,024	3,163	3,795	4,428	2,657	3,289	3,922
4,00,000	16,00,000	2,783	4,301	4,934	5,566	3,416	4,048	4,681
Age: 46-60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
4,00,000	6,00,000	3,163	4,807	5,187	5,566	3,542	3,922	4,301
4,00,000	11,00,000	3,795	5,819	6,452	7,084	4,428	5,060	5,693
4,00,000	16,00,000	5,060	7,590	8,223	8,855	5,693	6,325	6,958
Age: >60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
4,00,000	6,00,000	9,488	14,548	14,927	15,307	9,867	10,247	10,626
4,00,000	11,00,000	10,753	16,445	17,078	17,710	11,385	12,018	12,650
4,00,000	16,00,000	12,018	18,343	18,975	19,608	12,650	13,283	13,915

Premium Chart for Deductible ₹5,00,000

Age: Upto 35 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
5,00,000	5,00,000	886	1,392	1,771	2,151	1,265	1,645	2,024
5,00,000	10,00,000	1,265	1,898	2,530	3,163	1,898	2,530	3,163
5,00,000	15,00,000	1,898	2,910	3,542	4,175	2,530	3,163	3,795
5,00,000	20,00,000	2,530	3,795	4,428	5,060	3,163	3,795	4,428
Age: 36-45 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
5,00,000	5,00,000	1,139	1,771	2,151	2,530	1,518	1,898	2,277
5,00,000	10,00,000	1,518	2,404	3,036	3,669	2,151	2,783	3,416
5,00,000	15,00,000	2,151	3,416	4,048	4,681	2,783	3,416	4,048
5,00,000	20,00,000	2,783	4,428	5,060	5,693	3,416	4,048	4,681
Age: 46-60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
5,00,000	5,00,000	2,277	3,542	3,922	4,301	2,657	3,036	3,416
5,00,000	10,00,000	2,910	4,428	5,060	5,693	3,542	4,175	4,807
5,00,000	15,00,000	3,542	5,313	5,946	6,578	4,175	4,807	5,440
5,00,000	20,00,000	4,175	6,325	6,958	7,590	4,807	5,440	6,072
Age: >60 Years								
Aggregate Deductible	Coverage Amount	1A (Individual)	2A	2A+1C	2A+2C	1A+1C	1A+2C	1A+3C
5,00,000	5,00,000	6,958	10,753	11,132	11,512	7,337	7,717	8,096
5,00,000	10,00,000	7,590	12,018	12,650	13,283	8,223	8,855	9,488
5,00,000	15,00,000	8,349	13,283	13,915	14,548	8,982	9,614	10,247
5,00,000	20,00,000	8,982	13,915	14,548	15,180	9,614	10,247	10,879

All Premium inclusive of 14% Service Tax, 0.5% Swachh Bharat Cess & 0.5% Krishi Kalyan Cess

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