

HEALTH SURAKSHA POLICY - CSC

Eligibility

- This policy covers persons in the age group 91 days onwards. There is no maximum entry age.
- Children below 5 years would be covered provided both the parents are covered under our policy.
- There is no cover ceasing age in the policy.
- The policy offers option on covering on individual sum insured basis and on family floater basis.
- This policy can be issued to an individual and/or family.
- The family includes spouse, dependent children and dependent parents.

Policy Period

The policy will be issued for 1 year /2 years period

Salient Features & Benefits

- In-patient Treatment – covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for Room rent, boarding expenses, Nursing, Intensive care unit, Medical Practitioner, Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables, Diagnostic procedures, Cost of prosthetic & other devices or equipments if implanted internally during a Surgical Procedure.
- Pre- Hospitalisation - The Medical Expenses incurred due to an Illness in 60 days immediately before the Insured Person was hospitalized.
- Post-Hospitalisation - The Medical Expenses incurred in 90days immediately after the Insured Person was discharged post Hospitalisation.
- Day care procedures – The Medical expenses for 144Day care procedures which do not require 24 hours hospitalization due to technological advancement. We will also pay for Pre & Post Hospitalisation.
- Domiciliary Treatment- The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation.
- Organ Donor - The Medical Expenses for an organ donor's treatment in the event of organ transplantation.
- Emergency Ambulance –Expenses for utilizing ambulance in emergency upto a limit of ₹2000/3200 as per plan opted.
- AYUSH – Medical expenses for in-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy.

Optional Benefits (Available in selective Plan on additional premium payment)

- Newborn baby – Coverage for newborn from birth.
- Maternity Expenses – Medical Expenses for maternity including pre-natal and post-natal expenses after a waiting period of 4 years.
- Outpatient Dental Treatment – 50% of the Medical expenses for X-rays, Extractions, Amalgam / Composite Fillings, Root Canal Treatments and prescribed Drugs from 4th year onwards.
- Spectacles, Contact Lenses, Hearing Aid – 50% of actual expenses for one pair of spectacles or contact lenses or a hearing aid excluding batteries every third year subject to being prescribed by a Network EYE/ENT Medical Practitioner.
- E-Opinion in respect of a Critical Illness.
- Convalescence Benefit- Lumpsum payment of 1% of the sum insured upto a maximum of ₹10,000 in an event of hospitalisation exceeding 10 continuous and completed days.

Optional Benefits (Available in selective Plan on additional premium payment)

- Critical Illness** –We will pay the Insured person the sum insured as a lumpsum amount for the identified 11 critical illness subject to same have been diagnosed during the Policy Period and the Insured survives 30 days after the diagnosis. This benefit can be opted on payment of additional premium.

This benefit, if opted is applicable to all family members on individual Sum

Insured basis equivalent to 50% or 100% of in-patient Sum Insured or 10 Lacs whichever is lower.

This benefit will be provided with a life-long renewability.

This benefit shall automatically terminate upon the occurrence of Critical Illness, without prejudice of Our obligation to make payment, with reference to that Insured Person.

Critical Illness covered are Cancer of specified severity, Coronary Artery (Bypass) Surgery, First Heart Attack (Myocardial Infarction), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms, Aorta Graft Surgery, Primary Pulmonary Arterial Hypertension and Heart Valve Replacement.

If mentioned in the policy schedule this benefit will be applicable to the eldest member of the family.

- Hospital Daily Cash** – Daily allowance for the each and every continuous and consecutive 24 hours as an inpatient hospitalisation. Maximum upto 30/60 days. If mentioned in the policy schedule this benefit will be applicable to the eldest member of the family. This benefit will be provided with a life-long renewability

- Regain Benefit** –Automatic availability of the basic sum insured, if the basic sum insured inclusive of the no claim bonus has been exhausted during the policy year. Basic sum insured will be re-instated only once in a policy year. Regain 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. If the Regain sum insured is not utilised in a policy year, it shall not be carried forward to any subsequent policy year. The Regain benefit is applicable on sum insured of 3 lacs and above.

The insured can choose either Regain benefit or Co-pay Option and not both.

Once the Regain benefit is availed, it cannot be withdrawn by the Insured at subsequent renewals.

- Enhanced Cumulative Bonus**- The cumulative bonus shall automatically increase to 10% and the maximum cumulative bonus shall not exceed 100% of Base Sum Insured. Cumulative bonus thus applied would automatically decrease by 10% of the Basic Sum Insured in that following Policy Year in case of a claim. Once the enhanced cumulative bonus benefit is availed , it cannot be withdrawn by the Insured at subsequent renewals
- Co-Payment**
If an insured opts for 10% / 20% co-pay, then it will be applicable on all claims admissible under following benefits.

- In-patient Treatment
- Pre-Hospitalisation
- Post-hospitalisation
- Day Care Procedures
- Domiciliary Treatment
- Organ Donor
- Emergency Ambulance
- Ayush Benefit
- Newborn baby
- Maternity Expenses

The insured can choose either Regain benefit or Co-pay Option and not both.

Once the co-pay option is availed, it cannot be withdrawn by the Insured at subsequent renewals.

Annual Sum Insured

The Annual Sum Insured would Range from: ₹100,000 to ₹50, 00,000 across three plan variants- Silver, gold and Platinum.

- Renewal Incentives** We will offer cumulative bonus of 5% for every claim free year accumulating up to 50% under both Individual and floater Sum Insured option. In the event of a claim the bonus shall be reduced by the 5%of Basic Sum Insured at the time of renewal. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.
- Health Checkup** – We will offer health checkup only once at the end of continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years upto a maximum of ₹5,000.
- In case of a family floater, if any of the members make a claim under this policy, the health checkup benefit will not be offered to the whole family.

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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 is not available at the time of renewal of the Policy.

A. Waiting Period:

All claims payable will be subject to the waiting periods specified below except if any Insured Person suffers an Accident:

- i. General waiting period of 30 days for all claims payable under the Policy.
- ii. A waiting period of 24 months shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below, except claims payable due to the occurrence of cancer. 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.
 - a. **Illnesses:** internal congenital diseases, non infective arthritis; calculus diseases of gall bladder including cholecystitis and urogenital system e.g. Kidney stone, Urinary Bladder Stone; Pancreatitis, Ulcer and erosion of stomach and duodenum; Gastro Esophageal Reflux Disorder(GERD); All forms of Cirrhosis (Pls note: all forms of cirrhosis due to alcohol will be excluded); Perineal Abscesses; Perianal Abscesses; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis; polycystic ovarian diseases; Fibroids (fibromyoma); sinusitis; Rhinitis; Tonsillitis and skin tumors unless malignant; Benign Hyperplasia of Prostate.
 - b. **Treatments:** adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); joint replacement; myomectomy for fibroids; surgery of genito urinary system unless necessitated by malignancy; surgery on prostate; cholecystectomy; surgery of hernia; surgery of hydrocele/Rectocele; surgery for prolapsed inter vertebral disk; Joint replacement surgeries surgery of varicose veins and varicose ulcers; Surgery for Nasal septum deviation, nasal concha resection.
- iii. 48 months waiting period for all Pre-existing Conditions declared and/or accepted at the time of application.

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.

B. Reduction in waiting period

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 general insurer, as per guidelines on portability issued by the insurance regulator, OR
 - b. any other health insurance plan from Us,

Then:

 - i. The waiting periods specified above stand deleted; AND
 - ii. 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
 - iii. If the proposed coverage for a proposed Insured Person is more than the coverage applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the coverage 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 as per Our underwriting guidelines.
- 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.

C. General Exclusions

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- i. 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. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide or suicide while sane or insane.
- iii. Any 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.
- iv. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as 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. Psychiatric, mental disorders (including mental health treatments) and, sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition");
- vii. Congenital external diseases, defects or anomalies, genetic disorders.
- viii. Stem cell implantation or surgery, or growth hormone therapy. Venereal disease, sexually transmitted disease or illness; "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.
- ix. Save as and to the extent provided for under Maternity Benefit, 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 In-Patient Treatment for in-patient treatment only.
- x. 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.
- xi. Save as and to the extent provided for under Outpatient Dental Treatment Benefit, dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xii. Expenses for 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).
- xiii. Treatment and supplies for analysis and adjustments of spinal subluxation, 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).
- xiv. Circumcisions (unless necessitated by illness or injury and and forming part of treatment); treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.

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- xv. Plastic surgery or cosmetic surgery or treatments to change appearance unless unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
- xvi. Conditions for which Hospitalisation is NOT required.
- xvii. Experimental, investigational or unproven treatment devices and pharmacological regimens.
- xviii. Admission primarily for diagnostic purposes not related to illness for which Hospitalisation has been done.
- xix. Save as and to the extent provided for under Convalescence Benefit, any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xx. Save as and to the extent provided for under AYUSH Benefit, any non allopathic treatment.
- xxi. Preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment), any physical, psychiatric or psychological examinations or testing; 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.
- xxii. 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.
- xxiii. 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), food stuffs (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, and vitamins and tonic sunless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxiv. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxv. Save as and to the extent provided in Spectacles, Contact Lenses, Hearing Aid benefit, the 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.
- xxvi. Any treatment or part of a treatment that is not of a reasonable cost, not medically necessary; treatments or drugs not supported by a prescription.
- xxvii. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxviii. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per our underwriting guidelines.
- xxix. Any non medical expenses mentioned in Appendix II of the policy document.

Portability:

If you are insured continuously and without interruption under a plan issued by an Indian general insurer and you want to shift to us on renewal, Health Suraksha policy offers you transfer of accrued benefits and make due allowances for waiting period etc, as per regulations & guidelines on portability issued by IRDA. 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.

Claim Procedure

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

Procedure for Reimbursement of Medical Expenses –

- Please register your claim with Us within 7 days of discharge.
- Please send the duly signed claim form and all the information/documents mentioned therein to Us 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, We will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent 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, We must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Us atleast 72 hours prior to the hospitalization.
- We 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 2001 999.

Rejection of cashless facility in no way indicates rejection of the claim

The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured

Terms of renewal

- a. **Lifelong 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.
- b. **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy.
- c. **Maximum Age** – There is no maximum cover ceasing age in this policy. For Additional benefit of Critical Illness and Hospital Daily Cash will be provided with a life-long renewability.
- d. **Waiting Period** - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Health Suraksha Insurance Policy.
- e. **Renewal Premium** – 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.
- f. 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 any health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
- g. **Sum Insured Enhancement** –The Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. The increase in sum insured is allowed subject to underwriting acceptance. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.
- h. Any Insured Person in the policy has the option to migrate to any health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

Tax Benefit:

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

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Requirement

- a. Completed proposal form

Pre-Acceptance Medical Test

- a. The person proposed for insurance may have to undergo Pre Policy Checkup depending on the age.
- b. Pre-Policy Check-up at our network will be required. We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

Pre-policy check up Grid

Without CI				
Sum Insured (in ₹ Lacs)				
Age (Yrs)	1 to 2	3 to 5	7.5 to 10	15 and above
0-17	Nil	Nil	Nil	Nil
18-45	Nil	Nil	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Sr Creat, Lipid Profile, PSA (Males), TMT, SGOT, USG Abd (females), HbA1c, SGPT, GGT, HBsAg
46-55	ME, FBS, ECG	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, CBC, ECG, TC	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg
>55	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, SGOT, TMT/2D ECHO & ECG, HbA1c, Sr Creat, PSA (males), USG Abdomen (females)	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT/2D ECHO & ECG, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg

With CI				
Sum Insured (in ₹ Lacs)				
Age (Yrs)	1 to 2	3 to 5	7.5 to 10	15 and above
0-17	Nil	Nil	Nil	Nil
18-45	Nil	ME, FBS, ECG	ME, RUA, FBS, ECG, TC, CBC	ME, RUA, FBS, CBC, Sr Creat, Lipid Profile, PSA (Males), TMT, SGOT, USG Abd (females), HbA1c, SGPT, GGT, HBsAg
46-55	ME, FBS, ECG	ME, RUA, FBS, CBC, TMT, Lipids	ME, RUA, FBS, CBC, TMT, HbA1c, SGOT, Sr Creatinine, Lipids, PSA (males), USG Abdomen (females)	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg
>55	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Lipids, TMT/2D ECHO & ECG, SGOT, Sr Creatinine	ME, RUA, FBS, CBC, Lipids, TMT/2D ECHO & ECG, HbA1c, LFT, RFT, PSA (males), USG Abdomen (females)	ME, RUA, FBS, CBC, Lipid Profile, PSA (Males), TMT/2D ECHO & ECG, USG Abd (Males & Females), HbA1c, LFT, RFT, HBsAg

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, TMT = Treadmill Test, USG = Ultrasonogram, SGOT = Serum Glutamic Oxaloacetic Transaminase, HbA1c = Glycosylated Hb, TC = Total Cholesterol, LFT = Liver Function Test; RFT = Renal Function Test; HBsAg = Hepatitis B Surface Antigen; SGPT = Serum Glutamic Pyruvic Transaminase; GGT = Gamma-Glutamyl Transpeptidase, 2D ECHO-2D Echocardiogram.

Rating Schedule

- a. The premium varies depending on several factors including the age of the persons proposed to be covered, and the Sum insured.

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 illustrative 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 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 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.
- Please visit our nearest branch to refer our underwriting guidelines if required.

Discounts

- a. A family discount of 10%, if 2 or more members of a family are covered under the same policy on Individual sum insured basis.
- b. 10% discount in case the Insured Person is paying 2 years premium in advance.

For Example:

- Proposed Insured Age 33 years opting for Health Suraksha Individual - silver 2 year policy with Sum Insured of Rs 2 Lac.

Calculation – $2863 \times 2 \times 90\% = ₹5153.4/-$ plus taxes.

- Proposed Insured Age 35 years opting for Health Suraksha Individual - Silver 2 year policy with Sum Insured of Rs 2 Lac.

Calculation – $(2863 + 3593) \times 90\% = ₹5810.4/-$ plus taxes.

- c. Discount in case the Insured Person opts for co-pay option on his Health Suraksha Plan.

- 25% discount on base premium if the Insured opts for 20% Co-pay option on his/her Health Suraksha Plan.
- 10% discount on base premium if the Insured opts for 10% Co-pay option on his/her Health Suraksha Plan.

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 enhancement in sum insured (for the enhanced Sum Insured).
- 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 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 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.

Termination

- a. You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

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1 Year Policy Period		2 Year Policy Period	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
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

Sum Insured 3,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	2,414	-	-	-	-	-	-	-
18-35	3,312	4,968	6,416	7,865	4,339	5,864	7,553	1,207
36-45	3,986	5,979	7,427	8,876	4,879	6,369	8,059	1,207
46-50	6,178	9,267	10,658	11,723	6,450	7,440	8,529	1,207
51-55	7,414	11,121	12,789	14,068	7,730	8,856	10,184	1,207
56-60	8,897	13,345	15,347	16,882	9,290	10,219	11,241	1,207
61-65	12,455	18,683	20,925	22,793	12,885	14,173	15,590	1,207
66-70	16,815	25,222	27,745	29,762	17,394	19,134	21,047	1,207
71-75	22,700	34,050	36,604	38,817	23,482	25,831	28,414	1,207
76-80	29,510	44,265	46,921	49,134	30,527	33,580	36,938	1,207
>80	35,707	53,561	56,239	58,381	36,938	40,631	44,695	1,207

- b. We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person after 30 days of giving You a notice and We would issue and send an endorsement in this regard at Your address shown in the Schedule without refund of any premium.

Premium Rates

- a. The premium under individual coverage will be charged on the completed age of the individual insured member.
- b. The premium under family floater coverage will be charged basis the completed age of the eldest insured member.
- c. Premium rates are subject to change with prior approval from IRDA.
- d. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- e. Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.

Premium Table Gross Premium (Exclusive of Taxes)

Note : The premium under family floater coverage will be charged on the completed age of the oldest insured member.

Sum Insured 4,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	3,018	-	-	-	-	-	-	-
18-35	4,140	6,210	8,073	10,091	5,550	7,493	9,741	1,509
36-45	4,983	7,474	9,342	11,211	6,166	8,016	10,019	1,509
46-50	7,723	11,584	13,322	14,654	8,063	9,300	10,662	1,509
51-55	9,267	13,901	15,986	17,585	9,662	11,069	12,730	1,509
56-60	11,121	16,681	19,184	21,102	11,612	12,773	14,051	1,509
61-65	15,569	23,354	26,156	28,492	16,106	17,716	19,488	1,509
66-70	21,019	31,528	34,681	37,203	21,743	23,917	26,309	1,509
71-75	28,375	42,563	45,755	48,521	29,353	32,288	35,517	1,509
76-80	36,888	55,331	58,651	61,418	38,159	41,975	46,172	1,509
>80	44,634	66,951	70,299	72,977	46,172	50,789	55,868	1,509

SILVER PLAN OPTIONS

Family Floater option is not available for Sum Insured of Rs. 1 Lac

Sum Insured 1,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	1,795	-	-	-	-	-	-	-
18-35	2,546	-	-	-	-	-	-	-
36-45	3,196	-	-	-	-	-	-	-
46-50	5,097	-	-	-	-	-	-	-
51-55	6,117	-	-	-	-	-	-	-
56-60	6,476	-	-	-	-	-	-	-
61-65	10,776	-	-	-	-	-	-	-
66-70	13,151	-	-	-	-	-	-	-
71-75	17,756	-	-	-	-	-	-	-
76-80	23,083	-	-	-	-	-	-	-
>80	27,930	-	-	-	-	-	-	-

Sum Insured 5,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	3,621	-	-	-	-	-	-	-
18-35	4,968	7,452	9,688	12,110	6,660	8,991	11,689	1,811
36-45	5,979	8,969	11,211	13,453	7,399	9,619	12,023	1,811
46-50	9,267	13,901	15,986	17,585	9,675	11,160	12,794	1,811
51-55	11,121	16,681	19,184	21,102	11,595	13,283	15,276	1,811
56-60	13,345	20,018	23,020	25,322	13,935	15,328	16,861	1,811
61-65	18,683	28,025	31,388	34,190	19,327	21,260	23,386	1,811
66-70	25,222	37,833	41,617	44,643	26,091	28,701	31,571	1,811
71-75	34,050	51,075	54,906	58,226	35,223	38,746	42,620	1,811
76-80	44,265	66,398	70,382	73,701	45,790	50,370	55,406	1,811
>80	53,561	80,341	84,358	87,572	55,406	60,947	67,042	1,811

Sum Insured 2,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	2,122	-	-	-	-	-	-	-
18-35	2,863	4,295	5,568	6,841	3,776	5,118	6,603	1,061
36-45	3,593	5,390	6,663	7,936	4,360	5,666	7,151	1,061
46-50	5,560	8,341	9,592	10,551	5,805	6,696	7,676	1,061
51-55	6,673	10,009	11,510	12,661	6,957	7,970	9,166	1,061
56-60	8,007	12,011	13,812	15,193	8,361	9,197	10,117	1,061
61-65	11,210	16,815	18,833	20,514	11,596	12,756	14,031	1,061
66-70	15,133	22,700	24,970	26,786	15,655	17,220	18,942	1,061
71-75	20,430	30,645	32,943	34,935	21,134	23,247	25,572	1,061
76-80	26,559	39,839	42,229	44,221	27,474	30,222	33,244	1,061
>80	32,136	48,205	50,615	52,543	33,244	36,568	40,225	1,061

Sum Insured 7,50,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	4,707	-	-	-	-	-	-	-
18-35	6,458	9,688	12,594	15,742	8,658	11,689	15,195	2,354
36-45	7,773	11,659	14,574	17,489	9,619	12,504	15,630	2,354
46-50	12,048	18,072	20,782	22,860	12,578	14,509	16,632	2,354
51-55	14,457	21,686	24,939	27,433	15,073	17,268	19,859	2,354
56-60	17,349	26,023	29,926	32,919	18,115	19,926	21,919	2,354
61-65	24,288	36,432	40,804	44,447	25,125	27,638	30,401	2,354
66-70	32,789	49,183	54,102	58,036	33,919	37,311	41,042	2,354
71-75	44,265	66,398	71,378	75,693	45,790	50,370	55,406	2,354
76-80	59,758	89,637	95,015	99,497	61,817	67,999	74,799	2,354
>80	75,893	1,13,839	1,19,531	1,24,084	78,508	86,359	94,994	2,354

HEALTH SURAKSHA POLICY - CSC

Sum Insured 10,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	5,794	-	-	-	-	-	-	-
18-35	7,949	11,923	15,500	19,375	10,656	14,386	18,702	2,897
36-45	9,566	14,350	17,937	21,524	11,838	15,390	19,237	2,897
46-50	14,828	22,242	25,578	28,136	15,480	17,857	20,470	2,897
51-55	17,794	26,690	30,694	33,763	18,551	21,253	24,441	2,897
56-60	21,352	32,028	36,833	40,516	22,295	24,525	26,977	2,897
61-65	29,893	44,840	50,220	54,704	30,923	34,016	37,417	2,897
66-70	40,356	60,534	66,587	71,430	41,746	45,921	50,513	2,897
71-75	54,480	81,720	87,849	93,161	56,358	61,993	68,193	2,897
76-80	73,548	1,10,322	1,16,942	1,22,458	76,083	83,691	92,060	2,897
>80	93,406	1,40,109	1,47,115	1,52,719	96,625	1,06,287	1,16,916	2,897

Sum Insured 50,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	10,834	-	-	-	-	-	-	-
18-35	14,864	22,296	28,985	36,232	19,927	26,902	34,973	5,417
36-45	17,889	26,834	33,542	40,251	22,138	28,779	35,974	5,417
46-50	27,728	41,592	47,831	52,614	28,948	33,392	38,279	5,417
51-55	33,274	49,911	57,397	63,137	34,691	39,744	45,706	5,417
56-60	39,929	59,893	68,877	75,765	41,692	45,862	50,448	5,417
61-65	55,900	83,850	93,912	1,02,297	57,826	63,609	69,970	5,417
66-70	75,465	1,13,198	1,24,517	1,33,573	78,066	85,872	94,459	5,417
71-75	1,01,878	1,52,817	1,64,278	1,74,211	1,05,389	1,15,927	1,27,520	5,417
76-80	1,37,535	2,06,303	2,18,681	2,28,996	1,42,275	1,56,502	1,72,152	5,417
>80	1,74,670	2,62,004	2,75,105	2,85,585	1,80,689	1,98,758	2,18,633	5,417

Sum Insured 15,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	6,807	-	-	-	-	-	-	-
18-35	9,340	14,010	18,213	22,766	12,521	16,904	21,975	3,404
36-45	11,241	16,861	21,076	25,291	13,910	18,083	22,604	3,404
46-50	17,423	26,134	30,054	33,060	18,189	20,982	24,052	3,404
51-55	20,907	31,361	36,065	39,672	21,798	24,973	28,719	3,404
56-60	25,089	37,633	43,278	47,606	26,197	28,817	31,698	3,404
61-65	35,124	52,687	59,009	64,278	36,335	39,968	43,965	3,404
66-70	47,418	71,127	78,240	83,930	49,052	53,957	59,353	3,404
71-75	64,014	96,021	1,03,223	1,09,464	66,220	72,842	80,126	3,404
76-80	86,419	1,29,629	1,37,406	1,43,888	89,397	98,337	1,08,171	3,404
>80	1,09,752	1,64,628	1,72,860	1,79,445	1,13,534	1,24,888	1,37,377	3,404

GOLD PLAN OPTIONS

Family Floater option is not available for Sum Insured of Rs. 1 Lac

Sum Insured 1,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	2,186	-	-	-	-	-	-	-
18-35	3,900	-	-	-	-	-	-	-
36-45	4,595	-	-	-	-	-	-	-
46-50	5,425	-	-	-	-	-	-	-
51-55	6,482	-	-	-	-	-	-	-
56-60	7,216	-	-	-	-	-	-	-
61-65	11,219	-	-	-	-	-	-	-
66-70	13,636	-	-	-	-	-	-	-
71-75	18,460	-	-	-	-	-	-	-
76-80	23,998	-	-	-	-	-	-	-
>80	29,037	-	-	-	-	-	-	-

Sum Insured 20,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	7,590	-	-	-	-	-	-	-
18-35	10,413	15,619	20,305	25,382	13,960	18,846	24,500	3,795
36-45	12,532	18,798	23,497	28,197	15,508	20,161	25,201	3,795
46-50	19,425	29,137	33,507	36,858	20,279	23,392	26,816	3,795
51-55	23,309	34,964	40,209	44,230	24,302	27,842	32,018	3,795
56-60	27,971	41,957	48,251	53,076	29,207	32,128	35,340	3,795
61-65	39,160	58,740	65,789	71,663	40,509	44,560	49,016	3,795
66-70	52,866	79,299	87,229	93,573	54,688	60,156	66,172	3,795
71-75	71,369	1,07,053	1,15,083	1,22,041	73,828	81,211	89,332	3,795
76-80	96,348	1,44,522	1,53,194	1,60,420	99,668	1,09,635	1,20,599	3,795
>80	1,22,362	1,83,543	1,92,720	2,00,062	1,26,579	1,39,237	1,53,160	3,795

Sum Insured 2,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	2,381	-	-	-	-	-	-	-
18-35	4,116	6,174	7,603	9,031	4,960	6,420	8,087	1,191
36-45	4,651	6,977	8,405	9,834	5,388	6,822	8,488	1,191
46-50	5,689	8,533	9,918	11,003	6,069	7,094	8,674	1,191
51-55	6,802	10,203	11,859	13,156	7,248	8,416	9,452	1,191
56-60	8,127	12,191	14,156	15,697	8,663	9,652	10,345	1,191
61-65	11,601	17,402	19,490	21,230	12,146	13,474	14,398	1,191
66-70	15,155	22,733	25,007	26,825	15,678	17,245	18,970	1,191
71-75	20,523	30,784	33,093	35,094	21,230	23,353	25,688	1,191
76-80	26,680	40,020	42,421	44,422	27,599	30,359	33,395	1,191
>80	32,282	48,424	50,845	52,782	33,395	36,734	40,408	1,191

Sum Insured 25,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	8,285	-	-	-	-	-	-	-
18-35	11,367	17,050	22,165	27,707	15,239	20,572	26,744	4,142
36-45	13,680	20,520	25,650	30,780	16,929	22,008	27,510	4,142
46-50	21,204	31,806	36,577	40,234	22,136	25,535	29,272	4,142
51-55	25,445	38,167	43,892	48,281	26,529	30,392	34,951	4,142
56-60	30,534	45,800	52,671	57,938	31,882	35,071	38,578	4,142
61-65	42,747	64,121	71,815	78,227	44,220	48,642	53,506	4,142
66-70	57,709	86,563	95,219	1,02,144	59,697	65,667	72,234	4,142
71-75	77,907	1,16,860	1,25,624	1,33,220	80,591	88,650	97,515	4,142
76-80	1,05,174	1,57,761	1,67,227	1,75,115	1,08,798	1,19,678	1,31,646	4,142
>80	1,33,571	2,00,356	2,10,374	2,18,388	1,38,174	1,51,991	1,67,190	4,142

Sum Insured 3,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	2,705	-	-	-	-	-	-	-
18-35	4,430	6,645	8,268	9,891	5,438	7,110	9,003	1,353
36-45	4,801	7,202	8,825	10,448	5,734	7,388	9,281	1,353
46-50	6,294	9,441	10,979	12,184	6,722	7,861	9,638	1,353
51-55	7,531	11,297	13,136	14,577	8,031	9,330	10,850	1,353
56-60	9,009	13,514	15,697	17,409	9,609	10,709	11,913	1,353
61-65	12,861	19,291	21,606	23,535	13,472	14,949	16,581	1,353
66-70	18,829	28,243	31,067	33,327	19,477	21,425	23,568	1,353
71-75	24,693	37,039	39,817	42,225	25,544	28,098	30,908	1,353
76-80	32,101	48,151	51,040	53,448	33,207	36,527	40,180	1,353
>80	38,842	58,263	61,176	63,506	40,180	44,198	48,618	1,353

HEALTH SURAKSHA POLICY - CSC

Sum Insured 25,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	10,602	-	-	-	-	-	-	-
18-35	14,425	21,637	28,183	35,272	19,403	26,227	34,132	5,301
36-45	16,071	24,107	30,694	37,274	20,537	27,039	34,907	5,301
46-50	24,911	37,366	43,434	48,177	26,573	30,948	37,639	5,301
51-55	29,003	43,505	50,740	56,433	31,111	36,102	42,254	5,301
56-60	34,804	52,206	60,788	67,540	37,301	41,507	46,447	5,301
61-65	46,036	69,053	77,340	84,245	48,880	54,482	61,260	5,301
66-70	60,938	91,407	1,00,547	1,07,860	63,038	69,341	76,275	5,301
71-75	81,720	1,22,580	1,31,774	1,39,742	84,536	92,990	1,02,289	5,301
76-80	1,10,322	1,65,483	1,75,412	1,83,687	1,14,124	1,25,536	1,38,090	5,301
>80	1,40,109	2,10,164	2,20,672	2,29,079	1,44,937	1,59,431	1,75,374	5,301

Sum Insured 50,00,000								
Age Group	1 A	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	13,151	-	-	-	-	-	-	-
18-35	17,922	26,883	35,003	43,797	24,092	32,556	42,361	6,576
36-45	20,280	30,421	38,587	46,745	25,746	33,811	43,371	6,576
46-50	31,435	47,152	54,688	60,557	33,384	38,805	46,646	6,576
51-55	36,832	55,248	64,245	71,289	39,274	45,454	53,008	6,576
56-60	44,199	66,299	76,994	85,366	47,111	52,298	58,317	6,576
61-65	59,189	88,783	99,437	1,08,315	62,486	69,449	77,724	6,576
66-70	78,694	1,18,041	1,29,845	1,39,289	81,406	89,547	98,501	6,576
71-75	1,05,691	1,58,537	1,70,428	1,80,732	1,09,334	1,20,267	1,32,294	6,576
76-80	1,42,684	2,14,025	2,26,867	2,37,568	1,47,600	1,62,360	1,78,596	6,576
>80	1,81,208	2,71,812	2,85,403	2,96,275	1,87,452	2,06,198	2,26,817	6,576

Additional Benefit Premium

RIDER PREMIUM - CRITICAL ILLNESS					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Sum Insured in (₹)	50,000	1,00,000	1,50,000	2,00,000	2,50,000
Individual	Premiums exclusive. Service Tax				
Age Band	Premiums exclusive. Service Tax				
5-17	43	86	129	172	215
18-35	92	183	275	366	458
36-45	314	628	942	1256	1570
46-50	616	1231	1847	2462	3078
51-55	1038	2075	3113	4150	5188
56-60	1611	3222	4833	6444	8055
61-65	2498	4996	7494	9993	12491
66-70	4259	8518	12777	17037	21296
>70	9378	18757	28135	37513	46892

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Sum Insured in (₹)	3,00,000	3,75,000	4,00,000	5,00,000	7,50,000	10,00,000
Individual	Premiums exclusive. Service Tax					
Age Band	Premiums exclusive. Service Tax					
5-17	258	323	344	430	645	860
18-35	549	686	732	915	1373	1830
36-45	1884	2355	2512	3140	4710	6280
46-50	3693	4616	4924	6155	9233	12310
51-55	6225	7781	8300	10375	15563	20750
56-60	9666	12083	12888	16110	24165	32220
61-65	14989	18736	19985	24982	37472	49963
66-70	25555	31944	34073	42592	63887	85183
>70	56270	70337	75027	93783	140675	187567

The Insured person has an option to select CI sum insured equivalent to 50% or 100% of his In-patient Sum Insured.

'This benefit is available only to the eldest member in a family floater policy'

RIDER PREMIUM - HOSPITAL DAILY CASH					
Premiums exclusive Service Tax					
for 30 days	500	1,000	1,500	2,000	2,500
Age bands					
0-17	162	326	490	736	1,076
18-35	250	500	748	1,124	1,642
36-45	388	774	1,162	1,742	2,548
46-50	442	886	1,328	1,992	2,914
51-55	656	1,314	1,968	2,956	4,320
56-60	910	1,820	2,730	4,096	5,988
61-65	1,259	2,518	3,777	5,666	8,284
66-70	1,693	3,386	5,078	7,619	11,139
71-75	2,230	4,461	6,691	10,039	14,676
76-80	2,676	5,352	8,029	12,045	17,611
>80	3,168	6,336	9,505	14,260	20,848

for 60 days	500	1,000	1,500	2,000	2,500
Age bands					
0-17	236	396	592	892	1,352
18-35	332	554	832	1,248	1,746
36-45	612	1,016	1,526	2,286	3,448
46-50	834	1,392	2,086	3,128	4,382
51-55	954	1,592	2,386	3,580	6,266
56-60	1,212	2,022	3,032	4,550	6,658
61-65	1,677	2,797	4,194	6,294	9,210
66-70	2,253	3,761	5,639	8,463	12,383
71-75	2,969	4,955	7,430	11,150	16,314
76-80	3,563	5,945	8,915	13,379	19,577
>80	4,218	7,038	10,554	15,838	23,175

'This benefit is available only to the eldest member in a family floater policy'

Optional Benefits

Convalescence Benefit						Premiums exclusive. of Service Tax				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5					
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000					
Individual	Premiums exclusive. Service Tax									
Age Band	1 person	1 person	1 person	1 person	1 person					
0-17	16	32	48	64	80					
18-35	18	36	54	72	90					
36-45	21	42	63	84	105					
46-50	26	52	78	104	130					
51-55	29	58	87	116	145					
56-60	36	72	108	144	180					
61-65	45	90	135	180	225					
66-70	56	112	168	224	280					
>70	71	142	213	284	355					

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual	Premiums exclusive. Service Tax					
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	120	160	160	160	160	160
18-35	135	180	180	180	180	180
36-45	158	210	210	210	210	210
46-50	195	260	260	260	260	260
51-55	218	290	290	290	290	290
56-60	270	360	360	360	360	360
61-65	338	450	450	450	450	450
66-70	420	560	560	560	560	560
>70	533	710	710	710	710	710

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E-opinion for Critical Illness		Premiums exclusive. of Service Tax				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	41	41	41	41	41	
18-35	41	41	41	41	41	
36-45	41	41	41	41	41	
46-50	41	41	41	41	41	
51-55	41	41	41	41	41	
56-60	41	41	41	41	41	
61-65	41	41	41	41	41	
66-70	41	41	41	41	41	
>70	41	41	41	41	41	

Outpatient Dental Benefit		Premiums exclusive. of Service Tax				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	600	600	600	710	760	
18-35	1,035	1,035	1,035	1,215	1,295	
36-45	1,035	1,035	1,035	1,215	1,295	
46-50	1,220	1,220	1,220	1,425	1,515	
51-55	1,335	1,335	1,335	1,565	1,665	
56-60	1,320	1,320	1,320	1,540	1,640	
61-65	1,160	1,160	1,160	1,360	1,450	
66-70	1,000	1,000	1,000	1,165	1,240	
>70	865	865	865	1,010	1,080	

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	41	41	41	41	41	41
18-35	41	41	41	41	41	41
36-45	41	41	41	41	41	41
46-50	41	41	41	41	41	41
51-55	41	41	41	41	41	41
56-60	41	41	41	41	41	41
61-65	41	41	41	41	41	41
66-70	41	41	41	41	41	41
>70	41	41	41	41	41	41

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	760	760	760	760	760	760
18-35	1,295	1,295	1,295	1,295	1,295	1,295
36-45	1,295	1,295	1,295	1,295	1,295	1,295
46-50	1,515	1,515	1,515	1,515	1,515	1,515
51-55	1,665	1,665	1,665	1,665	1,665	1,665
56-60	1,640	1,640	1,640	1,640	1,640	1,640
61-65	1,450	1,450	1,450	1,450	1,450	1,450
66-70	1,240	1,240	1,240	1,240	1,240	1,240
>70	1,080	1,080	1,080	1,080	1,080	1,080

Maternity Benefit [Sum Insured 25000]		Premiums exclusive. of Service Tax				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	205	205	205	205	205	
18-35	965	965	965	965	965	
>36	325	325	325	325	325	

Spectacles/Contact Lenses and/or Hearing Aid		Premiums exclusive. of Service Tax				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	475	475	475	475	475	
18-35	555	555	555	555	555	
36-45	590	590	590	590	590	
46-50	1,210	1,210	1,210	1,210	1,210	
51-55	1,210	1,210	1,210	1,210	1,210	
56-60	1,210	1,210	1,210	1,210	1,210	
61-65	1,050	1,050	1,050	1,050	1,050	
66-70	1,050	1,050	1,050	1,050	1,050	
>70	1,050	1,050	1,050	1,050	1,050	

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	205	205	205	205	205	205
18-35	965	965	965	965	965	965
>36	325	325	325	325	325	325

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	475	475	475	475	475	475
18-35	555	555	555	555	555	555
36-45	590	590	590	590	590	590
46-50	1,210	1,210	1,210	1,210	1,210	1,210
51-55	1,210	1,210	1,210	1,210	1,210	1,210
56-60	1,210	1,210	1,210	1,210	1,210	1,210
61-65	1,050	1,050	1,050	1,050	1,050	1,050
66-70	1,050	1,050	1,050	1,050	1,050	1,050
>70	1,050	1,050	1,050	1,050	1,050	1,050

Maternity Benefit [Sum Insured 40000]		Premiums exclusive. of Service Tax				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	
Premium Table (₹)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	
0-17	330	330	330	330	330	
18-35	1,545	1,545	1,545	1,545	1,545	
>36	520	520	520	520	520	

	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Premium Table (₹)	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Individual						
Age Band	1 person	1 person	1 person	1 person	1 person	1 person
0-17	330	330	330	330	330	330
18-35	1,545	1,545	1,545	1,545	1,545	1,545
>36	520	520	520	520	520	520

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Additional Benefits	Additional Premium
Regain Benefit	Additional premium of 5% of the base premium
Enhanced Cumulative Bonus	Additional premium of 2.5% of the base premium
Copay	25% discount on base premium if the Insured opts for 20% Co-pay option on his/her Health Suraksha Plan & 10% discount on base premium if the Insured opts for 10% Co-pay option on his/her Health Suraksha Plan

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10 Lakhs.

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

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.

For more details on risk factors, terms & conditions, please read the sales brochure before concluding a sale.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Plan	Individual Sum Insured								
	Silver			Gold			Platinum		
Basic Sum Insured per Insured Person per Policy Year [All figures in INR]	100000	400000	750000	100000	400000	750000	200000	400000	750000
	200000	1500000	1000000	200000	1500000	1000000	300000	2000000	1000000
	300000	500000	2000000	300000	500000	2000000	500000	2000000	5000000

Section 1: Benefits below will subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive

1.1. In-patient Treatment	Covered	Covered	Covered
1.2. Pre-hospitalization	60 days	60 days	60 days
1.3. Post-hospitalization	90 days	90 days	90 days
1.4. Day Care Procedures	Covered	Covered	Covered
1.5. Domiciliary Treatment	Covered	Covered	Covered
1.6. Organ Donor	Covered	Covered	Covered
1.7. Emergency Ambulance Limit per hospitalisation	Rs. 2,000	Rs. 2,000	Rs. 3,500
1.8. AYUSH	Covered	Covered	Covered
1.9. New Born baby	Optional	Covered	Covered

Section 2: Benefits not related to Basic Sum Insured & any claim under them will NOT affect entitlement to Renewal Incentive

2.1. Maternity Waiting Period 4 Years	Optional	Normal Delivery Rs. 15,000 Caesarean Delivery Rs. 25,000 Termination Rs. 15,000 (The maternity sum insured above Includes Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs. 2,000)	Normal Delivery Rs. 25,000 Caesarean Delivery Rs. 40,000 Termination Rs. 25,000 (The maternity sum insured above Includes Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs. 3500)
2.2. Dental Waiting Period of 3 years Co-payment 50%	Optional	Optional	Upto 1% of Sum insured subject to a Maximum of Rs. 5000
2.3. Spectacles/ Contact Lenses and/or Hearing Aid Every Third Year Co-payment 50%	Optional	Optional	Upto Rs. 5000

2.4. E-Opinion for CI	Optional	Covered	Covered
2.5. Convalescence Benefit Minimum Hospitalisation of 10 continuous and consecutive days	Optional	1% of Sum Insured subject to a maximum of Rs. 10,000	1% of Sum Insured subject to a maximum of Rs. 10,000

Section 3: Optional Benefit; not related to Basic Sum Insured & any claim under them will NOT affect entitlement to Renewal Incentive

Critical Illness Lumpsum	50% or 100% of Basic Sum Insured or Rs. 10 Lacs whichever is lower	50% or 100% of Basic Sum Insured or Rs. 10 Lacs whichever is lower	50% or 100% of Basic Sum Insured or Rs. 10 Lacs whichever is lower
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Section 4: Optional Benefit; not related to Basic Sum Insured & any claim under them will NOT affect entitlement to Renewal Incentive

Hospital daily cash	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted
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Section 5: Optional Benefit will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive

Regain Benefit	100% of basic sum insured (applicable for 3 Lac and above Sum Insured)	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured
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Section 6: Optional Benefit will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive

Enhanced Cumulative Bonus	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]
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Section 7: Optional Co-Pay

Co-pay	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule
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Section 8: Renewal Incentive

8.1. Cumulative Bonus	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]
8.2. Health checkup	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person

Floater Sum Insured

Plan	Silver			Gold			Platinum		
Basic Sum Insured per Insured Person per Policy Year [All figures in INR]	200000	400000	750000	200000	400000	750000	200000	400000	750000
	300000	500000	1500000	300000	500000	1500000	300000	500000	1500000
			2000000			2000000			2000000
			2500000			2500000			2500000
			5000000			5000000			5000000

Section 1: Benefits below will subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive

1.1. In-patient Treatment	Covered	Covered	Covered
1.2. Pre-hospitalization	60 days	60 days	60 days
1.3. Post-hospitalization	90 days	90 days	90 days
1.4. Day Care Procedures	Covered	Covered	Covered
1.5. Domiciliary Treatment	Covered	Covered	Covered
1.6. Organ Donor	Covered	Covered	Covered

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1.7. Emergency Ambulance Limit per hospitalisation	Rs. 2,000	Rs. 2,000	Rs. 3,500	Rs. 2,000	Rs. 2,000	Rs. 3,500	Rs. 2,000	Rs. 2,000	Rs. 3,500
1.8. AYUSH	Covered			Covered			Covered		
1.9. New Born baby	Optional			Covered			Covered		
Section 2: Benefits not related to Basic Sum Insured & any claim under them will NOT affect entitlement to Renewal Incentive									
2.1. Maternity Waiting Period 4 Years	Optional			Normal Delivery Rs. 15,000 Caesarean Delivery Rs. 25,000 Termination Rs. 15,000 (The maternity sum insured above Includes Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs. 2,000)			Normal Delivery Rs. 25,000 Caesarean Delivery Rs. 40,000 Termination Rs. 25,000 (The maternity sum insured above Includes Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs. 3500)		
2.2. E-Opinion for CI	Optional			Covered			Covered		
2.3. Convalescence Benefit Minimum Hospitalisation of 10 continuous and consecutive days	Optional			1% of the Sum Insured			1% of the Sum Insured subject to a maximum of Rs. 10,000		
2.4. Dental Waiting Period of 3 years Copayment 50%	Optional			Optional			Upto 1% of Sum insured subject to a Maximum of Rs. 5000		
2.5. Spectacles/ Contact Lenses and/or Hearing Aid Every Third Year Copayment 50%	Optional			Optional			Upto Rs. 5000		
Section 3: Optional Benefit; not related to Basic Sum Insured & any claim under them will NOT affect entitlement to Renewal Incentive									
Critical Illness Lumpsum [On individual Sum Insured basis]	50% or 100% of Basic Sum Insured or Rs. 10 lacs whichever is lower			50% or 100% of Basic Sum Insured or Rs. 10 lacs whichever is lower			50% or 100% of Basic Sum Insured or Rs. 10 lacs whichever is lower		

Section 4: Optional Benefit; not related to Basic Sum Insured & any claim under them will NOT affect entitlement to Renewal Incentive							
Hospital daily cash [On individual Sum Insured basis]	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted	Rs. 500/1000/1500/2000/2500 per day; Maximum 30/60 days as per plan opted
Section 5: Optional Benefit will be subject to Basic Sum Insured and any claim under them will affect entitlement to Renewal Incentive							
Regain Benefit	100% of basic sum insured (applicable for 3 Lac and above Sum Insured)	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured	100% of basic sum insured
Section 6: Optional Benefit							
Enhanced Cumulative Bonus	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]	10% of Sum Insured; Maximum 100% [Reduced by 10% in the event of claim]
Section 7: Optional Co-Pay							
Co-pay	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule	10% or 20% of the admissible claim amount subject to the sum insured specified in the schedule
Section 8: Renewal Incentive							
8.1. Cumulative Bonus	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]	5% of Sum Insured; Maximum 50% [Reduced by 5% in the event of claim]
8.2. Health checkup	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person	Upto 1% of Sum Insured; Max Rs. 5000 per person