PROSPECTUS AND SALES LITERATURE

1. Eligibility Criteria

Plans	Protect Plus
Age of Proposer	As per Base Policy
Entry Age – Minimum	As per Base Policy
Entry Age – Maximum	As per Base Policy
Exit Age	As per Base Policy
Cover Type	As per Base Policy
Tenure Options	As per Base Policy
Premium Payment Term	As per Base Policy
Geography location	1. World wide excluding India; or 2. World wide excluding USA , Canada, India
Eligibility	Insured Person shall have an existing base retail Health product in order to avail this Add-on

2. Schedule Of Discounts & Loadings

Discounts & Loadings in this Add-on Policy shall be as applicable as mentioned in the Base Policy.

3. Benefits Covered Under The Add On Policy

General Conditions

1. The Add-on policy can only be bought along with the Base Policy either on Policy Issuance or on Renewal and cannot be bought as a separate product.
2. The Add-on does not allow mid-term inclusion of Insured Persons except on marriage or child birth and subject to addition of same person in Base Policy. Additional differential premium will be calculated on a pro rata basis.
3. This Add-on shall be available for only those Insured Person covered under Base Policy.
4. The Add-on policy is subject to the terms and conditions and applicable endorsements stated herein and in the Base Policy.
5. All Claims shall be payable subject to the limits, terms, conditions, wait periods, exclusions of the Add-on Policy and/or Base policy and subject to availability of the amount against each and every Benefit.
6. Sum Insured offered under this Add-on shall be part of Base Policy Sum Insured
7. The maximum, total and cumulative liability of the Company towards an Insured Person for any and all Claims arising under this Add-on Policy during the Add-on Policy Year, on occurrence of an Insured event in relation to that Insured Person, shall not exceed the amount/limit of that Insured Person which is specified against every Benefit, mentioned in the Add-on Policy Schedule.
8. Policyholder/Insured Person has to choose Section 1 - Global Plus mandatorily in order to opt for any Optional Benefit under Section 1- Global Plus. Section 1 - Global Plus or Benefits under Section 2 - Plus, can be opted in any combination.
9. Coverage under Section 1- Global Plus is available only outside India and Coverage under Section 2- Plus is available within India
10. If any benefit or coverage is opted in the Base Policy or its Optional Benefits, then same or similar coverage/benefit cannot be opted in Add-on Policy either as Base Benefit/Optional Benefit.
11. Linear interpolation methodology will be applied to calculate premium rates if an intermittent value of Sum Insured is chosen by Policyholder.

Section 1: Global Plus

3.1. Base Benefits

We provide You (Insured Person) with the Option to avail following Base Benefits that can be opted along with Base Policy either at the inception of the Add-on Policy or at the time of renewal.

Coverage is available for Medical Expenses incurred outside India either Worldwide or Worldwide excl. US & Canada for covering either ‘All Conditions’ or ’32 Critical Illness’, as opted.

3.1.1 Benefit: Hospitalization Expenses

a. Inpatient Care & Day Care Treatment

We will cover your Medically Necessary Hospitalization Expenses (through Cashless or Reimbursement facility), involving Hospitalization of least 24 hours or less than 24 hours, incurred outside India!

You will be covered up to Sum Insured as opted during the Policy Year, subject to the following conditions:

(i) In case of 'Planned Hospitalization', the diagnosis shall be made in India and You travel abroad for treatment. You shall submit the following for admissibility of claim:

- Proof of diagnosis within India
- Your Passport and Visa

Note: The above condition is applicable for 'Basic' & 'Premium' plan only.

(ii) In case of 'Emergency Hospitalization', while You are travelling outside India and suffers an Injury or is diagnosed with an Illness which is an Emergency condition that requires Medically Necessary Hospitalization, then We shall indemnify such Medical Expenses incurred by You.

Notes:

1) Planned & Emergency Hospitalization is covered under 'Elite' plan.

2) Emergency Hospitalization is not covered under 'Basic' & 'Premium' plans.

(iii) No limit on Room Rent/ICU charges is applicable under this benefit provided the charges are reasonable and customary.

b. Advance Technology Methods

We shall cover your expenses for availing Advance Technology Methods, incurred outside India!

You will be covered Up to the Sum Insured as opted, during the Policy Year for expenses incurred outside India under Benefit 'In-patient Care and/or Day Care Treatment' for the following Advance Technology Methods:

A. Uterine Artery Embolization and HIFU

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. Bronchical Thermoplasty

J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

K. IONM - (Intra Operative Neuro Monitoring)

L. Stemcelltherapy:Hematopoieticstemcellsforbonemarrowtransplantforhaematologicalconditions to be covered.

c. Organ Donor Cover

We shall cover your Surgery Expenses (through Cashless or Reimbursement Facility) for any organ transplant in respect of Donor, incurred outside India!

You will be covered up to Sum Insured as opted, during the Policy Year, subject to the following conditions:

(i) The Organ donor is an eligible donor in accordance and in compliance with local regulations of the country and other applicable laws and rules.

(ii) You are the recipient of the Organ so donated by the Organ Donor.

(iii) We will not pay for the Medical Expenses incurred by You towards 'Pre-Hospitalization' and 'Post-Hospitalization' expenses or any other Medical Expenses in respect of the donor consequent to the harvesting.

d. Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

We shall cover You for Medical Expenses incurred outside or within India which are Medically Necessary, only through Reimbursement Facility, up to the Sum Insured, as opted, during the Policy Year, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which We have accepted your Claim under Benefit 'Hospitalization Expenses' and subject to the conditions specified below:

(i) Under Pre-hospitalization Medical Expenses - for a period as opted immediately prior to your date of admission to the Hospital, provided that We will not pay for any Pre-hospitalization Medical Expenses that were incurred before the Add- on Policy Start Date provided this Add-on Policy is renewed continuously

(ii) Under Post-hospitalization Medical Expenses - for a period as opted immediately after your date of discharge from the Hospital.

3.1.2 Benefit: Road Ambulance Cover

We shall cover your Medical Expenses for Road Ambulance Transportation (through cashless or Reimbursement Facility), related to the same Illness/Injury for which we have accepted the Claim under Benefit 'Hospitalization Expenses' - incurred outside India!

You will be covered up to the Sum Insured as opted, during the Policy Year, subject to the following conditions:

(i) Such road ambulance transportation is offered by a Hospital or by an Ambulance service provider for necessary transportation; and

(ii) Such Transportation is from the place of occurrence of Medical Emergency , to the nearest Hospital; and/or

(iii) Such Transportation is from one Hospital to another Hospital for the purpose of providing advanced/ better equipped medical support/aid, which is medically necessary subject to treating Medical Practitioner certification.

3.1.3 Benefit: Air Ambulance cover

We shall cover your Medical Expenses for necessary Air Ambulance Transportation (through cashless or Reimbursement Facility), offered by a Hospital or by an Ambulance service provider - incurred outside India!

You will be covered up to the Sum Insured as opted, during the Policy Year, subject to the following conditions:

(i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Illness or Injury warrants your requirement for Air Ambulance;

(ii) The transportation expenses under this Benefit include transportation from the place of occurrence of Medical Emergency , to the nearest Hospital; and/or transportation from one Hospital to another Hospital for the purpose of providing advanced/better equipped medical support/aid , following an Emergency;

(iii) Payment under this Benefit is subject to a Claim for the same Illness or Injury being admitted by us under Benefit 3.1.1 (Hospitalization Expenses);

(iv) Additional Documents to be submitted for any Claim under this Benefit:

It is a condition precedent to the our liability under this Benefit that the following information and documentation shall be submitted to Us immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

a) Medical reports and transportation details issued by the Air Ambulance Service Provider, prescriptions and medical report by the attending Medical Practitioner furnishing your name and details of treatment rendered along with the statement confirm the necessity of Air Ambulance services.

b) Documentary proof for expenses incurred towards availing Air Ambulance services.

3.1.4 Repatriation of Mortal Remains

We shall cover your costs of repatriation of the mortal remains back to the country of residence / for a local burial/ cremation at the place where death has occurred .

Note: Assistance Service Provider will arrange for transporting the mortal remains from the place of death to your home country or arrange for local burial at the place of death as requested by the family.

3.1.5 Compassionate visit

We will cover your expenses for the cost of a return economy class air ticket or equivalent by the most direct route from the Country of Residence of an Immediate Family Member (one adult) - to the place of your

hospitalization outside India!

You will be covered up to the Sum Insured, as opted, during the Policy Year, subject to the following conditions:

(i) The claim is admissible under Hospitalization Expenses (Clause 3.1.1) ;

(ii) The treating Medical Practitioner prescribes that the attendance of an Immediate Family Member is necessary during your hospitalization ; and your Immediate Family Member (one adult) travel from the Country of Residence should commence within the period of your hospitalization for which period his/her presence is necessary;

(iii) The treating Medical Practitioner certifies that You are required to be hospitalized for at least 5 consecutive days;

(iv) The Immediate Family Member's return travel to the Country of Residence shall commence not later than your date of return to the Country of Residence;

(v) The claim under this Cover will be admissible provided that no adult member of your Immediate Family is present at the place of your hospitalization.

3.2. Optional Benefits

The Add-on Policy provides the following Optional Benefits which can be opted either at the inception of the Policy or at the time of renewal. The Add-on Policy Schedule will specify the Optional Benefits that are in force for You.

3.2.1 Maternity Expenses

We shall cover You for Medical Expenses associated with Hospitalization for the delivery of a child outside India (through Cashless or Reimbursement Facility)

You will be covered up to the limit, as opted , during the Policy Year, subject to the following conditions:

(a) We shall be liable to make payment under this Benefit, only if You have delivered the child and are over the age of eighteen (18) years and enrolled as Adult in Policy.

(b) The delivery shall occur after the completion of the 9 month waiting period under this Benefit. The wait period shall start from the Add-on Policy Start Date. A fresh 9 month waiting period will apply following a claim under this benefit.

(c) Coverage under this Benefit is not available in case the your age is greater than 45 years at the time of Add-on Policy start date

(d) Medical Expenses for ectopic pregnancy are not covered under this Benefit. However, these expenses are covered under Benefit 'In-Patient Care'.

(e) We shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per applicable laws and rules of the country.

(f) Permanent Exclusion, 4.2 (Code: Excl18), shall be superseded to the extent covered under this Benefit.

3.2.2 OPD Cover

We will cover You for availing Out-Patient Consultations, Diagnostic Examinations and Pharmacy (through Reimbursement/Cashless Facility) as prescribed by Medical Practitioner outside India !

You will be covered up to the limit, as opted , during the Policy Year, subject to the following conditions:

1. All the valid claim expenses incurred by You under this Optional Benefit in a Policy Year will be payable / reimbursed by us.

However, claim can be filed with Us, only quarterly during that Policy Year, as and when that You may deem fit. However, claimant will be allowed only 1 more filing within 30 days after the Policy Year.

3.2.3 Modification of Waiting Period

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit, the applicable waiting period of 36 months for Claims related to Pre-existing diseases shall be modified to specific time period as opted and / or applicable waiting period of 24 months for Claims related to Names ailments shall be modified to specific time period as opted.

Hence all the provisions stated under Clause 4.1 (a) (i) and/or Clause 4.1 (a) (ii) holds good for this benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre Existing Disease and/or Named ailment disease after specific time period of continuous coverage has elapsed as mentioned in the Add-on Policy Schedule, since the inception of the Add-on Policy with us renewed without any break.

3.2.4 International Second Opinion

Upon your / Policyholder's request , We shall arrange for a Second Opinion from a Medical Practitioner (Located worldwide excluding India) – If You are diagnosed with any Major Illness / Injury during the Policy Year.

(i) It is agreed and understood that the International Second Opinion will be based only on the information and documentation provided to us which will be shared with the Medical Practitioner and is subject to the following conditions:

a) This Benefit can be availed only once by You during the Policy Year for each Major Illness / Injury.

b) You are free to choose whether or not to obtain the International Second Opinion and, if obtained under this Benefit, then whether or not to act on it.

c) This Benefit is for additional information purposes only and does not and should not be deemed to substitute your visit or consultation to an independent Medical Practitioner.

d) We do not provide a Second Opinion or make any representation as to the adequacy or accuracy of the same, your or any other person's reliance on the same or the use to which the Second Opinion is put.

e) We do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Second Opinion or for any consequences of actions taken or not taken in reliance thereon.

f) You or The Policyholder shall hold Us harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or for any consequences of any action taken or not taken in reliance thereon.

g) Any Second Opinion provided under this Benefit shall not be valid for any medico legal purposes.

h) The Second Opinion does not entitle You to any consultation from or further opinions from that Medical Practitioner.

ii) For the purposes of this Benefit only:

a) Second Opinion means an additional medical opinion obtained Us from a Medical Practitioner solely on your or Policyholder's express request in relation to a Major Illness / Injury which You have been diagnosed with during the Policy Year.

b) Major Illness / Injury means one of the following only:

1. Benign Brain Tumor

2. Cancer

3. End Stage Lung Failure

4. Myocardial Infarction

5. Coronary Artery Bypass Graft

6. Heart Valve Replacement

7. Coma

8. End Stage Renal Failure

9. Stroke

10. Major Organ Transplant

11. Paralysis

12. Motor Neuron Disorder

13. Multiple Sclerosis

14. Major Burns

15. Total Blindness

3.2.5 Modification of Advance Technology Methods

If this Optional Benefit is opted, then the coverage for Advance Technology Methods treatments shall be modified up to the specified limit and our liability shall be limited to such extent.

Note: Clause 3.1.1 (b) under Benefit: Hospitalization Expenses shall be limited to the extent covered under this Benefit.

SECTION 2: PLUS

Base Benefits

We provide the Option to avail following Base Benefits that can be opted in any combination along with Base Policy.

Coverage is available for Medical Expenses incurred within India Only.

3.3. Unlimited E-Consultations

We shall offer unlimited e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.).

3.4. Pre-Post Hospitalization Expenses Modification

By choosing this Benefit, 'Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses' under Base Policy shall be modified to number of days as opted, subject to:

(i) Under Pre-hospitalization Medical Expenses, for the specified number of days immediately prior to your date of admission to the Hospital, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Add-on Policy Start Date; and

(ii) Under Post-hospitalization Medical Expenses, for the specified number of days immediately after your date of discharge from the Hospital and claim documents to be submitted within 30 days after completion of number of days as opted , from the date of discharge from Hospital.

4. Exclusions (Applicable For Section 1: Global Plus)

4.1 Standard Exclusions

a) Waiting Periods:

(i) Pre-Existing Diseases: Code- Excl01

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy with insurer.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If You are 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.

d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(ii) Specific Waiting Period: Code- Excl02

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first Policy with us . This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. 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.

d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e. If You are 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.

f. List of specific diseases/ procedures:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders, Joint Replacement Surgery, Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair

2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders

3. Benign Prostatic Hypertrophy

4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito -urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers
14. Parkinson's or Alzheimer's disease or Dementia

(iii) 30-day waiting period- Code- Excl03

a. 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.

b. This exclusion shall not, however, apply if You have Continuous Coverage for more than twelve months.

c. The referred waiting period is made applicable to the enhanced Sum insured in the event of granting higher Sum Insured subsequently.

Notes:

(i) The Waiting Periods as defined above shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

b) Permanent Exclusions:

Any of your Claim arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Investigation & Evaluation: (Code- Excl04)

a) Expenses related to any admission primarily for diagnostics 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.

2. Rest Cure, rehabilitation and respite care: (Code- Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. 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.

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

3. Obesity/ Weight Control: (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);

a) greater than or equal to 40 or

b) 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:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

4. 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.

5. 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 You . For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. 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.

7. Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon You committing or attempting to commit a breach of law with criminal intent.

8. 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.

Note: Refer Annexure of the Base Policy Terms & Conditions for list of excluded hospitals.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (**Code- Excl12**)

10. Treatments received in heath 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**)

11. 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**)

12. Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.

13. Unproven Treatments: (Code- Excl16)

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.

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

15. 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.

4.2 Specific Exclusions:

Any of your Claim arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Any item or condition or treatment specified in List of Non-Medical Items (as per Annexure to Base Policy Terms & Conditions).

2. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.

3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication as applicable in local laws.

4. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or Devices whether for diagnosis or treatment

5. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.

6. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.

7. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.

8. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.

9. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

10. All preventive care , Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.

11. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.

12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.

13. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.

15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.

16. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.

17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.

18. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

19. Impairment of your intellectual faculties by abuse of stimulants or depressants unless prescribed by a

medical practitioner.

20. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

21. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.

22. Expenses related to any kind of Advance Technology Methods other than mentioned under clause 3.1.1.

23. Hormone replacement therapy.

24. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.

25. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

5. General Terms And Clauses

5.1 Claim Settlement (provision for Penal Interest)

Conditions under this section are same as Base Policy.

5.2 Multiple Policies

Conditions under this section are same as Base Policy.

5.3 Fraud

Conditions under this section are same as Base Policy.

5.4 Cancellation / Termination

Conditions under this section are same as Base Policy.

5.5 Migration

Conditions under this section are same as Base Policy.

5.6 Portability

Conditions under this section are same as Base Policy.

5.7 Renewal of Policy

Conditions under this section are same as Base Policy.

5.8 Withdrawal of Policy

Conditions under this section are same as Base Policy.

5.9 Premium payment Installment

Conditions under this section are same as Base Policy

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

Conditions under this section are same as Base Policy.

5.11 Free Look Period

Conditions under this section are same as Base Policy.

5.12 Grievances

Conditions under this section are same as Base Policy.

5.13 Tax Benefit

Conditions under this section are same as Base Policy.

6. Other Terms And Clauses

1. Claims Intimation, Assessment and Management

Upon occurrence of any Illness or Injury that may give rise to a Claim under this Add- on Policy, then as a condition precedent to the our liability under the Add-on Policy, You shall undertake all of the following:

(a) Claims Intimation

(i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Add-on Policy, You (or Nominee or legal heir if You are deceased), shall notify Us / Assistance Service Provider either at call Centre or in writing immediately.

(ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.

Note: 6.1 (a) (i) and 6.1 (a) (ii) are precedent to admission of liability under the Add- on policy.

(iii) If You are to undergo planned Hospitalization, You shall give written intimation to Us / Assistance Service Provider of the proposed Hospitalization at least 48 hours prior to the planned date of admission to Hospital.

(iv) The following details are to be provided to Us at the time of intimation of Claim:

I. Policy Number ;

II. Your Name (Name of Primary Insured Person);

III. Your Name and unique identification number in respect of whom the Claim is being made;

IV. Nature of Illness or Injury and the Benefit and/or Optional Benefit under which the Claim is being made;

V. Date and place of Injury or Death and/or date and place of admission to Hospital (as applicable);

VI. Name and address of the attending Medical Practitioner and Hospital;

VII. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;

VIII. Passport copy with entry and exit stamp

IX. Any other information / document as required by Us to assess the Claim, in case fraud is suspected.

(v) A Claim has to be notified to Us within 48 hours or before discharge (whichever is earlier) for Emergency Hospitalization.

2. Claims Procedure

(a) **Cashless :** Cashless facility is available only at our Network Hospitals or Assistance Service Provider. You can avail cashless facility at the time of admission into a Network Hospital, by presenting the health card, provided by Us under this Add-on Policy, along with a valid photo identification document (like: Voter ID card / Driving License / Passport / PAN Card / any other identification documentation as approved by Us).

(b) In addition to the above, in order to avail cashless facility, the following procedure must be followed:

(i) Pre-authorization: You must call Us or Assistance Service Provider call centre and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours prior before the commencement of a planned Hospitalization or within 48 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

(ii) We will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which cashless facility is sought to be availed. We or Assistance Service Provider will confirm in writing authorization or rejection of the request to avail cashless facility for your Hospitalization.

(iii) If the request for availing cashless facility is authorized by Us or Assistance Service Provider, then payment for the Medical Expenses incurred in respect of You shall not have to be made to the extent that such Medical Expenses are covered under this Add-on Policy and fall within the amount authorized in writing by Us for availing cashless facility. Payment in respect of co-payments (if applicable) or within Deductible (if applicable) or any other costs and expenses not authorized under the cashless facility shall be made directly by You to the Network Hospital. All original bills and evidence of treatment for the Medical Expenses incurred in respect of your Hospitalization and all other information and documentation specified at Clause 6.4 shall be submitted to the Network Hospital immediately and in any event before your discharge from Hospital.

(iv) In case You / Policyholder cannot avail the cashless facility, payment for the treatment will have to be made by You to the Network Hospital, following which a Claim for reimbursement may be made to Us and the same will be considered by Us subject to the Policy.

(c) The list of updated Network Hospitals is available with Us or Assistance Service Provider and is subject to amendment or modification of the Network Hospitals and/or the extent of cashless facilities available at particular Network Hospitals from time to time.

(d) Before availing the cashless facility, You / Policyholder is required to check the applicable list of Network

Providers for the area where he intends to avail the cashless facility through the call center number as provided in the Add-on Policy Schedule.

(e) Health card issued by Us shall not be used

(i) On termination or cancellation of this Add-on Policy

(ii) After Add-on Policy Period End Date

(iii) On your death

(f) **Re-imbursement:**

(i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 6.1 and Clause 6.4 shall be submitted to Us at your own expense, immediately and in any event within 30 days of your discharge from Hospital.

(ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, We may examine and relax the time limits mentioned upon the merits of the case.

(iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.

(iv) For Claim settlement under reimbursement, We will pay You. In the event of your death, We will pay the nominee (as named in the Certificate of Insurance) and in case of no nominee, to your legal heirs or legal representatives whose discharge shall be treated as full and final discharge of its liability under the Add-on Policy.

(v) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

(vi) Your (or Nominee or legal heir if You are deceased) shall (at his expense) give the documentation specified at Clause 6.4 and any additional documentation specified in the Benefit provision under which the Claim is being made to Us immediately and in any event within 30 days of the occurrence of the Injury.

3. Duties of a Claimant/ Insured Person at the time of Claim

(a) You shall check the updated list of Network Hospitals before submission of a pre-authorization request for cashless facility; and

(b) As a condition precedent for a Claim to be considered under this Add-on Policy:

(i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Add-on Policy.

(ii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6.1 of the Add-on Policy.

(iii) You will, at our request, submit yourself for a medical examination by Us /Assistance Service Provider nominated Medical Practitioner as often as the We consider reasonable and necessary. The cost of such medical examination shall be borne by the Us .

(iv) We /Assistance Service Provider Medical Practitioner and representatives shall be given access and co-operation to inspect the your medical and Hospitalization records and to investigate the facts and examine you.

(v) We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.

4. Documents to be submitted for registration of claim

(a) The following information and documentation shall be submitted to the Us /Assistance Service Provider in accordance with the procedures and within the timeframes specified in the Add-on Policy in respect of all Claims and claim will be registered only on submission of below documents. The date of submission of such information shall be deemed as date of claim registration for the purpose of claim processing:

(i) Duly completed and signed Claim form, in original;

(ii) Identity proof with photo, Age proof and Address Proof;

(iii) Medical Practitioner's first consultation paper and referral letter advising Hospitalization;

(iv) Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;

(v) Original numbered bills/ receipts and discharge card from the Hospital / Medical Practitioner;

(vi) Original numbered bills from licensed pharmacy / chemists;

(vii) Original pathological / diagnostic test reports and payment receipts;

(viii) Emergency Notes, Initial Assessment Sheet and Indoor case papers (if applicable);

(ix) Accident proof - First Information Report/ final police report, if applicable;

(x) Disability Certificate from Government Medical Board, Fitness Certificate, Medical Prescription

(xi) Post mortem report, if conducted;

(xii) Passport copy with entry and exit stamp

(xiii) Any other information/document as required by Us or Assistance Service Provider to assess the Claim, in case fraud is suspected

(b) Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider, We will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider along with an original certificate of the extent of payment received from such insurance company/reimbursement provider.

(c) We will only accept bills/invoices which are made in your name.

(d) We may give a waiver to one or few of the above mentioned documents depending upon the case.

(e) However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay

5. Claim Assessment

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Add-on Policy shall be assessed by Us in the following progressive order:

(i) If any sub-limits on Medical Expenses are applicable as specified in the Add- on Policy Schedule, our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.

(c) The Claim amount assessed in Clause 6.5(b) above would be deducted from the Sum Insured of respective Benefit.

6. Payment Terms

(a) Section 1- Global Plus under this Add-on Policy covers only medical treatment taken entirely outside India and Section 2-Plus offers coverage within India as shown in the Add-on Policy Schedule. All payments under Section 2-Plus shall be made in Indian rupees and within India.

(b) The payment of any Claim under Section 1- Global Plus will be based on the rate of exchange as on the Date of Loss published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on your Date of Loss, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.

(c) If the Assistance Service Provider or We request that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by You/ Policyholder.

(d) The Claim amount assessed for any Benefit or for any Optional Benefit would be deducted from the Coverage Amount and for the unexpired Policy Period, balance Coverage Amount shall be available.

(e) We shall have no liability to make payment of a Claim under the Add-on Policy in respect of You, once your Sum Insured is exhausted.

(f) If You suffer a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Add-on Policy shall be applied as if they were under a single Claim.

(g) Under cashless facility, the payment of Claims shall be made to the Network Hospital and our discharge would be complete and final.

(h) For the Reimbursement Claims, We will pay to the Primary Insured Member. In the event of death of the Primary Insured Person, unless specified otherwise in the Add-on Policy Schedule, We will pay the nominee (as named in Add- on Policy Schedule) and in case of no nominee to the legal heir of the Primary Insured Person whose discharge shall be treated as full and final discharge of its liability under the Add-on Policy.

(i) We shall settle or reject any Claim within 15 days of intimation on receipt of all the necessary documents / information as required for settlement of such Claim and sought by Us . We shall provide

You / Policyholder an offer of settlement of Claim and upon acceptance of such offer by You / Policyholder; We shall make payment within 7 days from the date of receipt of such acceptance.

(j) The Claim shall be paid only for the Add-on Policy Period in which the Insured event which gives rise to a Claim under this Add-on Policy occurs.

(k) We may change the Assistance Service Provider or utilize the service of any other Assistance Service Provider by giving written notification to the Policyholder.

(l) The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.

(m) Under this Policy, the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the Sum Insured unless any additional Sum Insured available or accrued under any Benefit.

(n) For diseases or conditions or procedure that have a specified sub-limit then all related expenses shall be covered up to the sub-limit specified for that disease or condition or procedure. In case there is a specified sub-limit then the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the specified sub-limit subject to the available Sum Insured in the Policy Year.

For example- if the Policy specifies a sub-limit of Rs. 50,000 for a particular disease then all expenses related to the treatment of that disease (including but not limited to pre-hospitalization, hospitalization and post-hospitalization) will be covered up to Rs. 50,000, subject to Sum Insured availability in the Policy Year even if the overall Sum Insured is higher.

7. Schedule Of Benefits

Section 1 – Global Plus

S.No.	Benefits	Payout Basis	Basic	Premium	Elite
Coverage			All conditions Only Planned Hospitalization is covered	All conditions Only Planned Hospitalization is covered	Option 1 - All conditions Option 2 - 32 CI
Sum Insured (In Rs)			5 Lacs to 20 Lacs	Above 20 Lacs and up to 1Cr	Above 1Cr to 6 Cr
	Base Benefits				
1.	Hospitalization Expenses:				
	In-patient Hospitalisation	Indemnity	Upto SI	Upto SI	Upto SI
	Day Care Treatment	Indemnity	Upto SI	Upto SI	Upto SI
	Advance Technology Methods	Indemnity	N/A	Upto 10% of SI	Upto SI
	Advance Technology Methods	Indemnity	N/A	Upto 10% of SI	Upto SI
	Organ Donor Cover	Indemnity	N/A	N/A	Upto SI
	Room rent/ ICU	N/A	No Limit	No Limit	No Limit
	Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	Indemnity	N/A	30 days and 60 days respectively; Covered Up to Sum Insured	60 days and 120 days respectively; Covered Up to Sum Insured
2.	Local Road Ambulance	Indemnity	N/A	Upto SI	Upto SI
3.	Air Ambulance	Indemnity	N/A	N/A	Upto SI
4.	Repatriation of Mortal Remains	Indemnity	N/A	N/A	Upto 5 Lakh

5.	Compassionate visit	Indemnity	N/A	N/A	upto SI; Min. Hospitalization required is 5 days
	Optional Benefits				
1.	Maternity Expenses	Indemnity	N/A	N/A	Upto 2.5% of SI Wait Period – 9 months Note: Applicable only if Option 1 is opted for; Available for all combinations
2.	OPD cover (Consultations, Diagnostics, Pharmacy)	Indemnity	N/A	N/A	Upto 1% of SI
3.	Modification of Waiting Period	N/A	Option1 : PED wait period shall be modified to No wait period/1 year/2 years and/or; Option2 : Named ailment wait period shall be modified to No wait period/1 year		
4.	International Second Opinion	Benefit	Yes		
5.	Modification of Advance Technology Methods	Indemnity	NA	50%/100% of SI	NA
	Wait Periods				
	30 days Initial Wait Period	Yes			
	2 Year Specific Wait Period	Yes			
	3 year PED Wait Period	Yes			

Section 2 – Plus

1.	Unlimited E-Consultations	Available for Consultations with General Physicians	
2.	Pre-Post Hospitalization Expenses Modification	Up to Base Policy Sum Insured	
		Pre hospitalization (No. of days)	Post hospitalization (No. of days)
		60	180
		90	180
		No limit of days	No limit of days

List of 32 Critical Illness

Sr. No	32 CI
1	Cancer
2	End Stage Renal Failure
3	Multiple Sclerosis
4	Benign Brain Tumor
5	Parkinson's Disease
6	Alzheimer's Disease
7	End Stage Liver Disease
8	Motor Neuron Disorder
9	End Stage Lung Disease
10	Bacterial Meningitis
11	Aplastic Anaemia
12	Pulmonary Thromboembolism
13	Primary(Idiopathic) Pulmonary
14	Infective Endocarditis
15	Major Organ Transplant
16	Heart Valve Replacement/repair
17	Surgery of Aorta
18	Cardiomyopathy
19	Surgery for cardiac arrhythmia
20	Angioplasty
21	Balloon Valvotomy/Valvuloplasty
22	Carotid Artery Surgery
23	Coronary Artery Bypass Graft
24	Pericardectomy
25	Surgery to Place Ventricular Assist Devices or Total Artificial Hearts
26	Stroke
27	Paralysis
28	Myocardial Infarction
29	Implantation of Pacemaker of Heart
30	Implantable Cardioverter Defibrillator:
31	Major Burns
32	Blindness

About Us

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Apart from numerous awards since inception, in December 2024 Care Health Insurance was conferred the 'Overall Achievement Award' (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards, and 'Smart Insurer' and 'Sales Champion' awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024. The company was awarded 'Best Health Insurance Plan – Care Plus' at the Global Financial Planner's Summit 2024 held in October'24, and 'Claims Service Leader for the Year' & 'Best Health Insurance Company in Rural Sector' awards at the India Insurance Summit & Awards 2024 in March'24.

Contact details for Claims & Policy Servicing

Registered Office:	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
Tollfree (WhatsApp Number)	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of features of protect plus. 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.

Insurance is a subject matter of solicitation. UAN: 25026548 UIN: CHIHLIA25045V022425

CIN: U66000DL2007PLC161503 IRDAI Registration Number - 148

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out 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 the 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 published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

VER: JAN/25/ASH

Annexure 1 - Benefit / Premium illustration

Illustration 1

Age of members Insured	**Coverage opted on individual basis covering each member of the family separately (at a single point of time)**		**Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of 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 (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
46	269	5,00,000	269	NA (As per Base Policy)	269	5,00,000	560	NA (As per Base Policy)	560	5,00,000
51	360	5,00,000	360	NA (As per Base Policy)	360	5,00,000				
Total Premium for all members of family is Rs. 629 when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000			Total Premium for all members of family is Rs. 629 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 560 Sum Insured of Rs. 5,00,000 is available for entire family			

Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of 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 (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
56	466	5,00,000	466	NA (As per Base Policy)	466	5,00,000	817	NA (As per Base Policy)	817	5,00,000
60	466	5,00,000	466	NA (As per Base Policy)	466	5,00,000				
17	113	5,00,000	113	NA (As per Base Policy)	113	5,00,000				
Total Premium for all members of family is Rs. 1,045 when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000			Total Premium for all members of family is Rs. 1,045 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 817 Sum Insured of Rs. 5,00,000 is available for entire family			

Illustration 3

Age of members Insured	**Coverage opted on individual basis covering each member of the family separately (at a single point of time)**		**Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of 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 (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
61	662	5,00,000	662	NA (As per Base Policy)	662	5,00,000	1,072	NA (As per Base Policy)	1,072	5,00,000
64	662	5,00,000	662	NA (As per Base Policy)	662	5,00,000				
Total Premium for all members of family is Rs. 1,324 when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000			Total Premium for all members of family is Rs. 1,324 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 1,072 Sum Insured of Rs. 5,00,000 is available for entire family			

Notes:

1. Premium rates (excl. taxes) specified in above illustration shall be standard premium rates without considering any loading.
2. Premiums considered are of Basic Plan Worldwide Including U.S.A. & Canada.