

Premium is exclusive of GST (₹)								
Age: Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
500,000	500,000	770	1,210	1,540	1,870	1,100	1,430	1,760
500,000	1,000,000	1,100	1,650	2,200	2,750	1,650	2,200	2,750
500,000	1,500,000	1,650	2,530	3,080	3,630	2,200	2,750	3,300
500,000	2,000,000	2,200	3,300	3,850	4,400	2,750	3,300	3,850
Age: Upto 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
500,000	500,000	990	1,540	1,870	2,200	1,320	1,650	1,980
500,000	1,000,000	1,320	2,090	2,640	3,190	1,870	2,420	2,970
500,000	1,500,000	1,870	2,970	3,520	4,070	2,420	2,970	3,520
500,000	2,000,000	2,420	3,850	4,400	4,950	2,970	3,520	4,070
Age: Upto 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
500,000	500,000	1,980	3,080	3,410	3,740	2,310	2,640	2,970
500,000	1,000,000	2,530	3,850	4,400	4,950	3,080	3,630	4,180
500,000	1,500,000	3,080	4,620	5,170	5,720	3,630	4,180	4,730
500,000	2,000,000	3,630	5,500	6,050	6,600	4,180	4,730	5,280
Age: >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
500,000	500,000	6,050	9,350	9,680	10,010	6,380	6,710	7,040
500,000	1,000,000	6,600	10,450	11,000	11,550	7,150	7,700	8,250
500,000	1,500,000	7,260	11,550	12,100	12,650	7,810	8,360	8,910
500,000	2,000,000	7,810	12,100	12,650	13,200	8,360	8,910	9,460

HDFC ERGO General Insurance Company Limited

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☎ 1800 2700 700 (Accessible from India only)

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🌐 www.hdfcergo.com

**HDFC
ERGO**

Take it easy!

For more details on risk factors, terms and conditions, please read the sales brochure before concluding a sale. The product literature gives only the salient features of the Policy and is subject to the Policy terms, conditions and exclusions. Trade Logo displayed above belongs to HDFC LTD and ERGO International AG and used by HDFC ERGO General Insurance Company under license. CIN : U66030MH2007PLC177117. UIN:my:health Medisure Super Top Up Insurance - LTGHLIP15001V021415. Printing Code: MDSTU/BR/0080/Sept18. IRDAI Reg No. 146. UID No. 1839.

Is your existing health cover
big enough for you?

my:health

Medisure Super Top Up Insurance

**HDFC
ERGO**

Take it easy!



Acquire a large health Cover for a much lower premium.

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

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

For Example : If you have an existing health insurance cover of ₹ 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 upto ₹ 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 lakhs will be paid by HDFC ERGO. 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 ERGO.

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

KEY FEATURES

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

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

POLICY COVERAGE

- In-patient hospitalisation 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 condition.
- Such medical expenses are incurred for the same condition for which Your hospitalization was required and the Inpatient Hospitalization claim for such hospitalization is admissible by Us
- 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. For the indicative list of covered treatments, please refer our website www.hdfcergo.com

SUM INSURED AND AGGREGATE DEDUCTIBLE

Figures in (₹)

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

ILLUSTRATION

Figures in (₹)

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

ADDITIONAL BENEFITS

? **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 (Subject to change in Tax Law)
- 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 Daughter
- Daughter in Law
- Son in Law
- Nephew
- ? Grand Son
- ? 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 Test 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 ₹ 1000/- for Set I and ₹ 1200/- for Set II.

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.hdfcergo.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 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 maximum of 100% on Basic Premium).

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

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

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

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

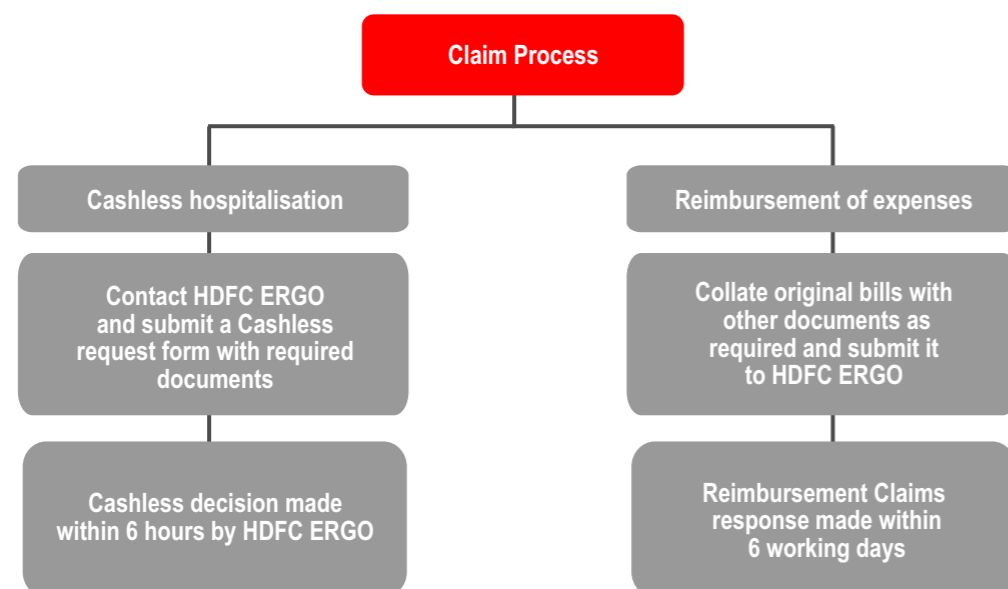
For those having following Health conditions, proposal may be accepted with permanent exclusion (for those specific condition only) however acceptance is subject to submission of treatment reports and subsequent medical examination by us.

- 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 severity of the condition at the time of proposal. Loading will be subject to an amount ranging from 10% to 100% of Basic Premium.

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

How to make a Quick and Transparent Claim with HDFC ERGO



In house claims team is appointed for processing of Claims, ultimate responsibility of Acceptance or rejection of a Claim lies with inhouse claim team only.

What the Policy Doesn't 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 doesn't 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 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 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 Lymph tropic 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 spas, 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 the 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

You can renew your Policy by making a request to us before the expiry date. Any change in health condition should be communicated in writing to us during policy renewal. In case you fail to do so, we may consider the renewal as nullified.

You can also renew policy within 30 days from expiry of your Policy subject to the fact that the premium for the renewal is received within the same period. In such a situation, you will be eligible to continuity benefits. Please note that we shall not be liable for any claims arising out of ailments/hospitalisation during the period between expiry and renewal.

If the renewal of the Policy is not done within 30 days of due date, it will be considered as a new policy.

We will not be liable to pay hospitalization expenses incurred during break period. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.

The Policy can be renewed for lifetime unless:

- I. 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,
- II. 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.

A change in the Sum Insured is allowed on renewals. Any enhanced Sum Insured during subsequent policy renewals will not be available for an illness, disease, 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.

Based on the experience of the Product, Premium, terms and conditions may be revised subject to prior approval of 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.

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

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

For any changes desired at the time of Renewal, please communicate with us. Contact Details are provided here below.

Portability Option: Portability will be provided on the Policy in accordance with IRDAI guidelines issued on Portability from time to time. You may approach us at least 45 days before the expiry date to avoid any break in coverage. Portability benefits are not automatically applicable under the Policy unless application for portability has been specifically made and subsequently accepted by the Company. The acceptance criteria for portability proposals is same as applicable to new proposals.

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 2 year Policy:

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

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

In all cases, a minimum premium amount of ₹ 250 per Policy shall be retained by us .

my:health Medisure Super Top Up Insurance is a filed and approved product of HDFC General (formerly known as L&T Insurance), a wholly owned subsidiary of the Company and hence the Company is also offering the said product.

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

Premium is exclusive of GST (₹)								
Age: Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
200,000	300,000	1,430	1,980	2,310	2,640	1,760	2,090	2,420
200,000	800,000	1,980	2,750	3,300	3,850	2,530	3,080	3,630
Age: Upto 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
200,000	300,000	2,090	3,080	3,410	3,740	2,420	2,750	3,080
200,000	800,000	2,750	4,070	4,620	5,170	3,300	3,850	4,400
Age: Upto 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
200,000	300,000	3,850	6,600	6,930	7,260	4,180	4,510	4,840
200,000	800,000	5,500	9,460	10,010	10,560	6,050	6,600	7,150
Age: >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
200,000	300,000	11,000	17,600	17,930	18,260	11,330	11,660	11,990
200,000	800,000	15,400	24,750	25,300	25,850	15,950	16,500	17,050

Premium is exclusive of GST (₹)								
Age: Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
300,000	700,000	1,320	1,980	2,310	2,640	1,650	1,980	2,310
300,000	1,200,000	1,870	2,750	3,300	3,850	2,420	2,970	3,520
Age: Upto 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
300,000	700,000	1,870	2,750	3,080	3,410	2,200	2,530	2,860
300,000	1,200,000	2,200	3,300	3,850	4,400	2,750	3,300	3,850
Age: Upto 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
300,000	700,000	3,850	6,050	6,380	6,710	4,180	4,510	4,840
300,000	1,200,000	4,400	7,150	7,700	8,250	4,950	5,500	6,050
Age: >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
300,000	700,000	11,000	18,700	19,030	19,360	11,330	11,660	11,990
300,000	1,200,000	13,200	22,000	22,550	23,100	13,750	14,300	14,850

Premium is exclusive of GST (₹)								
Age: Upto 35 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
400,000	600,000	990	1,430	1,760	2,090	1,320	1,650	1,980
400,000	1,100,000	1,540	2,200	2,750	3,300	2,090	2,640	3,190
400,000	1,600,000	1,980	2,860	3,410	3,960	2,530	3,080	3,630
Age: Upto 36-45 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
400,000	600,000	1,210	1,870	2,200	2,530	1,540	1,870	2,200
400,000	1,100,000	1,760	2,750	3,300	3,850	2,310	2,860	3,410
400,000	1,600,000	2,420	3,740	4,290	4,840	2,970	3,520	4,070
Age: Upto 46-60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
400,000	600,000	2,750	4,180	4,510	4,840	3,080	3,410	3,740
400,000	1,100,000	3,300	5,060	5,610	6,160	3,850	4,400	4,950
400,000	1,600,000	4,400	6,600	7,150	7,700	4,950	5,500	6,050
Age: >60 Years								
Deductible	Coverage amount	1A	2A	2A+1C	2A + 2C	1A + 1C	1A + 2C	1A + 3C
400,000	600,000	8,250	12,650	12,980	13,310	8,580	8,910	9,240
400,000	1,100,000	9,350	14,300	14,850	15,400	9,900	10,450	11,000
400,000	1,600,000	10,450	15,950	16,500	17,050	11,000	11,550	12,100