

### Suitability:

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years. The minimum entry age for Adult Dependent is 18 years and maximum entry age is 65 years.
- Dependent children between 91 days to 5 years can be covered if either parent is covered under the same policy.
- There is no maximum cover ceasing age on renewals.
- The policy will be issued for a period for 1 or 2 year(s) period, the sum insured & benefits will be applicable on Policy Year basis.
- This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an Individual or Family floater basis.
- The policy offers option of covering on individual sum insured basis and on family floater basis.
- The family includes spouse, dependent children and dependent parents.
- In a family floater policy, a maximum of 2 adults and a maximum of 2 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father or Mother.
- In a family floater the age of the eldest member will be considered while computing premium for the family.
- In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, Father or Mother.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. The sum insured of all dependant parents must be same

**Note:** Dependents means only the family members listed below:

- Your legally married spouse as long as she continues to be married to You;
- Your children aged between 91 days and 21 years if they are unmarried and financially dependent with no independent source of income.
- Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Optima Super Policy. The dependant parents must be financially dependent on you.
- All Dependent parents, Parent in laws must be financially dependent on You.

### Policy Period :

- The policy will be issued for 1 year and 2 years period, the sum insured & benefits will be applicable on Policy Year basis.

### Sum Insured Options

Rs.	500,000	700,000	10,00,000
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### Deductible Options

Rs.	100,000	200,000	300,000	400,000	500,000	600,000	700,000	10,00,000
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### Schedule of Benefits:

<b>We will cover the Medical Expenses for:</b>	<b>We will not cover treatment, costs or expenses for*:</b> *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section 2 A and C
In-Patient Treatment	<ol style="list-style-type: none"> <li>Prosthetics and other devices NOT implanted internally by surgery</li> <li>Hospitalisation for evaluation, Investigation only For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc are not payable.</li> <li>Treatment availed outside India</li> <li>Treatment at a healthcare facility which is NOT a Hospital.</li> </ol>
<ol style="list-style-type: none"> <li>Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before Hospitalisation</li> <li>Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 90 days after discharge from Hospital.</li> </ol>	<ol style="list-style-type: none"> <li>Claims which have NOT been admitted under Inpatient Treatment benefit and Day care Procedure benefit</li> <li>Any conditions which are NOT the same as the condition for which Hospitalisation was required.</li> <li>Expenses not related to the admission and not incidental to the treatment for which the admission has taken place</li> </ol>
d. Day Care Procedures	<ol style="list-style-type: none"> <li>Out-Patient Treatment</li> <li>Treatment at a healthcare facility which is NOT a Hospital</li> </ol>
e. Organ Donor: Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor in the case of transplant surgery.	<ol style="list-style-type: none"> <li>Claims which have NOT been admitted under Inpatient Treatment benefit</li> <li>Claims not covered under the Transplantation of Human Organs Act, 1994 (as amended).</li> <li>The organ donor's Pre and Post-Hospitalisation expenses.</li> </ol>
f. Ambulance Service: Expenses incurred on an ambulance, subject to lower of actual expenses or Rs. 2000 per Hospitalisation.	<ol style="list-style-type: none"> <li>Claims which have NOT been admitted under Inpatient Treatment benefit and Day care Procedure benefit</li> <li>NON registered healthcare or ambulance service provider ambulances.</li> </ol>

### Waiver of Deductible

We will offer the Insured Person an option to waive the Deductible and to opt for any indemnity health insurance Policy (without any Deductible) offered by Us for same Sum Insured without re-evaluation of health status or any pre policy check provided that:

- i) Insured Person has been insured with Us for first time under this Policy before the age of 50 years and has renewed with Us continuously and without any interruption,
- ii) This option for waiver of Deductible shall be exercised by the Insured Person during the age group of 55 to 60 years, and certainly at the time of renewal only.

Or

At the beginning of 6th policy year ; provided that it has been renewed with Us continuously and without any interruption

- iii) Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered under this Policy.

In all other cases, No benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy at any point of time or shifting to any other health insurance Policy with Us.

### Key Definitions:

- Pre-existing Condition means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- Deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for eligible medical expenses upto a specified rupee amount as opted and mentioned in the Policy Schedule i.e. it is the amount upto which the insurance company will not pay for all the claims incurred in a Policy Year under the policy
  - The Deductible will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy.
  - A Deductible does not reduce the Sum Insured.

For the purpose of calculation of amount we will consider eligible Medical Expenses incurred less the Deductible amount.

### Portability

If you are insured continuously and without interruption under a plan issued by an Indian non life insurer and you want to shift to us on renewal, Optima Super policy offers you transfer of accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances coverage, then the portability benefits will be offered only in respect to the previous sum insured. The application for portability should be received by Us atleast 45 days before the policy renewal date of the existing policy.

### Free Look Period:

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

### a. Waiting Period

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

- i) We are not liable for any claim arising due to treatment and admission within 30 days from policy commencement date except claims arising due to an accident
- ii) A waiting period of 24 months from policy commencement date shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below. Additionally the said 24 months waiting period shall be applicable to all surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer .

SI No	Organ / Organ System	Illness	Surgeries
a	ENT	<ul style="list-style-type: none"> <li>• Sinusitis</li> <li>• Rhinitis</li> <li>• Tonsillitis</li> </ul>	<ul style="list-style-type: none"> <li>• Adenoidectomy</li> <li>• Mastoidectomy</li> <li>• Tonsillectomy</li> <li>• Tympanoplasty</li> <li>• Surgery for nasal septum deviation</li> <li>• Nasal concha resection</li> </ul>
b	Gynaecological	<ul style="list-style-type: none"> <li>• Cysts, polyps including breast lumps</li> <li>• Polycystic ovarian disease</li> <li>• Fibroids (fibromyoma)</li> </ul>	<ul style="list-style-type: none"> <li>• Dilatation and curettage (D&amp;C)</li> <li>• Myomectomy for fibroids</li> </ul>
c	Orthopaedic	<ul style="list-style-type: none"> <li>• Non infective arthritis</li> <li>• Gout and Rheumatism</li> <li>• Osteoarthritis and Osteoporosis</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery for prolapsed inter vertebral disk</li> <li>• Joint replacement surgeries</li> </ul>

Sl No	Organ / Organ System	Illness	Surgeries
d	Gastrointestinal	<ul style="list-style-type: none"> <li>• Calculus diseases of gall bladder including Cholecystitis</li> <li>• Pancreatitis</li> <li>• Fissure/fistula in anus, hemorrhoids, pilonidal sinus</li> <li>• Ulcer and erosion of stomach and duodenum</li> <li>• Gastro Esophageal Reflux Disorder (GERD)</li> <li>• All forms of cirrhosis</li> </ul> (Please Note: All forms of cirrhosis due to alcohol will be excluded) <ul style="list-style-type: none"> <li>• Perineal Abscesses</li> <li>• Perianal Abscesses</li> </ul>	<ul style="list-style-type: none"> <li>• Cholecystectomy</li> <li>• Surgery of hernia</li> </ul>
e	Urogenital	<ul style="list-style-type: none"> <li>• Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.</li> <li>• Benign Hyperplasia of prostate</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery on prostate</li> <li>• Surgery for Hydrocele/Rectocele</li> </ul>
f	Eye	<ul style="list-style-type: none"> <li>• Cataract</li> </ul>	<ul style="list-style-type: none"> <li>• NIL</li> </ul>
g	Others	<ul style="list-style-type: none"> <li>• NIL</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery of varicose veins and varicose ulcers</li> </ul>
h	General (Applicable to all organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> <li>• Internal tumors, cysts, nodules, polyps, skin tumors</li> </ul>	<ul style="list-style-type: none"> <li>• NIL</li> </ul>

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

**PI Note:**

Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

**b. Reduction in waiting periods:**

Reduction in waiting periods

1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:

- a) any health insurance plan with an Indian non life insurer as per guidelines on portability, OR
- b) any other similar health insurance plan from Us,

Then:

- a) The waiting periods specified above stand deleted; AND:
- b) The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
- c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.

2) The reduction in the waiting period specified above shall be applied subject to the following:

- a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
- b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
- c) We will retain the right to underwrite the proposal.
- d) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

**General exclusions**

We will not pay for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

**Non Medical Exclusions**

- i) War or similar situations:  
Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii) Breach of law:  
Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- iii) Dangerous acts (including sports):  
An Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.

**Medical Exclusions**

- iv) Substance abuse and de-addiction programs:

Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

- v) Treatment of obesity and any weight control program.
- vi) Treatment for correction of eye sight due to refractive error
- vii) Cosmetic, aesthetic and re-shaping treatments and surgeries:
  - a. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
  - b. Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
- viii) Types of treatment, defined illnesses/ conditions/ supplies:
  - a. Non allopathic treatment.
  - b. Conditions for which treatment could have been done on an OPD basis without any Hospitalisation
  - c. Experimental, investigational or unproven treatment devices and pharmacological regimens.
  - d. Admission primarily for diagnostic purposes not related to illness for which Hospitalisation has been done.
  - e. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
  - f. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
  - g. Admission primarily for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
  - h. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
  - i. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
  - j. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), sleep-apnoea.
  - k. Congenital internal or external diseases, defects or anomalies, genetic disorders.
  - l. Stem cell Therapy or surgery, or growth hormone therapy.
  - m. Venereal disease, sexually transmitted disease or illness;
  - n. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
  - o. Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to a claim under Inpatient Treatment Benefit for In-patient Treatment only.
  - p. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
  - q. Expenses for organ donor screening, or save as and to the extent provided for in Organ Donor Benefit, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
  - r. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
  - s. Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- ix) Unnecessary medical expenses:
  - a. Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
  - b. Vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- x) Specified healthcare providers (Hospitals /Medical Practitioners)
  - a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
  - b. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
  - c. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by a prescription.
  - d. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.
- xii) Any non medical expenses mentioned in Annexure II in policy wordings.

**Claim Procedure:**

**Intimation & Assistance** - Please contact Apollo Munich atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Apollo Munich within 24 hours of the event

\*Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, the Apollo Munich will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, Apollo Munich will send the admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the policy holder.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

**Procedure to avail Cashless facility -**

- For any emergency Hospitalisation, Apollo Munich must be informed no later than 24 hours after Hospitalisation.
- For any planned Hospitalisation, kindly seek cashless authorization from Apollo Munich atleast 48 hours prior to the Hospitalisation.
- Apollo Munich will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim, You can approach Apollo Munich Health Insurance to settle Your claim by following the "Procedure for Reimbursement of Medical Expenses" as stated above.

Case - Insured opting for 2 Adults plan on Family Floater basis, Sum Insured 400000 and Deductible of Rs. 200000. The Policy Period was from 01-July-2011 to 30-June-2012

Example 1-

Insured	Date of Hospitalisation	Claimed Amount	Payable Amount
Insured 1	10-Aug-2011	200000	0 (200000 claim amount – 200000 Deductible)
Insured 1	10-Sep-2011	200000	200000 (200000 claim amount – 0 (200000 Deductible applied to claim on 10-Aug-2011))

Example 2-

Insured	Date of Hospitalisation	Claimed Amount	Payable Amount
Insured 1	10-Aug-2011	100000	0 (200000 claim amount – 200000 Deductible)
Insured 1	10-Sep-2011	50000	200000 (200000 claim amount – 0 (200000 Deductible applied to claim on 10-Aug-2011))
Insured 2	10-Oct-2011	60000	10000 (60000 claim amount – 50000 deductible remaining for the year)

**Important Points for Claims Procedure:**

- Payment will only be made for items covered under Your Policy in excess of the Deductible and upto the limits therein.
- In the case of a covered Hospitalisation, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with a copy of intimation made to the other insurer /reimbursement provider immediately on knowing that the Deductible is likely to be exceeded.

**Terms of Renewal:**

- We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the Policy poses a moral hazard then the Policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be), or We may modify the Policy In case a claim is made under such Policy, it shall be rejected/repudiated and all benefits payable under such Policy shall be forfeited with respect to such claim.
- **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy.
- **Maximum Age** - There is no maximum cover ceasing age on renewal in this policy.
- **Waiting Period** - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Easy Health Insurance Policy.
- Renewal premium are subject to change with prior approval from IRDA. Any change in benefits or premium (other than due to change in age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated atleast 3 months in advance.
- In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured

Person will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits provided the policy has been maintained without a break.

- **Change of Sum Insured and deductible** – Change in Sum Insured deductible can be only done at the time of renewal subject to no claim have been lodged/ paid under the policy. Any enhancement of sum insured or decrease in deductible would warrant fresh medical examination as per Pre policy check grid. In case of enhancement in the basic sum insured or change in deductible the waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced or deductible has been changed. However the quantum of enhancement shall be at sole discretion of underwriting.
- Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits provided the policy has been maintained without a break

### Tax Benefit:

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

### Requirement:

Completed proposal form

### Pre- Acceptance Medical Test:

- Pre-Policy Check-up based upon sum insured & deductible at our network may be required. The cost of such medicals would be borne by the Insured and upon acceptance, we shall refund 100% of the expenses incurred on medical tests. The medical reports are valid for a period of 30 days from the date of Pre-Policy Checkup.

### Discounts:

- 7.5% discount in case the Insured Person is paying 2 years premium in advance as single premium
- Family Discount of 10% if 2 family members are covered under Optima Super policy.

### Discount Calculation:

For Example - Insured Person age 37 years and spouse aged 33 years opted for two year policy for Sum Insured Rs 5 Lac and Deductible of Rs 2 Lac are

**Step 1** - Calculation of 2 year premium

$(3055+2055)*2*(100-7.5) \% = 9453.50$  (exclusive service tax).

**Step 2** – Calculating family discount on the calculated 2 year premium.

Calculation -  $9453.50*10 \% = 945.35$

**Step 3** - Applying family discount on the calculated 2 year premium.

Calculation -  $9453.50 - 945.35 = 8508.18$  (exclusive service tax).

### Loadings:

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from commencement date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased sum insured).

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

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

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

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

Please visit our nearest branch to refer our underwriting guidelines, if required.

**Termination:**

You may terminate this Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

We shall terminate this Policy for the reasons as specified under section Non Disclosure or Misrepresentation & section Dishonest or Fraudulent claims of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount

**Renewability:**

- There shall be no cover ceasing age on renewals.

**Premium Rates:**

- The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater policy will be considered on the completed age of the eldest insured member.
- Premium rates are subject to change with prior approval from IRDA.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents must be same.

PI Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

### GROSS PREMIUM TABLES (EXCLUSIVE OF TAXES)

#### INDIVIDUAL SUM INSURED

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group								
0-17	2,315	1,850	1,690	1,580	1,455	1,350	1,190	1,000
18-35	2,570	2,055	1,880	1,755	1,620	1,500	1,320	1,115
36-45	3,475	3,055	2,715	2,505	2,235	1,940	1,635	1,380
46-50	5,765	5,120	4,500	3,985	3,690	3,220	2,910	2,495
51-55	8,780	7,805	6,855	6,075	5,450	4,905	4,435	3,805
56-60	11,470	10,270	8,845	7,885	6,900	6,025	5,445	4,670
61-65	16,720	14,860	12,740	10,975	9,255	8,005	7,160	6,035
66-70	21,040	19,125	16,030	13,465	11,340	10,075	9,295	7,595
>70	25,955	24,145	21,295	17,485	13,985	12,425	11,465	9,365

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group								
0-17	2,720	2,175	1,990	1,880	1,785	1,700	1,540	1,380
18-35	3,020	2,415	2,210	2,090	1,985	1,890	1,710	1,530
36-45	4,080	3,590	3,195	2,985	2,740	2,450	2,120	1,895
46-50	6,775	6,020	5,285	4,745	4,520	4,065	3,770	3,435
51-55	10,320	9,175	8,055	7,230	6,680	6,190	5,740	5,230
56-60	13,485	12,070	10,400	9,385	8,460	7,600	7,050	6,425
61-65	19,650	17,470	14,975	13,060	11,345	10,105	9,275	8,300
66-70	24,730	22,485	18,845	16,025	13,900	12,715	12,040	10,445
>70	30,505	28,380	25,030	20,810	17,145	15,685	14,850	12,885

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group								
0-17	3,090	2,505	2,345	2,275	2,230	2,190	2,055	1,940
18-35	3,430	2,780	2,605	2,530	2,475	2,435	2,280	2,160
36-45	4,635	4,135	3,765	3,615	3,415	3,155	2,825	2,675
46-50	7,695	6,935	6,235	5,745	5,640	5,235	5,025	4,840
51-55	11,725	10,565	9,505	8,755	8,330	7,975	7,655	7,375
56-60	15,315	13,900	12,270	11,365	10,550	9,795	9,400	9,055
61-65	22,320	20,115	17,665	15,815	14,145	13,015	12,365	11,695
66-70	28,090	25,885	22,230	19,405	17,335	16,380	16,045	14,720
>70	34,650	32,675	29,530	25,195	21,380	20,205	19,795	18,160



### FAMILY FLOATER

( 1 Adult + 1 Child)

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C
18-35	3,855	3,085	2,820	2,630	2,430	2,245	1,980	1,670
36-45	4,755	4,085	3,655	3,385	3,045	2,690	2,295	1,935
46-50	7,045	6,150	5,435	4,865	4,500	3,970	3,570	3,050
51-55	10,065	8,835	7,795	6,955	6,260	5,655	5,095	4,360
56-60	12,755	11,295	9,785	8,765	7,710	6,770	6,105	5,225
61-65	18,005	15,890	13,680	11,850	10,065	8,755	7,820	6,590
66-70	22,325	20,155	16,970	14,345	12,150	10,825	9,955	8,150
>70	27,240	25,170	22,235	18,360	14,795	13,175	12,125	9,925

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C
18-35	4,530	3,625	3,315	3,130	2,975	2,835	2,565	2,295
36-45	5,590	4,800	4,300	4,030	3,730	3,395	2,975	2,660
46-50	8,285	7,230	6,390	5,790	5,515	5,010	4,625	4,200
51-55	11,835	10,385	9,160	8,275	7,670	7,135	6,595	5,995
56-60	14,995	13,280	11,505	10,430	9,450	8,545	7,905	7,190
61-65	21,160	18,675	16,080	14,105	12,335	11,050	10,130	9,065
66-70	26,240	23,690	19,950	17,070	14,890	13,660	12,895	11,210
>70	32,015	29,585	26,135	21,850	18,135	16,630	15,705	13,650

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C
18-35	5,145	4,175	3,910	3,790	3,715	3,655	3,420	3,235
36-45	6,350	5,525	5,070	4,875	4,655	4,370	3,965	3,750
46-50	9,410	8,325	7,540	7,010	6,875	6,450	6,165	5,915
51-55	13,440	11,955	10,810	10,020	9,570	9,195	8,795	8,450
56-60	17,030	15,290	13,570	12,630	11,785	11,010	10,540	10,130
61-65	24,040	21,505	18,970	17,080	15,385	14,235	13,505	12,775
66-70	29,805	27,280	23,535	20,670	18,570	17,595	17,185	15,800
>70	36,365	34,065	30,835	26,460	22,620	21,420	20,935	19,235

### FAMILY FLOATER

( 1 Adult + 2 Child)

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C
18-35	4,625	3,700	3,385	3,160	2,915	2,695	2,380	2,005
36-45	5,530	4,700	4,220	3,910	3,530	3,140	2,695	2,270
46-50	7,820	6,765	6,000	5,390	4,985	4,415	3,965	3,385
51-55	10,835	9,450	8,355	7,480	6,745	6,105	5,490	4,695
56-60	13,525	11,915	10,350	9,290	8,195	7,220	6,500	5,560
61-65	18,775	16,505	14,240	12,380	10,550	9,205	8,220	6,925
66-70	23,095	20,770	17,535	14,870	12,635	11,270	10,350	8,485
>70	28,010	25,785	22,800	18,890	15,285	13,625	12,520	10,255

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C
18-35	5,435	4,350	3,975	3,760	3,575	3,405	3,080	2,755
36-45	6,500	5,525	4,960	4,655	4,330	3,960	3,490	3,120
46-50	9,190	7,955	7,055	6,415	6,110	5,575	5,135	4,655
51-55	12,740	11,110	9,825	8,900	8,270	7,705	7,110	6,455
56-60	15,900	14,005	12,165	11,055	10,045	9,115	8,420	7,650
61-65	22,070	19,400	16,740	14,730	12,930	11,615	10,645	9,525
66-70	27,150	24,415	20,610	17,695	15,485	14,225	13,405	11,670
>70	32,925	30,310	26,800	22,480	18,735	17,195	16,220	14,110

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C
18-35	6,175	5,010	4,690	4,550	4,455	4,385	4,105	3,885
36-45	7,380	6,360	5,850	5,635	5,395	5,100	4,650	4,400
46-50	10,440	9,160	8,320	7,770	7,620	7,180	6,845	6,565
51-55	14,470	12,790	11,590	10,780	10,310	9,925	9,480	9,100
56-60	18,060	16,125	14,355	13,385	12,530	11,740	11,225	10,780
61-65	25,065	22,340	19,750	17,835	16,125	14,965	14,190	13,425
66-70	30,835	28,115	24,315	21,425	19,315	18,330	17,870	16,445
>70	37,395	34,900	31,615	27,220	23,365	22,155	21,620	19,885

### FAMILY FLOATER

( 2 Adults)

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A	2A	2A	2A	2A	2A	2A	2A
18-35	4,110	3,290	3,005	2,805	2,590	2,395	2,115	1,780
36-45	5,555	4,890	4,345	4,010	3,575	3,105	2,620	2,205
46-50	9,220	8,195	7,195	6,380	5,900	5,150	4,655	3,995
51-55	14,050	12,490	10,965	9,720	8,720	7,850	7,095	6,085
56-60	18,355	16,430	14,155	12,620	11,040	9,635	8,710	7,470
61-65	26,750	23,775	20,380	17,560	14,805	12,810	11,460	9,655
66-70	33,665	30,605	25,650	21,545	18,145	16,120	14,870	12,150
>70	41,525	38,630	34,070	27,975	22,380	19,885	18,345	14,985

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A	2A	2A	2A	2A	2A	2A	2A
18-35	4,835	3,865	3,535	3,340	3,175	3,025	2,735	2,450
36-45	6,530	5,745	5,110	4,775	4,385	3,915	3,390	3,035
46-50	10,840	9,635	8,460	7,590	7,235	6,500	6,030	5,490
51-55	16,515	14,680	12,890	11,570	10,690	9,905	9,185	8,370
56-60	21,575	19,315	16,640	15,015	13,535	12,165	11,280	10,275
61-65	31,445	27,950	23,955	20,895	18,150	16,165	14,840	13,280
66-70	39,570	35,975	30,150	25,640	22,240	20,340	19,260	16,710
>70	48,810	45,405	40,050	33,290	27,430	25,095	23,760	20,615

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	100000	200000	300000	400000	500000	600000	700000	1000000
18-35	2A	2A	2A	2A	2A	2A	2A	2A
36-45	5,490	4,450	4,170	4,045	3,960	3,895	3,650	3,450
46-50	7,420	6,615	6,025	5,780	5,465	5,045	4,520	4,275
51-55	12,310	11,090	9,980	9,195	9,020	8,375	8,035	7,740
56-60	18,760	16,905	15,210	14,010	13,330	12,760	12,245	11,795
61-65	24,505	22,235	19,630	18,185	16,880	15,670	15,040	14,485
66-70	35,715	32,180	28,265	25,305	22,635	20,825	19,785	18,715
>70	44,945	41,420	35,570	31,045	27,735	26,205	25,675	23,555

### FAMILY FLOATER

( 2 Adults + 1 child)

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C
18-35	5,395	4,315	3,945	3,685	3,400	3,145	2,775	2,335
36-45	6,840	5,915	5,285	4,890	4,385	3,855	3,280	2,760
46-50	10,505	9,225	8,135	7,255	6,710	5,900	5,315	4,550
51-55	15,335	13,515	11,905	10,600	9,530	8,600	7,755	6,640
56-60	19,640	17,460	15,095	13,495	11,850	10,385	9,370	8,030
61-65	28,035	24,805	21,320	18,435	15,615	13,555	12,120	10,210
66-70	34,950	31,630	26,590	22,420	18,950	16,865	15,530	12,705
>70	42,810	39,655	35,010	28,850	23,190	20,630	19,005	15,545

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C
18-35	6,345	5,075	4,640	4,385	4,170	3,970	3,595	3,215
36-45	8,040	6,955	6,215	5,820	5,375	4,860	4,245	3,800
46-50	12,350	10,840	9,565	8,635	8,225	7,445	6,885	6,260
51-55	18,025	15,890	13,995	12,615	11,680	10,850	10,045	9,135
56-60	23,085	20,520	17,745	16,060	14,525	13,110	12,135	11,040
61-65	32,955	29,160	25,060	21,940	19,140	17,110	15,695	14,045
66-70	41,080	37,180	31,255	26,685	23,230	21,290	20,115	17,475
>70	50,320	46,615	41,155	34,335	28,425	26,040	24,615	21,380

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C
18-35	7,205	5,845	5,475	5,310	5,200	5,115	4,790	4,530
36-45	9,135	8,010	7,330	7,045	6,705	6,265	5,660	5,355
46-50	14,025	12,485	11,285	10,455	10,260	9,590	9,175	8,820
51-55	20,475	18,295	16,510	15,275	14,565	13,980	13,385	12,875
56-60	26,220	23,630	20,935	19,450	18,115	16,885	16,180	15,565
61-65	37,430	33,570	29,565	26,565	23,870	22,040	20,925	19,795
66-70	46,660	42,810	36,870	32,310	28,970	27,425	26,815	24,630
>70	57,160	53,670	48,555	41,575	35,450	33,545	32,810	30,135

### FAMILY FLOATER

( 2 Adults + 2 child)

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C
18-35	6,165	4,935	4,510	4,210	3,885	3,595	3,170	2,670
36-45	7,610	6,535	5,850	5,415	4,870	4,300	3,675	3,095
46-50	11,275	9,840	8,700	7,785	7,195	6,350	5,710	4,885
51-55	16,105	14,135	12,470	11,125	10,015	9,045	8,150	6,975
56-60	20,410	18,075	15,660	14,020	12,335	10,835	9,765	8,360
61-65	28,805	25,420	21,885	18,960	16,100	14,005	12,515	10,545
66-70	35,720	32,250	27,150	22,950	19,440	17,315	15,930	13,040
>70	43,580	40,275	35,575	29,380	23,675	21,080	19,400	15,875

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C
18-35	7,250	5,800	5,305	5,010	4,765	4,535	4,105	3,675
36-45	8,950	7,680	6,875	6,445	5,970	5,430	4,760	4,260
46-50	13,255	11,565	10,225	9,260	8,820	8,015	7,400	6,715
51-55	18,930	16,615	14,660	13,240	12,275	11,420	10,555	9,595
56-60	23,990	21,245	18,405	16,685	15,120	13,675	12,650	11,500
61-65	33,860	29,885	25,725	22,565	19,735	17,675	16,210	14,505
66-70	41,985	37,905	31,915	27,310	23,825	21,855	20,630	17,935
>70	51,230	47,340	41,820	34,960	29,020	26,605	25,125	21,840

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C
18-35	8,235	6,680	6,255	6,065	5,940	5,845	5,475	5,180
36-45	10,165	8,845	8,110	7,805	7,445	6,995	6,345	6,000
46-50	15,055	13,320	12,065	11,215	11,000	10,325	9,860	9,465
51-55	21,505	19,130	17,295	16,030	15,310	14,710	14,070	13,525
56-60	27,250	24,465	21,715	20,205	18,860	17,615	16,860	16,210
61-65	38,460	34,405	30,350	27,325	24,615	22,775	21,610	20,440
66-70	47,690	43,645	37,655	33,070	29,715	28,155	27,500	25,280
>70	58,190	54,505	49,335	42,335	36,190	34,275	33,495	30,780

### Section 41 of Insurance Act1938 (Prohibition of Rebates):

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

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

**Note:** Policy term and conditions & Premium rates are subject to change with prior approval from IRDA.

### Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.