

**Total Health Plan, Policy**

**Suitability:**

- a) 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.
- b) A Child between 91 days to 5 years can be insured provided either parent is getting insured under this Policy
- c) There is no maximum cover ceasing age on renewal.
- d) The policy will be issued for a period for 1 or 2 year(s) period, the sum insured & benefits will applicable on Policy Year basis.
- e) 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.
- f) The policy offers option of covering on individual sum insured basis and on family floater basis.
- g) The family includes self, spouse, dependent children, dependent parents and dependent in-laws.
- h) In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father, Father-in-law, Mother or Mother- in-law.
- i) In a family floater the age of the eldest member will be considered while computing premium for the family.
- j) 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, Father-in-law, Mother or Mother- in-law.
- k) The Sum Insured of dependent insured members should be equal to or less than the Sum Insured of primary insured member. In case two or more children are covered, the Sum Insured of children must be the same. Sum Insured for all Dependent Parent and Dependent Parent in law must be the 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 25 years if they are unmarried and financially dependent with no independent source of income. Children Aged between 1 to 90 Days can be covered if Newborn Baby Benefit is added by payment of additional premium subject to policy terms and conditions.
- Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Total health Plan policy.
- Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Total Health plan.
- All Dependent parents, Parent in laws must be financially dependent on You.

**Sum Insured Options (Individual & Floater)**

- 1.00 L , 2.00 L , 3.00 L , 4.00 L , 5.00 L , 7.00 L , 10.00 L , 15.00 L , 20.00 L , 25.00 L and 50.00 L

**Salient Features & Benefits:**

**In-patient Benefit**

The following benefits are available to all Insured Persons who suffer an Illness or Accident during the Policy Period which requires Hospitalisation, Day Care Procedure or Domiciliary Treatment. Any claims made under these benefits will impact eligibility for Cumulative Bonus, Multiplier Benefit and Health Checkup.

We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section 3 A and B in the Policy Wording document.
<p><b>a. In-Patient Treatment</b> Treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, Cost of Prosthetic and other devices or equipment if implanted internally, medicines, drugs, consumables, diagnostic procedures.</p>	<ol style="list-style-type: none"> <li>1. Hospitalisation for evaluation, Investigation only</li> <li>2. Treatment availed outside India</li> <li>3. Treatment at a healthcare facility which is NOT a Hospital.</li> </ol>
<p><b>b. Pre-hospitalisation Medical expenses</b> for consultations, investigations and medicines incurred upto 30 days before Hospitalisation.  <b>c. Post-hospitalisation Medical expenses</b> for consultations, investigations and medicines incurred upto 60 days after discharge from Hospitalisation.</p>	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under 1a) and 1d) of policy wording.</li> <li>2. Any conditions which are NOT the same as the condition for which Hospitalisation was required.</li> <li>3. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place</li> </ol>
<p><b>d. Day Care Procedures</b></p>	<ol style="list-style-type: none"> <li>1. Out-patient Treatment</li> <li>2. Treatment at a healthcare facility which is NOT a Hospital or Day Care Centre</li> </ol>

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<p><b>e. Domiciliary Treatment</b> Medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ol style="list-style-type: none"> <li>1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or,</li> <li>2. The patient takes treatment at home on account of non availability of room in a Hospital.</li> </ol>	<p>Treatment of less than 3 days (coverage will be provided for expenses incurred in first three days however this benefit will be applicable if treatment period is greater than 3 days)</p>						
<p><b>f. Organ Donor:</b> Medical treatment of the organ donor for harvesting the organ.</p>	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under 1a) of policy wording.</li> <li>2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended).</li> <li>3. The organ donor's Pre and Post-Hospitalisation expenses.</li> </ol>						
<p><b>g. Emergency Ambulance:</b> Expenses incurred on an ambulance in an emergency, subject to lower of actual expenses or Rs. [x] per Hospitalisation</p> <table border="1" data-bbox="113 808 730 929"> <thead> <tr> <th>Sum Insured</th> <th>Amount per hospitalisation (Rs)</th> </tr> </thead> <tbody> <tr> <td>100,000 to 15,00,000</td> <td>2000/-</td> </tr> <tr> <td>20,00,000 to 50,00,000</td> <td>5000/-</td> </tr> </tbody> </table>	Sum Insured	Amount per hospitalisation (Rs)	100,000 to 15,00,000	2000/-	20,00,000 to 50,00,000	5000/-	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under 1a) and 1d) of policy wording.</li> <li>2. A non- Emergencies.</li> <li>3. NON registered healthcare or ambulance service provider ambulances.</li> </ol>
Sum Insured	Amount per hospitalisation (Rs)						
100,000 to 15,00,000	2000/-						
20,00,000 to 50,00,000	5000/-						
<p><b>h. Daily Cash for choosing shared Accommodation</b> Daily cash amount will be payable per day as per table below, if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p> <table border="1" data-bbox="113 1106 730 1227"> <thead> <tr> <th>Sum Insured</th> <th>Amount per hospitalisation (Rs)</th> </tr> </thead> <tbody> <tr> <td>100,000 to 15,00,000</td> <td>2000/-</td> </tr> <tr> <td>20,00,000 to 50,00,000</td> <td>5000/-</td> </tr> </tbody> </table>	Sum Insured	Amount per hospitalisation (Rs)	100,000 to 15,00,000	2000/-	20,00,000 to 50,00,000	5000/-	<ol style="list-style-type: none"> <li>1. Daily Cash Benefit for days of admission and discharge</li> <li>2. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit</li> <li>3. Claims which have NOT been admitted under 1a) of policy wording.</li> </ol>
Sum Insured	Amount per hospitalisation (Rs)						
100,000 to 15,00,000	2000/-						
20,00,000 to 50,00,000	5000/-						
<p><b>i. Newborn baby</b> Medical Expenses for any medically necessary treatment described at 1)a) while the Insured Person (the Newborn baby) is Hospitalised during the Policy Period as an inpatient provided a proposal form is submitted for the insurance of the newborn baby within 90 days after the birth, and We have accepted the same and received the premium sought. Under this benefit, Coverage for newborn baby will incept from the date, the premium has been received. The coverage is subject to the policy exclusions, terms and conditions. This Benefit is applicable if Maternity benefit is opted and We have accepted a maternity claim under this Policy.</p>	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under Maternity Expenses</li> <li>2. Claims other than those available in Section 1 in the Policy Wording document.</li> </ol>						

**Additional Benefits: (Not Subject to In-patient Sum Insured)**

Note- Claims made in respect of any of the benefits below will not be subject to the In-patient Sum Insured and will not affect either the entitlement to a Cumulative bonus and a health check-up.

**E-Opinion in respect of a Critical Illness** - If an Insured Person suffers a Critical Illness during the Policy Period, then at the Insured Person's request, We will arrange a second opinion from a Medical Practitioner selected by the Insured Person from Our panel.

**Optional Benefits**

On payment of additional premium the following benefits shall be added to the Policy and shall be integrated into and construed as a part of the standard terms and conditions.

**a. Room Rent/Room Class Limit**

**b. Pre-hospitalisation** - The Medical Expenses incurred in 0/30/60/90 days immediately before the Insured Person was hospitalised.

**c. Post-hospitalisation** - The Medical Expenses incurred in the 0/30/60/90/180 days immediately after the Insured Person was discharged post Hospitalisation.

**d. Ayush Benefit** - The Medical expenses for In-patient treatment taken in AYUSH Hospital under Ayurveda, Unani, Sidha and Homeopathy. (As per sum Insured opted). The coverage for this benefit will be on individual basis for an individual policy & on family floater basis for a family floater policy.

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- e. Maternity Expenses** - Medical Expenses for maternity including pre-natal, post-natal expenses after completion of the specified waiting period of 2/3/4 years.
- f. Out-patient Benefit** – Reasonable costs of outpatient treatment after completion of the specified waiting period of 2/3/4 years. The coverage for this benefit will be on individual basis for an individual policy & on family floater basis for a family floater policy.
- g. Out-patient Dental Benefit** –Reasonable costs of any necessary dental treatment taken from a Network dentist including Medical expenses for X-rays, Extractions, Amalgam / Composite Fillings, Root Canal Treatments and prescribed Drugs after completion of specified waiting period of 2/3/4 years. Copay (if opted) of 10%/20% shall apply to each and every claim. The coverage for this benefit will be on individual basis for an individual policy & on family floater basis for a family floater policy.
- h. Spectacles, Contact Lenses, Hearing Aid** –Reasonable costs of the expenses incurred for either pair of spectacles or contact lenses or a hearing aid after completion of specified waiting period of 2/3/4 years. Copay (if opted) of 10%/20% shall apply to each and every claim. Under family floater policy our liability shall be limited to either one pair of spectacles or hearing aid per family.
- i. Hospital Daily Cash** – If an Insured Person suffers an Illness or an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then
- We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
  - We will pay twice the Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.
- j. Health Check-up Benefit** including eye & dental examination (at the end of block of continuous claim free years) – 1% of the Sum Insured, subject to maximum limit as mentioned in the policy only once at the end of a block of every continuous 1/2/3/4 claim free years (As per sum Insured opted) during which You have been insured with Us.

Plan	1.00L - 5.00 L	6.00 L –10.00 L	11.00 L-15.00 L	20.00L and above
<b>Individual Plan</b>	Upto 1% of Sum Insured per Insured Person, only once at the end of a block of every continuous 2/3/4 claim free years.	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2/3 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.7,500 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years
<b>Family Floater Plan</b>	Upto 1% of Sum Insured per policy, only once at the end of a block of every continuous 2/3/4 claim free years.	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2/3 claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.7,500 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years

- k. Health Check-up** Benefit including eye & dental examination (at every renewal irrespective of claim status) – 1% of the Sum Insured, subject to maximum limit as mentioned in the policy at the end of every year at the time of renewal irrespective of claim status (As per sum Insured opted) during which You have been insured with Us.

Plan	1.00L - 5.00 L	6.00 L –10.00 L	11.00 L-15.00 L	20.00L and above
<b>Individual Plan</b>	Upto 1% of Sum Insured per Insured Person, at the end of every Policy Year	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, at the end of every Policy Year	Upto 1% of Sum Insured subject to a Maximum of Rs.7,500 per Insured Person, at the end of every Policy Year	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, at the end of every Policy Year
<b>Family Floater Plan</b>	Upto 1% of Sum Insured per Policy, at the end of every Policy Year	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 5,000 per Insured Person, the end of every Policy Year.	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 7,500 per Insured Person, the end of every Policy Year.	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 10,000 per Insured Person, the end of every Policy Year.

- l. Co-payment** – If a Co-payment of 10%/20%/30% is applicable then the Insured Person shall bear percentage of the eligible claim amount admitted under Inpatient Benefit section of the Policy. Our liability, if any, shall only be in excess of that sum and would be subject to the In-patient Benefit Sum Insured.
- m. Pre-existing diseases waiting period** – 48 months waiting period for all Pre-existing Conditions stands reduced to 24/36 months as mentioned in the policy
- n. Geographical Limitations** – An additional co-pay of 20% will apply in case a Zone II policy (Kolkata, Chennai, Hyderabad & Bangalore) is utilised in Zone I (Mumbai or Delhi/NCR) and a Zone III policy (All others) is utilised in a Metro
- o. Restore Benefit** – We will automatically re-instate the basic sum insured, if the basic sum insured and Cumulative Bonus/multiplier benefit (if any) has been exhausted during the policy year. Basic sum insured will be re-instated only once in a policy year. Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year. In a floater policy, basic SI restored will be available for all insured person in the policy for subsequent claims in the policy year. If the restore sum insured is not utilised in a policy year, it shall not be carried forward to any subsequent policy year.

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**p. Personal Accident - We offer following benefits**

1. Accidental Death [AD] – Death due to an accident
  2. Permanent Total Disablement [PTD] – Lump sum payment in the event of Permanent Total Disablement as per the scale provided in the policy
  3. Permanent Partial Disablement [PPD] – Lump sum Payment as per the scale provided in the policy in the event of Permanent Partial Disablement
- Geography - This coverage policy compensates for injuries sustained anywhere in the world.
  - Sum Insured offered under this benefit is from 5L to 50 L in the intervals of 5L each

Benefit	Sum Insured
Benefit 1. 1) Accidental Death[AD]	Ten times Total Annual Income
Benefit 1. 2) Transportation of Mortal Remains	2 % of AD Sum Insured; max up to Rs 10,000
Benefit 2. Permanent Total Disablement	Ten times Total Annual Income up to AD Sum Insured
Benefit 4. Permanent Partial Disablement	Five times Total Annual Income up to AD Sum Insured

- The maximum Accidental Death Sum Insured for Non-earning Spouse and Dependent Parent or dependant parents in law is restricted to 50% of Proposer's Accidental Death Sum Insured, maximum up to Rs. 25,00,000
- The maximum Accidental Death Sum Insured for Children is restricted to 25% of Proposer's Accidental Death Sum Insured, maximum up to Rs. 10,00,000.
- Sum Insured limit for the benefit will apply on individual basis.

**Key Definitions**

- Pre-existing Condition means any condition, ailment, injury or disease:
  - i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
  - ii. For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement
- Co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured.

**Renewal Incentives:**

**a) Cumulative Bonus** – We will offer Cumulative Bonus of 5% / 10%/25% of the Sum Insured for every claim free year accumulating up to 50%. In the event of a claim, the Cumulative bonus shall be reduced by in the same proportion as increase in Cumulative Bonus at the time of renewal.

**OR**

**Multiplier Benefit** - We will offer Bonus of 50% of the basic sum insured for every claim free year accumulating up to 100%. In the event of a claim, the bonus shall be reduced by 50% at the time of renewal.

In policies with a 2 year Policy Period the application of the above guidelines of the Cumulative Bonus or Multiplier Benefit shall be post completion of each Policy Year.

**b) Health Check-up Benefit including eye & dental examination (at the end of block of continuous claim free years)** – 1% of the Sum Insured, subject to maximum limit as mentioned in the policy only once at the end of a block of every continuous 1/2/3/4 claim free years (As per sum Insured opted) during which You have been insured with Us.

**OR,**

**Health Check-up Benefit including eye & dental examination (at every renewal irrespective of claim status)** – 1% of the Sum Insured, subject to maximum limit as mentioned in the policy at the end of every year at the time of renewal irrespective of claim status (As per sum Insured opted) during which You have been insured with Us.

**Free Look Period:**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

**Special terms and conditions**

**Waiting Period**

**i) 30-day Waiting Period – Code Excl03**

- i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

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- II. This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.  
The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

**ii) Specified disease/procedure waiting period- Code- Excl02**

- I. Expenses related to the treatment of the listed Conditions, surgeries/treatments as mentioned in the table below shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.
- II. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- III. If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.
- IV. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- V. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- VI. List of specific diseases/procedure:

Sl No	Organ / Organ System	Illness	Treatment
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>
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 (Please Note: All forms of cirrhosis due to alcohol will be excluded)</li> <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>	Nil
g	Others	Nil	<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) Pre- Existing Diseases: Code- Excl01**

- I. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- II. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
- III. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

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- IV. Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

**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 arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (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: Code – Excl10

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) Hazardous or Adventure sports Code – Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports.

**Medical Exclusions**

- iv) Investigation & Evaluation: Code Excl04

a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

v) Rest Cure, rehabilitation and respite care—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- vi) Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the doctor

b. The surgery/procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

1. Obesity related cardiomyopathy

2. coronary heart disease

3. severe sleep apnoea

4. uncontrolled type2 diabetes

- vii) Change-of-Gender treatments - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

viii) Cosmetic or plastic surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

ix) Hazardous or Adventure Sports Code – Excl09— Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.

x) Breach of Law: Code – Excl10 - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

xi) Excluded Providers- Code – Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

xii) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12

xiii) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13

xiv) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. Code – Excl14

xv) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15

xvi) Unproven Treatments— Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16

xvii) Sterility and Infertility – Code – Excl17 - Expenses related to sterility and infertility. This includes:

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- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization
- xviii) Maternity: Code – Excl18
  - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.
- xix) War or any act of war, invasion, act of foreign enemy, (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, Chemical or Biological attack or weapons, radiation of any kind.
- xx) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xxi) Any Insured Person's participation or involvement in naval, military or air force operation.
- xxii) Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xxiii) Congenital external diseases, defects or anomalies,
- xxiv) Stem cell harvesting
- xxv) Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxvi) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- xxvii) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxviii) Preventive care 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.
- xxix) Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxx) Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at [www.hdfcergo.com](http://www.hdfcergo.com).
- xxxi) Treatment taken on Outpatient basis
- xxxii) The provision or fitting of hearing aids, spectacles or contact lenses.
- xxxiii) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxxiv) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxv) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on [www.hdfcergo.com](http://www.hdfcergo.com)
- xxxvi) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.
- xxxvii) Non-allopathic Treatments

**Claim Procedure:**

HDFC ERGO General Insurance Company Limited will process all claims under this policy. The final decision on any claim solely rests with HDFC ERGO General Insurance Company Limited.

Intimation & Assistance - Please contact HDFC ERGO General Insurance Company Limited atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO General Insurance Company Limited within 24 hours of the event.

Procedure for reimbursement of Medical Expenses –

- Please send the duly signed claim form and all the information/documents mentioned therein to HDFC ERGO General Insurance Company Limited within 15 days of the occurrence of the Incident.

\*Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, HDFC ERGO General Insurance Company Limited will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, HDFC ERGO General Insurance Company Limited will make the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the proposer.

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, HDFC ERGO General Insurance Company Limited must be informed no later than 24 hours after hospitalisation.

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- For any planned hospitalisation, kindly seek cashless authorization from HDFC ERGO General Insurance Company Limited atleast 48 hours prior to the hospitalisation.
- HDFC ERGO General Insurance Company Limited 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 Customer care: 022 6234 6234 / 0120 6234 6234.
- Rejection of cashless facility in no way indicates rejection of the claim.

**Renewal of Policy:**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

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

**Withdrawal of Policy:**

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

**Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

**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- Policy Check-up:**

Pre-Policy Check-up at our network will be required. We will reimburse 100% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports will be valid for a period of 90 days from the date of Pre-Policy Check-up.

**Pre-Policy Check-up (PPC) Grid:**

- For agency channel PPC grid with wavier till 45 years will be applicable
- Corporate agents/brokers can choose from options provided below while selecting plan for their customers.

**Option 1 : Pre Policy Check wavier till 45 years**

Pre Policy Checkup wavier till 5.00 L Sum Insured								
Age band\ Sum insured range	1, 2 lacs		3, 4, 5 lacs		7, 10 lacs		15, 20, 25, 50 lacs	
	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit
18-45	No Medicals	No Medicals	No Medicals	No Medicals	ME, FBS, ECG, RUA	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males),USG Abd (females), HbA1C, SGPT, GGT, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males),USG Abd (females), HbA1C, SGPT, GGT, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males),USG Abd (females), HbA1C, SGPT, GGT, HBsAg



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46-50	ME, FBS, ECG	ME, FBS, ECG, RUA, CBC, TC, HbA1C	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, ECG, RUA, CBC, TC, HbA1C	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
51-55	ME, FBS, ECG	ME, FBS, ECG, RUA, CBC, TC, HbA1C	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, ECG, RUA, CBC, TC, HbA1C	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
56-60	ME, FBS, ECG, RUA	ME, FBS, ECG, RUA, CBC, Lipids, HbA1C	ME, FBS, ECG, RUA, CBC, Lipids	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
61-65	ME, FBS, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd(females), Total proteins, ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO

**Option 2 : Pre Policy Check wavier till 50 years**

Age band\ Sum insured range	1, 2 lacs		3, 4, 5 lacs		7, 10 lacs		15, 20, 25, 50 lacs	
	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit
18-45	No Medicals	No Medicals	No Medicals	No Medicals	ME, FBS, ECG, RUA	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males), USG Abd (females), HbA1C, SGPT, GGT, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males), USG Abd (females), HbA1C, SGPT, GGT, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males), USG Abd (females), HbA1C, SGPT, GGT, HBsAg

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46-50	No Medicals	No Medicals	No Medicals	No Medicals	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
51-55	ME, FBS, ECG	ME, FBS, ECG, RUA, CBC, TC, HbA1C	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, ECG, RUA, CBC, TC, HbA1C	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
56-60	ME, FBS, ECG, RUA	ME, FBS, ECG, RUA, CBC, Lipids, HbA1C	ME, FBS, ECG, RUA, CBC, Lipids	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
61-65	ME, FBS, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd(females), Total proteins, ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO

**Option 3 : Pre Policy Check wavier till 55 years**

Age band/ Sum insured range	1, 2 lacs		3, 4, 5 lacs		7, 10 lacs		15, 20, 25, 50 lacs	
	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit	Without restore benefit	With restore benefit
18-45	No Medicals	No Medicals	No Medicals	No Medicals	ME, FBS, ECG, RUA	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males), USG Abd (females), HbA1C, SGPT, GGT, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males), USG Abd (females), HbA1C, SGPT, GGT, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA (males), USG Abd (females), HbA1C, SGPT, GGT, HBsAg

**Total Health Plan, Policy**

46-50	No Medicals	No Medicals	No Medicals	No Medicals	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
51-55	No Medicals	No Medicals	No Medicals	No Medicals	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
56-60	ME, FBS, ECG, RUA	ME, FBS, ECG, RUA, CBC, Lipids, HbA1C	ME, FBS, ECG, RUA, CBC, Lipids	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (males and females), HbA1C, HBsAg
61-65	ME, FBS, RUA, CBC, Lipids, SGOT, Serum Creatinine, PSA(males), USG Abd(females), Total proteins, ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO

**List of Abbreviations**

ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycoslated Hb, LFT= Liver Function Test, RFT= Renal Function Test, 2D Echo = 2 Dimensional Echocardiogram. HBsAg= Hepatitis B Surface Antigen, SGPT= Serum Glutamic-Pyruvic Transaminase, GGT=Gamma-Glutamyl Transpeptidase.

**Discounts:**

- 7.5% discount in case the Insured Person is paying 2 years premium in advance as a single premium.
- Family discount of 5% if 2 members are covered and 10% if 3 or more family members are covered under
- Total Health Plan policy.
- Discount of 10% on published tariff, if product offered through direct channel.

**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

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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	
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.

- ii. 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.
- iii. The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 3 A i),ii) & iii) of the policy wordings or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.
- iv. Please note that We will issue Policy only after getting Your consent and additional premium, if any.
- v. 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.

**Non-Disclosure or Misrepresentation:**

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
  - a) cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule ; and
  - b) the claim under such Policy if any, shall be prejudiced.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/ Misrepresentation of Pre-existing diseases subject to your prior consent;
  - a) Permanently exclude the disease/condition and continue with the Policy
  - b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
  - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

**Migration**

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

For Detailed Guidelines on Migration, kindly refer the link

[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)

**Moratorium Period**

After completion of eight continuous years under this Policy no look back would be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud & permanent exclusions specified in the policy contract. The Policy would however be subject to all limits, sub limits, co-payments, Deductibles as per the policy contract.

**Portability**

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link

[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)

**Cancellation**

- i) The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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

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

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

**Premium rates:**

- i. The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater coverage the premium will be considered on the completed age of the eldest insured member.
- ii. The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- iii. Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- iv. Premium rates are subject to change with prior approval from IRDA.
- v. 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 and Dependent Parent in law 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) - Base Premium**

BASE - INDIVIDUAL SUM INSURED											
Age Band/SI	100,000	200,000	300,000	400,000	500,000	700,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
0-17	2,062	2,678	3,348	4,151	4,687	5,122	6,026	7,020	7,773	8,436	10,846
18-35	2,464	3,199	3,999	4,959	5,599	7,070	8,318	9,690	10,730	11,645	14,972
36-45	3,004	3,621	4,526	5,612	6,336	8,160	9,600	11,184	12,384	13,440	17,280
46-50	4,234	5,296	6,620	8,209	9,269	12,141	14,283	16,640	18,425	19,997	25,710
51-55	5,196	6,696	8,371	10,379	11,719	15,553	18,298	21,317	23,604	25,617	32,936
56-60	6,657	8,645	10,806	13,400	15,129	20,396	23,995	27,955	30,954	33,594	43,192
61-65	9,244	12,005	15,006	18,608	21,009	28,770	33,847	39,431	43,662	47,385	60,924
66-70	12,755	16,565	20,706	25,676	28,989	39,983	47,039	54,800	60,680	65,855	84,670
71-75	15,410	20,012	25,016	31,019	35,022	48,785	57,394	66,864	74,038	80,351	103,308
76-80	18,491	24,015	30,019	37,223	42,026	59,188	69,633	81,123	89,827	97,487	125,340
>80	21,265	27,617	34,521	42,807	48,330	69,462	81,719	95,203	105,418	114,407	147,095

**Total Health Plan, Policy**

**BASE - FAMILY FLOATER SUM INSURED**

**1. Family Floater – 1 Adult + 1 Child**

Age Band/ SI	200,000	300,000	400,000	500,000	700,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
18-35	4,260	5,159	6,397	7,223	8,845	10,405	12,122	13,423	14,568	18,730
36-45	4,595	5,592	6,934	7,829	9,791	11,519	13,420	14,860	16,127	20,735
46-50	6,357	7,780	9,648	10,892	13,915	16,371	19,072	21,119	22,920	29,468
51-55	7,843	9,624	11,934	13,474	17,471	20,554	23,946	26,515	28,776	36,998
56-60	9,813	12,083	14,983	16,917	22,350	26,294	30,633	33,919	36,812	47,329
61-65	13,173	16,284	20,192	22,797	30,724	36,145	42,109	46,628	50,604	65,062
66-70	17,733	21,983	27,259	30,777	41,937	49,338	57,478	63,646	69,073	88,808
71-75	21,180	26,293	32,603	36,810	50,739	59,692	69,542	77,003	83,569	107,446
76-80	25,183	31,296	38,807	43,814	61,142	71,932	83,801	92,793	100,705	129,478
>80	28,785	35,798	44,390	50,118	71,415	84,018	97,881	108,383	117,625	151,233

**2. Family Floater – 1 Adult + 2 Child**

Age Band/ SI	200,000	300,000	400,000	500,000	700,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
18-35	5,585	6,650	8,247	9,311	11,126	13,090	15,250	16,886	18,326	23,562
36-45	5,814	6,963	8,634	9,748	11,889	13,987	16,294	18,043	19,581	25,176
46-50	7,682	9,272	11,497	12,980	16,197	19,056	22,200	24,582	26,678	34,300
51-55	9,275	11,236	13,933	15,730	19,937	23,456	27,326	30,258	32,838	42,220
56-60	11,272	13,725	17,019	19,215	24,862	29,250	34,076	37,732	40,950	52,649
61-65	14,632	17,926	22,228	25,096	33,236	39,101	45,553	50,440	54,741	70,382
66-70	19,192	23,625	29,295	33,076	44,449	52,293	60,922	67,458	73,211	94,128
71-75	22,640	27,935	34,639	39,108	53,251	62,648	72,985	80,816	87,707	112,766
76-80	26,642	32,938	40,843	46,113	63,655	74,888	87,244	96,605	104,843	134,798
>80	30,244	37,440	46,426	52,417	73,928	86,974	101,324	112,196	121,763	156,553

**3. Family Floater – 1 Adult + 3 Child**

Age Band/ SI	200,000	300,000	400,000	500,000	700,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
18-35	7,176	7,479	9,274	10,471	12,394	14,581	16,987	18,810	20,414	26,246
36-45	7,276	7,724	9,578	10,814	13,054	15,357	17,891	19,811	21,500	27,643
46-50	9,273	10,100	12,524	14,140	17,465	20,547	23,937	26,505	28,766	36,984
51-55	10,995	12,131	15,043	16,984	21,307	25,067	29,204	32,337	35,094	45,121
56-60	13,024	14,637	18,150	20,492	26,258	30,892	35,989	39,850	43,248	55,605
61-65	16,384	18,838	23,359	26,373	34,632	40,743	47,466	52,558	57,040	73,337
66-70	20,944	24,538	30,427	34,353	45,845	53,935	62,835	69,576	75,509	97,083
71-75	24,391	28,847	35,770	40,385	54,646	64,290	74,898	82,934	90,006	115,722
76-80	28,393	33,850	41,974	47,390	65,050	76,530	89,157	98,723	107,142	137,754
>80	31,996	38,353	47,557	53,694	75,323	88,616	103,237	114,314	124,062	159,508

**Total Health Plan, Policy**

<b>4. Family Floater – 2 Adult</b>										
<b>Age Band/ SI</b>	<b>200,000</b>	<b>300,000</b>	<b>400,000</b>	<b>500,000</b>	<b>700,000</b>	<b>1,000,000</b>	<b>1,500,000</b>	<b>2,000,000</b>	<b>2,500,000</b>	<b>5,000,000</b>
<b>18-35</b>	4,863	5,599	6,943	7,838	9,898	11,645	13,566	15,022	16,303	20,960
<b>36-45</b>	5,865	6,683	8,287	9,357	12,022	14,144	16,477	18,245	19,801	25,458
<b>46-50</b>	8,300	9,508	11,790	13,312	17,412	20,485	23,865	26,425	28,678	36,872
<b>51-55</b>	10,457	11,987	14,864	16,782	22,228	26,150	30,465	33,734	36,611	47,071
<b>56-60</b>	13,304	15,286	18,955	21,401	28,764	33,840	39,424	43,654	47,376	60,912
<b>61-65</b>	17,808	20,586	25,527	28,820	39,321	46,260	53,893	59,675	64,764	83,268
<b>66-70</b>	24,524	28,359	35,166	39,703	54,652	64,296	74,905	82,942	90,015	115,733
<b>71-75</b>	30,635	35,230	43,685	49,321	68,535	80,629	93,933	104,012	112,881	145,133
<b>76-80</b>	37,095	42,596	52,819	59,634	83,741	98,519	114,774	127,089	137,926	177,334
<b>&gt;80</b>	43,175	49,481	61,356	69,273	99,043	116,521	135,747	150,312	163,129	209,737

<b>5. Family Floater – 2 Adult + 1 Child</b>										
<b>Age Band/ SI</b>	<b>200,000</b>	<b>300,000</b>	<b>400,000</b>	<b>500,000</b>	<b>700,000</b>	<b>1,000,000</b>	<b>1,500,000</b>	<b>2,000,000</b>	<b>2,500,000</b>	<b>5,000,000</b>
<b>18-35</b>	5,924	6,759	8,381	9,462	11,673	13,733	15,998	17,715	19,226	24,719
<b>36-45</b>	6,839	7,750	9,610	10,849	13,653	16,063	18,713	20,721	22,488	28,913
<b>46-50</b>	9,360	10,668	13,229	14,935	19,187	22,572	26,297	29,119	31,601	40,630
<b>51-55</b>	11,604	13,241	16,418	18,537	24,146	28,407	33,094	36,645	39,770	51,133
<b>56-60</b>	14,472	16,563	20,539	23,189	30,718	36,139	42,102	46,619	50,595	65,050
<b>61-65</b>	18,976	21,863	27,110	30,608	41,275	48,559	56,571	62,641	67,982	87,405
<b>66-70</b>	25,692	29,637	36,749	41,491	56,606	66,595	77,583	85,908	93,233	119,871
<b>71-75</b>	31,803	36,507	45,268	51,109	70,489	82,928	96,611	106,977	116,099	149,271
<b>76-80</b>	38,263	43,873	54,402	61,422	85,695	100,818	117,452	130,055	141,145	181,472
<b>&gt;80</b>	44,342	50,758	62,940	71,061	100,997	118,820	138,425	153,277	166,347	213,875

<b>6. Family Floater – 2 Adult + 2 Child</b>										
<b>Age Band/ SI</b>	<b>200,000</b>	<b>300,000</b>	<b>400,000</b>	<b>500,000</b>	<b>700,000</b>	<b>1,000,000</b>	<b>1,500,000</b>	<b>2,000,000</b>	<b>2,500,000</b>	<b>5,000,000</b>
<b>18-35</b>	7,249	8,250	10,230	11,550	13,954	16,417	19,126	21,178	22,984	29,550
<b>36-45</b>	8,058	9,120	11,309	12,769	15,751	18,530	21,588	23,904	25,942	33,354
<b>46-50</b>	10,686	12,159	15,078	17,023	21,468	25,257	29,424	32,581	35,360	45,462
<b>51-55</b>	13,036	14,852	18,417	20,793	26,612	31,308	36,474	40,388	43,832	56,355
<b>56-60</b>	15,932	18,205	22,575	25,488	33,230	39,095	45,545	50,432	54,732	70,370
<b>61-65</b>	20,435	23,505	29,146	32,907	43,787	51,514	60,014	66,453	72,120	92,725
<b>66-70</b>	27,152	31,279	38,785	43,790	59,118	69,551	81,027	89,720	97,371	125,191
<b>71-75</b>	33,262	38,149	47,304	53,408	73,001	85,884	100,054	110,790	120,237	154,591
<b>76-80</b>	39,722	45,515	56,438	63,721	88,207	103,773	120,896	133,867	145,282	186,792
<b>&gt;80</b>	45,802	52,400	64,976	73,360	103,509	121,775	141,868	157,090	170,485	219,195

**Total Health Plan, Policy**

7. Family Floater – 2 Adult + 3 Child										
Age Band/ SI	200,000	300,000	400,000	500,000	700,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
18-35	8,840	10,073	12,490	14,102	16,743	19,698	22,948	25,410	27,577	35,456
36-45	9,520	10,796	13,387	15,114	18,314	21,546	25,101	27,794	30,164	38,783
46-50	12,277	13,982	17,338	19,575	24,257	28,538	33,247	36,814	39,953	51,368
51-55	14,756	16,822	20,860	23,551	29,626	34,854	40,605	44,962	48,796	62,738
56-60	17,683	20,212	25,063	28,297	36,301	42,707	49,754	55,092	59,790	76,872
61-65	22,186	25,512	31,635	35,717	46,857	55,126	64,222	71,113	77,177	99,228
66-70	28,903	33,285	41,274	46,600	62,189	73,163	85,235	94,380	102,428	131,694
71-75	35,014	40,156	49,793	56,218	76,072	89,496	104,263	115,450	125,294	161,093
76-80	41,474	47,522	58,927	66,530	91,278	107,385	125,104	138,527	150,340	193,294
>80	47,553	54,407	67,464	76,169	106,579	125,387	146,076	161,750	175,542	225,697

8. Additional Children										
200,000	300,000	400,000	500,000	700,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	
1,219	1,523	1,889	2,132	2,330	2,742	3,194	3,537	3,838	4,935	

**Optional Benefits**

**A. Room Rent/Room Class Limit**

Options	Details	Sum Insured Limits			Factors
		100000 & 200000	300000 - 1000000	Above 1000000	
I	Default option	No room rent limit			0%
II	Room Class option based on sum insured	On twin sharing basis	Single AC room	Any room class	-6%
III	Per day limit option based on Sum Insured	1% of sum insured	1% of sum insured max Rs.7,500	Any room class 1% SI; max Rs. 15,000	-10%

**B. Pre & Post Hospitalisation**

Pre/Post option	Factors
0/0	-2.0%
0/30	-1.0%
30/60	0.0%
60/90	1.0%
90/180	2.0%

**C. Ayush Benefit**

Benefit	Factor
Ayush Benefit	2%



**Total Health Plan, Policy**

**D. Maternity Benefit**

Waiting Period (Years)	Factors
4	9.0%
3	12.0%
2	16.0%

2 Year Waiting Period for maternity only in case of Family Floater or Family policy with individual SI with at least 2 members

**Sum Insured Limit under this benefit (Rs)**

Base Sum Insured	Maternity	Pre/Post Natal	New Born
1,00,000 *	10,000	1,000	1,500
200,000	20,000	2,000	2,500
300,000	30,000	2,500	3,500
400,000	35,000	2,500	3,500
500,000	35,000	2,500	3,500
700,000	50,000	3,500	4,500
1,000,000	50,000	3,500	4,500
1,500,000	100,000	5,000	6,500
2,000,000	100,000	5,000	6,500
2,500,000	125,000	6,250	8,125
5,000,000	125,000	6,250	8,125

\* Only individual plans

**E. Out-Patient Benefit**

Outpatient SI Limit (Rs.)	5000	10000	15000	20000	25000
<b>4 Years Waiting Period</b>					
Individual	2,058	3,430	4,631	5,489	6,003
Family Floater	2,744	4,803	6,689	8,233	9,434
<b>3 Years Waiting Period</b>					
Individual	2,426	4,043	5,458	6,468	7,075
Family Floater	3,234	5,660	7,883	9,703	11,118
<b>2 Years Waiting Period</b>					
Individual	2,871	4,785	6,459	7,655	8,373
Family Floater	3,828	6,698	9,330	11,483	13,158

**F. Out-Patient Dental Benefit**

Copay	Waiting Period		
	2 Yrs	3 Yrs	4 Yrs
0%	4.5%	4.0%	3.5%
10%	4.0%	3.5%	3.0%
20%	3.5%	3.0%	2.5%

**Total Health Plan, Policy**

Base Sum Insured (Rs)	Sum Insured Limit under this benefit (Rs)
1,00,000 *	5,000
200,000	5,000
300,000	5,000
400,000	5,000
500,000	10,000
700,000	10,000
1,00,000	10,000
1,500,000	15,000
2,000,000	15,000
2,500,000	15,000
5,000,000	15,000

\*Only individual plans

**G. Spectacles, Contact Lenses, Hearing Aid**

Copay	Waiting Period		
	2 Yrs	3 Yrs	4 Yrs
0%	16%	14%	12%
10%	15%	13%	11%
20%	14%	12%	10%

Base Sum Insured (Rs)	Sum Insured Limit under this benefit (Rs)
1,00,000 *	2,000
200,000	2,000
300,000	3,000
400,000	4,000
500,000	5,000
700,000	7,000
1,00,000	10,000
1,500,000	10,000
2,000,000	10,000
2,500,000	10,000
5,000,000	10,000

\* Only individual plans

**Total Health Plan, Policy**

**H. Hospital Daily Cash  
Benefit of Rs. 500 Per Day**

Age Band	30 Days (Rs)	60 Days (Rs)	90 Days (Rs.)
0-17	195	205	221
18-35	298	314	338
36-45	462	487	524
46-50	587	618	665
51-55	783	825	888
56-60	1,086	1,144	1,231
61-65	1,502	1,582	1,703
66-70	2,020	2,127	2,289
71-75	2,661	2,803	3,016
76-80	3,193	3,364	3,619
>80	3,780	3,982	4,284

**Benefit of Rs. 1000 Per Day**

Age Band	30 Days (Rs)	60 Days (Rs)	90 Days (Rs.)
0-17	389	410	441
18-35	596	627	675
36-45	924	974	1,048
46-50	1,174	1,236	1,330
51-55	1,567	1,650	1,776
56-60	2,172	2,288	2,461
61-65	3,004	3,165	3,405
66-70	4,040	4,255	4,578
71-75	5,322	5,606	6,032
76-80	6,387	6,727	7,238
>80	7,561	7,964	8,569

**Benefit of Rs. 2000 Per Day**

Age Band	30 Days (Rs)	60 Days (Rs)	90 Days (Rs.)
0-17	779	821	883
18-35	1,191	1,255	1,350
36-45	1,849	1,948	2,096
46-50	2,347	2,473	2,660
51-55	3,133	3,300	3,551
56-60	4,344	4,575	4,923
61-65	6,009	6,329	6,810
66-70	8,079	8,510	9,156
71-75	10,645	11,212	12,064
76-80	12,773	13,455	14,477
>80	15,121	15,928	17,138

**Total Health Plan, Policy**

**Benefit of Rs. 3000 Per Day**

Age Band	30 Days (Rs)	60 Days (Rs)	90 Days (Rs.)
0-17	1,168	1,231	1,324
18-35	1,787	1,882	2,025
36-45	2,773	2,921	3,143
46-50	3,521	3,709	3,991
51-55	4,700	4,951	5,327
56-60	6,515	6,863	7,384
61-65	9,013	9,494	10,215
66-70	12,119	12,765	13,734
71-75	15,967	16,818	18,096
76-80	19,160	20,182	21,715
>80	22,682	23,892	25,707

**Benefit of Rs. 4000 Per Day**

Age Band	30 Days (Rs)	60 Days (Rs)	90 Days (Rs.)
0-17	1,558	1,641	1,766
18-35	2,382	2,509	2,700
36-45	3,698	3,895	4,191
46-50	4,695	4,945	5,321
51-55	6,266	6,601	7,102
56-60	8,687	9,151	9,846
61-65	12,018	12,659	13,620
66-70	16,158	17,020	18,313
71-75	21,289	22,425	24,128
76-80	25,547	26,910	28,953
>80	30,243	31,856	34,276

**Benefit of Rs. 5000 Per Day**

Age Band	30 Days (Rs)	60 Days (Rs)	90 Days (Rs.)
0-17	1,947	2,051	2,207
18-35	2,978	3,137	3,375
36-45	4,622	4,869	5,239
46-50	5,868	6,182	6,651
51-55	7,833	8,251	8,878
56-60	10,859	11,438	12,307
61-65	15,022	15,823	17,025
66-70	20,198	21,275	22,891
71-75	26,611	28,031	30,160
76-80	31,934	33,637	36,192
>80	37,804	39,820	42,845

**Total Health Plan, Policy**

**I. Cumulative Bonus**

Option	Cumulative Bonus		Factor
	Increase	Decrease	
Option I	5%	5%	2%
Option II	10%	10%	3%
Option III*	25%	25%	5%

\* Available for 2 Lac and higher SI

**J. Multiplier Benefit & Restore Benefit**

Base Sum Insured	Only Multiplier Factors	Only Restore Factors	For both Multiplier + Restore Factors
300000	14.0%	2.5%	15.0%
400000	10.0%	2.0%	11.0%
500000	7.0%	1.5%	8.0%
> 500000	4.0%	1.0%	5.0%

**K. Health Check –up Benefit (at the end of block of continuous claim free years)**

Base Sum Insured (Rs)	Block of Years			
	1 Yr Factors	2 Yrs Factors	3 Yrs Factors	4 Yrs Factors
1,00,000 *	-	3.5%	2.0%	1.0%
200,000	-	5.0%	2.5%	1.5%
300,000	-	6.0%	3.0%	2.0%
400,000	17.0%	7.0%	3.5%	2.0%
500,000	17.0%	7.0%	3.5%	2.0%
700,000	14.5%	6.0%	3.0%	-
1,000,000	12.5%	5.0%	2.5%	-
1,500,000	14.0%	5.5%	-	-
2,000,000	13.0%	5.0%	-	-
2,500,000	13.0%	5.0%	-	-
5,000,000	13.0%	5.0%	-	-

\*Only individual plans

**L. Health Check –up Benefit (at every renewal irrespective of claim status )**

Base Sum Insured (Rs)	Factors
1,00,000 *	9.0%
200,000	12.5%
300,000	15.0%
400,000	18.0%
500,000	18.0%
700,000	15.5%
1,000,000	13.0%
1,500,000	14.5%
2,000,000	13.5%
2,500,000	13.5%
5,000,000	13.5%

**Total Health Plan, Policy**

\*Only individual plans

<b>M. Co-Payment</b>			
<b>SI</b>	<b>Copay</b>		
	<b>10% Factors</b>	<b>20% Factors</b>	<b>30% Factors</b>
1,00,000 *	-10%	-20%	-29%
200,000	-11%	-21%	-31%
300,000	-11%	-22%	-33%
400,000	-12%	-22%	-33%
500,000	-12%	-23%	-34%
750,000	-12%	-23%	-34%
1,000,000	-12%	-23%	-34%
1,500,000	-12%	-23%	-34%
2,000,000	-12%	-23%	-34%
2,500,000	-12%	-23%	-34%
5,000,000	-12%	-23%	-34%

\* Only individual plans

<b>N. Pre – Existing Diseases Waiting Period</b>	
<b>Waiting Period</b>	<b>Factors</b>
<b>4 Years</b>	0%
<b>3 Years</b>	5%
<b>2 Years</b>	10%

<b>O. Geographical Limitations</b>	
<b>Geography</b>	<b>Factors</b>
National Capital Region (Delhi, Noida, Ghaziabad, Faridabad & Gurgaon), Mumbai ( Mumbai suburbs in the Mumbai Metropolitan region including Thane City)	5%
Kolkata, Chennai, Bangalore & Hyderabad	0%
All India excluding National Capital Region (Delhi, Noida, Ghaziabad, Faridabad & Gurgaon), Mumbai ( Mumbai suburbs in the Mumbai Metropolitan region including Thane City) , Kolkata, Chennai, Bangalore & Hyderabad	-5%

<b>P. Personal Accident</b>	
<b>Occupation Class</b>	<b>Per Mille Rates</b>
<b>I</b>	0.90
<b>II</b>	1.35
<b>III</b>	1.90

<b>Q. Option to select Pre Policy Check post</b>	
<b>Age onwards</b>	<b>Factor</b>
<b>PPC from age 45</b>	0%
<b>PPC from age 50</b>	6%
<b>PPC from age 55</b>	8%

**Total Health Plan, Policy**

**2 Year Premium Calculation**

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance

Example

1. Proposed Insured Age 33 years opting for Base plan 2 year policy with Sum Insured of Rs 5 Lac.

Calculation =  $5599 \times 2 \times 92.5\% = \text{Rs. } 10,358.15$

2. Proposed Insured Age 35 years opting for Base plan 2 year policy with Sum Insured of Rs 5 Lac.

Calculation =  $(5599 + 6336) \times 92.5\% = \text{Rs. } 11,040.04$

- Discounts
- 7.5% discount in case the Insured Person is paying 2 years premium in advance
- Family Discount of 5% if 2 members are covered and 10% if 3 or more family members are covered under the same policy.
- 10% discount for direct sales channel.

**Loading**

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).

**Section 41 of Insurance Act 1938 (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 10 lakh rupees.

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.

**Annexure A**

**Table illustrating the impact of optional benefits on inpatient sum insured and cumulative bonus/multiplier benefit.**

S.No	Option Benefit Name	Admissible and subject to base Sum Insured applicable on Section 1: Inpatient benefits	Claims that impact Cumulative Bonus or Multiplier benefit
1.	Room Rent	Yes	Yes
2.	Pre Hospitalization	Yes	Yes
3.	Post Hospitalization	Yes	Yes
4.	Ayush Benefit	Yes	Yes
5.	Maternity Benefit	No	No
6.	Out Patient Benefit	No	No
7.	Out Patient Dental Benefit	No	No
8.	Spectacles, Contact Lenses, Hearing Aid	No	No
9.	Hospital Daily Cash	No	No
10.	Health Check –up Benefit (at the end of block of continuous claim free years)	No	No
11.	Health Check –up Benefit (at every renewal irrespective of claim status )	No	No
12.	Personal Accident	No	No

**Total Health Plan, Policy**

**Annexure B – List of Non-Medical Expenses**

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRADIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR

SI No	Item
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY



**Total Health Plan, Policy**

**Premium / Benefit Illustration**  
**Sum Insured- 5 lac (Base Plan)**  
**Tenure: 1 year**

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
7	4,687	5	4,687	469	4,218	5	12,769	NA	12,769	5
10	4,687	5	4,687	469	4,218	5		NA		
35	5,599	5	5,599	560	5,039	5		NA		
40	6,336	5	6,336	634	5,702	5		NA		
	<b>21,309</b>				<b>19,178</b>				<b>12,769</b>	
	Total premium for all members of the family is Rs. 21309 when each member is covered separately.		Total premium for all members of the family is Rs. 19,178 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.12,769			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 Lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.  
Above premium examples are for Illustration purpose only, terms and conditions apply.

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
10	4,687	5	4,687	469	4,218	5	17,023	NA	17,023	5
15	4,687	5	4,687	469	4,218	5		NA		
45	6,336	5	6,336	634	5,702	5		NA		
48	9,269	5	9,269	927	8,342	5		NA		
	<b>24,979</b>				<b>22,481</b>				<b>17,023</b>	
	Total premium for all members of the family is Rs. 24,979 when each member is covered separately.		Total premium for all members of the family is Rs. 22,481 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.17,023			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 Lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.  
Above premium examples are for Illustration purpose only, terms and conditions apply.

**Total Health Plan, Policy**

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
10	4,687	5	4,687	469	4,218	5	10,849	NA	10,849	5
35	5,599	5	5,599	560	5,039	5		NA		
40	6,336	5	6,336	634	5,702	5		NA		
	<b>16,622</b>				<b>14,960</b>				<b>10,849</b>	
	Total premium for all members of the family is Rs. 16,622 when each member is covered separately.		Total premium for all members of the family is Rs. 14,960 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 10,849			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 Lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
15	4,687	5	4,687	469	4,218	5	14,935	NA	14,935	5
45	6,336	5	6,336	634	5,702	5		NA		
48	9,269	5	9,269	927	8,342	5		NA		
	<b>20,292</b>				<b>18,263</b>				<b>14,935</b>	
	Total premium for all members of the family is Rs. 20,292 when each member is covered separately.		Total premium for all members of the family is Rs. 18,263 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 14,935			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 Lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.