

INTRODUCTION

This policy has been designed to have a standard product with common policy wordings across the industry and to facilitate seamless portability among insurers. The Product offers coverage against expenses incurred during Hospitalization in addition to pre and post hospitalization expenses for treatment of COVID.

1. COVERAGE

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

1.1 COVID HOSPITALIZATION COVER

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic Centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
- v. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

1.2 Home Care Treatment Expenses

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under home care expenses subject to claim settlement policy disclosed in the website.
- e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

1.4 Pre Hospitalization

The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

1.5 Post Hospitalization

The company shall indemnify post hospitalization//home care treatment medical expenses incurred, related to an admissible hospitalization//home care treatment, for a fixed period of 30days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

1.6 The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

2. Optional cover

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted

2.1 Hospital Daily Cash: The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section - 1.1 Hospitalization Cover.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The total amount payable in respect of Covers 1.1, 1.2, 1.3,1.4,1.5, 2.1, shall not exceed 100% of the Sum Insured during a policy period.

3. Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

3.1 First Fifteen Days Waiting Period

Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

4. Exclusions

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

a. Investigation & Evaluation (Code- Excl04)

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

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

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

- 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.
- c. 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 Home care treatment.

d. Unproven Treatments:

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered.

e. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.

f. Any expenses incurred on Day Care treatment and OPD treatment

g. Diagnosis /Treatment outside the geographical limits of India
h. Testing done at a Diagnostic centre which is not authorized by the

Government shall not be recognized under this Policy
i. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

5 TABLE OF BENEFITS

Name	Corona Kavach Policy, HDFC ERGO
Product Type	Individual/ Floater
Category of Cover	Indemnity/Benefit
Sum insured	Rs 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) (in the multiples of fifty thousand) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	Three and Half Months (3 ½ months) [105days], Six and Half Months (6 ½ months) [195days], Nine and Half Months (9 ½ months) [285days] including waiting period.
Eligibility	Policy can be availed by persons between the age of 18 years up to 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.
Hospitalization Expenses	Medical Expenses of Hospitalization for Covid for a minimum period of 24 consecutive hours only shall be admissible.
Pre Hospitalisation	For 15 days prior to the date of hospitalization/home care treatment
Post Hospitalisation	For 30 days from the date of discharge from the hospital/completion of home care treatment
Sub-limits	Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member Home care treatment: Maximum up to 14 days per incident
AYUSH	Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured during the Policy period as specified in the policy schedule.
Home Care Treatment Expenses	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre maximum up to 14 days per incident, which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.

6. Claim Procedure

a. Procedure for Cashless claims:

(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company. (ii) Cashless request form available with the network provider shall be completed and sent to the Company for authorization. (iii) The Company upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification. (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) The Company reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

b. Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to the Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
3.	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment

c Notification of Claim

Notice with full particulars shall be sent to the Company as under:

- Within 24 hours from the date of emergency hospitalization/cashless home care treatment.
- At least 48 hours prior to admission in Hospital in case of a planned

Hospitalization.

d. Documents to be submitted:

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	<ul style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioner's prescription advising admission v. Original bills with itemized break-up vi. Payment receipts vii. Discharge summary including complete medical history of the patient along with other details. viii. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable x. Sticker/Invoice of the Implants, wherever applicable. xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii. Legal heir/succession certificate, wherever applicable xiv. Any other relevant document required by Company for assessment of the claim.
2. Home Care treatment expenses	<ul style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioners' prescription advising hospitalization v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit. vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

e. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the

claim within 45 days from the date of receipt of last necessary document.
 iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

f. Payment of Claim

All claims under the policy shall be payable in Indian currency only.
 The assignment of benefits of the policy shall be subject to applicable law.

7. General Terms & Conditions

a. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

b. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

c. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

d. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

e. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

f. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

g. Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

h. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s)

policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- (a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

i. Cancellation

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

j. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

k. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

l. Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has

disputed or not accepted liability under or in respect of the policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

m. Endorsements (Changes in Policy)

i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any).

n. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

o. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh Rupees.

IRDAI Regulation no 12 - This policy is subject to regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulation, 2017.

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

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

Gross Premium Table excluding tax:

Base Cover (Policy Term of 3.5 months):

Sum Insured 50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	300	NA	NA	NA	NA	NA	NA	NA
18-35	359	628	645	663	681	565	581	597
36-45	430	753	775	796	818	678	697	716
46-50	592	1,035	1,065	1,095	1,124	932	959	985
51-55	807	1,412	1,452	1,493	1,533	1,271	1,307	1,343
56-60	1,165	2,040	2,098	2,156	2,214	1,836	1,888	1,940
61-65	1,614	2,824	2,905	2,985	3,066	2,542	2,614	2,687

Sum Insured 3,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	492	NA	NA	NA	NA	NA	NA	NA
18-35	679	1,324	1,883	2,402	2,857	1,191	1,694	2,162
36-45	933	1,819	2,588	3,302	3,926	1,637	2,329	2,972
46-50	1,416	2,761	3,927	5,011	5,958	2,485	3,534	4,510
51-55	1,981	3,863	5,495	7,012	8,337	3,477	4,946	6,311
56-60	3,007	5,864	8,341	10,644	12,656	5,278	7,507	9,580
61-65	4,366	8,513	12,109	15,452	18,373	7,662	10,898	13,907

Sum Insured 1,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	407	NA	NA	NA	NA	NA	NA	NA
18-35	487	857	1,104	1,288	1,411	771	994	1,159
36-45	584	1,028	1,325	1,545	1,694	925	1,193	1,391
46-50	803	1,413	1,822	2,125	2,329	1,272	1,640	1,912
51-55	1,095	1,927	2,484	2,897	3,176	1,734	2,236	2,608
56-60	1,582	2,784	3,589	4,185	4,587	2,505	3,230	3,766
61-65	2,190	3,854	4,969	5,794	6,351	3,469	4,472	5,215

Sum Insured 3,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	507	NA	NA	NA	NA	NA	NA	NA
18-35	701	1,367	2,032	2,629	3,132	1,231	1,829	2,366
36-45	966	1,883	2,799	3,621	4,313	1,695	2,519	3,259
46-50	1,468	2,862	4,254	5,503	6,555	2,576	3,828	4,953
51-55	2,054	4,006	5,954	7,702	9,176	3,605	5,358	6,932
56-60	3,120	6,084	9,043	11,699	13,937	5,476	8,139	10,529
61-65	4,532	8,837	13,135	16,993	20,243	7,954	11,822	15,294

Sum Insured 1,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	456	NA	NA	NA	NA	NA	NA	NA
18-35	615	1,094	1,416	1,664	1,846	985	1,275	1,498
36-45	738	1,313	1,699	1,997	2,215	1,182	1,530	1,797
46-50	1,014	1,805	2,337	2,746	3,045	1,625	2,103	2,471
51-55	1,383	2,462	3,186	3,744	4,153	2,216	2,868	3,370
56-60	1,998	3,556	4,603	5,408	5,998	3,201	4,142	4,868
61-65	2,766	4,924	6,373	7,489	8,305	4,432	5,736	6,740

Sum Insured 4,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	522	NA	NA	NA	NA	NA	NA	NA
18-35	724	1,411	2,124	2,760	3,303	1,270	1,911	2,484
36-45	998	1,947	2,931	3,809	4,557	1,752	2,638	3,428
46-50	1,519	2,963	4,459	5,796	6,935	2,667	4,014	5,216
51-55	2,127	4,148	6,244	8,115	9,709	3,733	5,619	7,303
56-60	3,233	6,305	9,489	12,333	14,756	5,674	8,540	11,100
61-65	4,698	9,162	13,790	17,923	21,444	8,246	12,411	16,130

Sum Insured 2,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	470	NA	NA	NA	NA	NA	NA	NA
18-35	645	1,221	1,609	1,906	2,124	1,099	1,448	1,716
36-45	884	1,673	2,204	2,611	2,910	1,505	1,983	2,350
46-50	1,226	2,320	3,056	3,622	4,036	2,088	2,751	3,259
51-55	1,671	3,164	4,168	4,939	5,504	2,847	3,751	4,445
56-60	2,414	4,570	6,020	7,134	7,950	4,113	5,418	6,420
61-65	3,343	6,327	8,336	9,877	11,007	5,695	7,502	8,889

Sum Insured 4,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	537	NA	NA	NA	NA	NA	NA	NA
18-35	746	1,455	2,199	2,895	3,487	1,309	1,979	2,605
36-45	1,031	2,011	3,040	4,002	4,820	1,810	2,736	3,602
46-50	1,571	3,064	4,632	6,097	7,344	2,757	4,168	5,487
51-55	2,200	4,291	6,487	8,539	10,285	3,862	5,838	7,685
56-60	3,346	6,525	9,864	12,984	15,639	5,872	8,877	11,686
61-65	4,865	9,487	14,341	18,878	22,738	8,538	12,907	16,990

Sum Insured 2,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	476	NA	NA	NA	NA	NA	NA	NA
18-35	654	1,259	1,796	2,230	2,511	1,133	1,616	2,007
36-45	897	1,726	2,462	3,057	3,443	1,553	2,216	2,751
46-50	1,359	2,615	3,731	4,632	5,216	2,354	3,358	4,169
51-55	1,901	3,658	5,218	6,479	7,296	3,292	4,696	5,831
56-60	2,830	5,447	7,771	9,648	10,865	4,903	6,994	8,683
61-65	3,919	7,543	10,759	13,359	15,044	6,788	9,683	12,023

Sum Insured 5,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	552	NA	NA	NA	NA	NA	NA	NA
18-35	768	1,498	2,273	3,002	3,700	1,349	2,046	2,702
36-45	1,064	2,075	3,148	4,157	5,124	1,868	2,833	3,742
46-50	1,623	3,165	4,800	6,341	7,815	2,848	4,320	5,706
51-55	2,274	4,433	6,725	8,883	10,948	3,990	6,052	7,994
56-60	3,459	6,745	10,231	13,513	16,656	6,070	9,208	12,162
61-65	5,031	9,811	14,882	19,657	24,227	8,830	13,394	17,691

Base Cover (Policy Term of 6.5 months):

Sum Insured 50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	437	NA	NA	NA	NA	NA	NA	NA
18-35	522	913	939	965	991	822	845	868
36-45	626	1,095	1,127	1,158	1,189	986	1,014	1,042
46-50	861	1,506	1,549	1,592	1,635	1,356	1,394	1,433
51-55	1,174	2,054	2,112	2,171	2,230	1,848	1,901	1,954
56-60	1,695	2,967	3,051	3,136	3,221	2,670	2,746	2,823
61-65	2,347	4,108	4,225	4,342	4,460	3,697	3,802	3,908

Sum Insured 1,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	593	NA	NA	NA	NA	NA	NA	NA
18-35	708	1,246	1,606	1,873	2,053	1,121	1,446	1,686
36-45	849	1,495	1,927	2,248	2,463	1,346	1,735	2,023
46-50	1,168	2,056	2,650	3,090	3,387	1,850	2,385	2,781
51-55	1,593	2,803	3,614	4,214	4,619	2,523	3,252	3,793
56-60	2,301	4,049	5,220	6,087	6,672	3,644	4,698	5,478
61-65	3,185	5,606	7,228	8,428	9,238	5,046	6,505	7,586

Sum Insured 1,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	663	NA	NA	NA	NA	NA	NA	NA
18-35	894	1,592	2,060	2,421	2,685	1,432	1,854	2,178
36-45	1,073	1,910	2,472	2,905	3,221	1,719	2,225	2,614
46-50	1,475	2,626	3,399	3,994	4,429	2,364	3,059	3,595
51-55	2,012	3,581	4,635	5,446	6,040	3,223	4,171	4,902
56-60	2,906	5,173	6,695	7,867	8,725	4,656	6,025	7,080
61-65	4,024	7,162	9,270	10,892	12,080	6,446	8,343	9,803

Sum Insured 2,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	683	NA	NA	NA	NA	NA	NA	NA
18-35	938	1,776	2,340	2,773	3,090	1,599	2,106	2,496
36-45	1,285	2,433	3,205	3,798	4,232	2,190	2,885	3,418
46-50	1,783	3,375	4,446	5,268	5,870	3,037	4,001	4,741
51-55	2,431	4,602	6,062	7,183	8,005	4,142	5,456	6,465
56-60	3,511	6,647	8,756	10,376	11,563	5,982	7,881	9,338
61-65	4,862	9,203	12,124	14,367	16,010	8,283	10,912	12,930

Sum Insured 2,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	692	NA	NA	NA	NA	NA	NA	NA
18-35	951	1,831	2,612	3,243	3,652	1,648	2,351	2,919
36-45	1,304	2,511	3,581	4,446	5,007	2,259	3,223	4,002
46-50	1,977	3,804	5,427	6,737	7,588	3,424	4,884	6,064
51-55	2,765	5,321	7,590	9,424	10,613	4,789	6,831	8,481
56-60	4,117	7,924	11,303	14,033	15,804	7,131	10,173	12,630
61-65	5,700	10,971	15,650	19,431	21,882	9,874	14,085	17,488

Sum Insured 3,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	716	NA	NA	NA	NA	NA	NA	NA
18-35	987	1,925	2,739	3,495	4,155	1,733	2,465	3,145
36-45	1,357	2,646	3,764	4,803	5,710	2,381	3,387	4,322
46-50	2,059	4,016	5,712	7,289	8,667	3,614	5,141	6,560
51-55	2,882	5,619	7,993	10,199	12,127	5,057	7,194	9,179
56-60	4,374	8,530	12,133	15,482	18,409	7,677	10,920	13,934
61-65	6,350	12,383	17,613	22,475	26,724	11,144	15,852	20,228

Sum Insured 3,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	737	NA	NA	NA	NA	NA	NA	NA
18-35	1,020	1,989	2,956	3,824	4,556	1,790	2,660	3,442
36-45	1,405	2,739	4,071	5,267	6,274	2,465	3,664	4,740
46-50	2,135	4,163	6,187	8,004	9,535	3,746	5,568	7,204
51-55	2,988	5,827	8,660	11,204	13,346	5,244	7,794	10,083
56-60	4,538	8,850	13,154	17,017	20,272	7,965	11,838	15,315
61-65	6,592	12,855	19,106	24,717	29,445	11,569	17,195	22,246

Sum Insured 4,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	759	NA	NA	NA	NA	NA	NA	NA
18-35	1,053	2,052	3,089	4,015	4,804	1,847	2,780	3,613
36-45	1,452	2,832	4,263	5,540	6,629	2,549	3,836	4,986
46-50	2,210	4,310	6,486	8,430	10,087	3,879	5,838	7,587
51-55	3,094	6,034	9,082	11,804	14,123	5,431	8,174	10,623
56-60	4,703	9,170	13,803	17,939	21,463	8,253	12,422	16,145
61-65	6,834	13,327	20,059	26,069	31,192	11,994	18,053	23,462

Sum Insured 4,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	781	NA	NA	NA	NA	NA	NA	NA
18-35	1,085	2,116	3,199	4,211	5,072	1,904	2,879	3,790
36-45	1,500	2,925	4,422	5,821	7,011	2,633	3,980	5,239
46-50	2,285	4,456	6,737	8,868	10,681	4,011	6,063	7,981
51-55	3,201	6,241	9,435	12,420	14,960	5,617	8,492	11,178
56-60	4,867	9,490	14,347	18,886	22,748	8,541	12,912	16,997
61-65	7,076	13,799	20,860	27,459	33,074	12,419	18,774	24,713

Sum Insured 5,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	803	NA	NA	NA	NA	NA	NA	NA
18-35	1,118	2,180	3,306	4,367	5,382	1,962	2,975	3,930
36-45	1,548	3,018	4,578	6,047	7,453	2,716	4,120	5,442
46-50	2,361	4,603	6,982	9,223	11,367	4,143	6,284	8,300
51-55	3,307	6,449	9,782	12,920	15,924	5,804	8,804	11,628
56-60	5,031	9,811	14,881	19,656	24,226	8,830	13,393	17,690
61-65	7,318	14,271	21,646	28,591	35,240	12,844	19,482	25,732

Base Cover (Policy Term of 9.5 months):

Sum Insured 50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	546	NA	NA	NA	NA	NA	NA	NA
18-35	652	1,141	1,174	1,206	1,239	1,027	1,056	1,086
36-45	782	1,369	1,408	1,447	1,487	1,232	1,267	1,303
46-50	1,076	1,883	1,936	1,990	2,044	1,694	1,743	1,791
51-55	1,467	2,567	2,641	2,714	2,787	2,311	2,377	2,443
56-60	2,119	3,708	3,814	3,920	4,026	3,337	3,433	3,528
61-65	2,934	5,135	5,281	5,428	5,575	4,621	4,753	4,885

Sum Insured 1,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	741	NA	NA	NA	NA	NA	NA	NA
18-35	885	1,557	2,008	2,341	2,566	1,402	1,807	2,107
36-45	1,062	1,869	2,409	2,809	3,079	1,682	2,168	2,529
46-50	1,460	2,570	3,313	3,863	4,234	2,313	2,981	3,477
51-55	1,991	3,504	4,517	5,268	5,774	3,154	4,066	4,741
56-60	2,876	5,061	6,525	7,609	8,340	4,555	5,872	6,848
61-65	3,982	7,008	9,035	10,535	11,547	6,307	8,131	9,482

Sum Insured 1,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	829	NA	NA	NA	NA	NA	NA	NA
18-35	1,118	1,990	2,575	3,026	3,356	1,791	2,317	2,723
36-45	1,341	2,387	3,090	3,631	4,027	2,149	2,781	3,268
46-50	1,844	3,283	4,249	4,992	5,537	2,954	3,824	4,493
51-55	2,515	4,476	5,794	6,808	7,550	4,029	5,214	6,127
56-60	3,633	6,466	8,369	9,833	10,906	5,819	7,532	8,850
61-65	5,030	8,953	11,587	13,616	15,100	8,058	10,429	12,254

Sum Insured 2,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	854	NA	NA	NA	NA	NA	NA	NA
18-35	1,173	2,220	2,925	3,466	3,863	1,998	2,633	3,120
36-45	1,607	3,041	4,006	4,747	5,290	2,737	3,606	4,273
46-50	2,228	4,218	5,557	6,585	7,338	3,796	5,001	5,926
51-55	3,039	5,752	7,578	8,979	10,006	5,177	6,820	8,081
56-60	4,389	8,309	10,946	12,970	14,454	7,478	9,851	11,673
61-65	6,078	11,504	15,155	17,959	20,013	10,354	13,640	16,163

Sum Insured 2,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	865	NA	NA	NA	NA	NA	NA	NA
18-35	1,189	2,289	3,265	4,054	4,566	2,060	2,939	3,649
36-45	1,631	3,138	4,476	5,558	6,259	2,824	4,029	5,002
46-50	2,471	4,755	6,783	8,422	9,484	4,280	6,105	7,580
51-55	3,456	6,651	9,488	11,780	13,266	5,986	8,539	10,602
56-60	5,146	9,904	14,129	17,542	19,755	8,914	12,716	15,788
61-65	7,125	13,714	19,563	24,288	27,353	12,343	17,606	21,860

Sum Insured 3,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	895	NA	NA	NA	NA	NA	NA	NA
18-35	1,234	2,407	3,423	4,368	5,194	2,166	3,081	3,931
36-45	1,696	3,307	4,705	6,003	7,138	2,977	4,234	5,403
46-50	2,574	5,020	7,140	9,111	10,834	4,518	6,426	8,200
51-55	3,602	7,024	9,991	12,749	15,159	6,322	8,992	11,474
56-60	5,468	10,662	15,166	19,353	23,011	9,596	13,650	17,418
61-65	7,938	15,478	22,017	28,094	33,405	13,930	19,815	25,285

Sum Insured 3,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	922	NA	NA	NA	NA	NA	NA	NA
18-35	1,275	2,486	3,695	4,780	5,695	2,237	3,326	4,302
36-45	1,756	3,424	5,089	6,583	7,843	3,081	4,580	5,925
46-50	2,668	5,203	7,734	10,005	11,919	4,683	6,960	9,005
51-55	3,735	7,283	10,825	14,004	16,683	6,555	9,743	12,604
56-60	5,673	11,062	16,442	21,271	25,340	9,956	14,798	19,144
61-65	8,240	16,068	23,882	30,897	36,806	14,461	21,494	27,807

Sum Insured 4,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	949	NA	NA	NA	NA	NA	NA	NA
18-35	1,316	2,566	3,861	5,019	6,005	2,309	3,475	4,517
36-45	1,815	3,540	5,328	6,925	8,286	3,186	4,796	6,233
46-50	2,763	5,387	8,108	10,538	12,608	4,848	7,297	9,484
51-55	3,868	7,542	11,353	14,754	17,654	6,788	10,217	13,279
56-60	5,878	11,463	17,253	22,423	26,829	10,316	15,528	20,181
61-65	8,543	16,658	25,073	32,587	38,990	14,992	22,566	29,328

Sum Insured 4,50,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	976	NA	NA	NA	NA	NA	NA	NA
18-35	1,356	2,645	3,998	5,263	6,340	2,380	3,599	4,737
36-45	1,875	3,656	5,528	7,276	8,764	3,291	4,975	6,549
46-50	2,857	5,570	8,421	11,085	13,352	5,013	7,579	9,977
51-55	4,001	7,802	11,794	15,525	18,700	7,021	10,615	13,973
56-60	6,084	11,863	17,934	23,607	28,435	10,677	16,140	21,246
61-65	8,845	17,248	26,075	34,323	41,342	15,523	23,467	30,891

Sum Insured 5,00,000								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	1,003	NA	NA	NA	NA	NA	NA	NA
18-35	1,397	2,724	4,133	5,458	6,728	2,452	3,719	4,913
36-45	1,935	3,773	5,723	7,559	9,317	3,396	5,150	6,803
46-50	2,951	5,754	8,728	11,528	14,209	5,179	7,855	10,375
51-55	4,134	8,061	12,227	16,150	19,906	7,255	11,004	14,535
56-60	6,289	12,263	18,602	24,570	30,283	11,037	16,741	22,113
61-65	9,148	17,838	27,058	35,739	44,050	16,054	24,352	32,165

Optional Cover: Hospital Daily Cash (Policy Term of 3.5 months):

Sum Insured 250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	7	NA	NA	NA	NA	NA	NA	NA
18-35	8	15	23	30	37	14	20	27
36-45	9	18	28	36	45	16	25	32
46-50	13	25	37	50	61	22	34	45
51-55	17	34	51	68	83	30	46	61
56-60	25	49	74	97	120	44	67	88
61-65	43	84	128	169	208	76	115	152

Sum Insured 500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	13	NA	NA	NA	NA	NA	NA	NA
18-35	15	30	46	60	74	27	41	54
36-45	19	36	54	72	89	32	49	65
46-50	25	50	75	99	122	45	68	89
51-55	35	68	102	135	167	61	92	122
56-60	50	97	148	195	240	87	133	175
61-65	86	168	256	338	416	152	230	304

Sum Insured 750 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	19	NA	NA	NA	NA	NA	NA	NA
18-35	23	45	68	90	111	41	62	81
36-45	28	54	82	108	133	48	74	97
46-50	38	74	113	149	183	67	101	134
51-55	52	101	153	202	250	91	138	183
56-60	75	146	222	293	361	131	200	263
61-65	130	253	383	507	624	228	345	456

Sum Insured 1,000 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	26	NA	NA	NA	NA	NA	NA	NA
18-35	31	60	91	120	148	54	82	108
36-45	37	72	109	144	178	65	98	130
46-50	51	99	150	198	244	89	135	178
51-55	69	135	205	270	333	122	184	243
56-60	100	195	295	391	481	175	266	351
61-65	173	337	512	675	833	304	460	608

Sum Insured 1,250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	32	NA	NA	NA	NA	NA	NA	NA
18-35	39	75	114	150	185	68	102	135
36-45	46	90	136	180	222	81	123	162
46-50	63	124	188	248	305	111	169	223
51-55	86	168	256	338	416	152	230	304
56-60	125	244	370	488	601	219	332	439
61-65	216	421	639	844	1,041	380	575	760

Sum Insured 1,500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	39	NA	NA	NA	NA	NA	NA	NA
18-35	46	90	136	180	222	81	123	162
36-45	56	108	164	216	266	97	147	195
46-50	76	149	225	297	366	134	202	267
51-55	104	202	307	405	499	182	276	365
56-60	150	292	443	585	722	263	399	527
61-65	260	505	767	1,013	1,249	455	690	912

Sum Insured 1,750 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	45	NA	NA	NA	NA	NA	NA	NA
18-35	54	105	159	210	259	95	143	189
36-45	64	126	191	252	311	113	172	227
46-50	89	173	262	347	427	156	237	312
51-55	121	236	358	473	583	212	322	426
56-60	175	341	517	683	842	307	465	615
61-65	303	590	895	1,182	1,457	531	805	1,064

Sum Insured 2,000 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	52	NA	NA	NA	NA	NA	NA	NA
18-35	62	120	182	240	296	108	164	216
36-45	74	144	218	288	355	129	196	260
46-50	101	198	300	397	488	178	270	356
51-55	138	270	409	541	666	243	368	486
56-60	200	389	591	780	962	351	532	702
61-65	346	674	1,023	1,351	1,665	607	921	1,216

Sum Insured 2,250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	58	NA	NA	NA	NA	NA	NA	NA
18-35	69	135	205	270	333	122	184	243
36-45	83	162	245	325	400	146	221	292
46-50	114	223	338	446	549	200	304	402
51-55	156	304	460	608	749	273	414	547
56-60	225	438	665	878	1,082	394	598	790
61-65	389	758	1,151	1,520	1,873	683	1,036	1,368

Sum Insured 2,500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	64	NA	NA	NA	NA	NA	NA	NA
18-35	77	150	227	300	370	135	205	270
36-45	92	180	273	360	444	162	245	325
46-50	127	248	375	496	611	223	338	446
51-55	173	337	512	675	833	304	460	608
56-60	250	487	739	976	1,203	438	665	878
61-65	432	843	1,279	1,689	2,081	758	1,151	1,520

Optional Cover: Hospital Daily Cash (Policy Term of 6.5 months):

Sum Insured 250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	10	NA	NA	NA	NA	NA	NA	NA
18-35	11	22	33	44	54	20	30	39
36-45	14	26	40	53	65	23	36	47
46-50	18	36	54	72	89	32	49	65
51-55	25	49	74	98	121	44	67	89
56-60	36	71	107	142	175	64	97	128
61-65	63	122	186	246	302	110	167	221

Sum Insured 500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	18	NA	NA	NA	NA	NA	NA	NA
18-35	22	43	66	87	108	39	59	78
36-45	27	52	79	105	129	47	71	94
46-50	37	72	109	144	178	65	98	130
51-55	50	98	149	197	242	88	134	177
56-60	73	142	215	284	350	127	194	255
61-65	126	245	372	491	606	221	334	442

Sum Insured 750 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	28	NA	NA	NA	NA	NA	NA	NA
18-35	34	66	99	131	162	59	90	118
36-45	40	78	119	158	194	70	107	142
46-50	55	108	164	216	266	97	147	194
51-55	75	147	223	294	363	133	201	266
56-60	109	213	322	426	525	191	290	383
61-65	189	368	558	737	908	331	502	663

Sum Insured 1,000 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	38	NA	NA	NA	NA	NA	NA	NA
18-35	45	87	132	174	215	78	119	158
36-45	54	105	158	210	258	94	143	189
46-50	74	144	218	288	355	130	196	259
51-55	101	196	298	393	484	177	268	354
56-60	146	283	430	568	700	255	387	511
61-65	251	490	744	982	1,211	442	670	884

Sum Insured 1,250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	46	NA	NA	NA	NA	NA	NA	NA
18-35	56	109	166	218	269	98	149	197
36-45	67	130	198	262	323	118	178	236
46-50	92	180	273	360	444	162	246	324
51-55	126	245	372	491	606	221	334	442
56-60	182	354	538	710	874	318	483	638
61-65	314	613	930	1,228	1,514	552	837	1,106

Sum Insured 1,500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	56	NA	NA	NA	NA	NA	NA	NA
18-35	67	130	198	262	323	118	178	236
36-45	81	157	238	314	387	142	214	283
46-50	110	216	327	432	533	194	294	389
51-55	151	294	446	590	726	265	402	530
56-60	218	425	645	851	1,050	382	580	766
61-65	378	735	1,116	1,474	1,817	662	1,004	1,326

Sum Insured 1,750 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	66	NA	NA	NA	NA	NA	NA	NA
18-35	78	153	231	306	377	138	208	275
36-45	94	183	278	367	452	165	250	330
46-50	129	252	382	504	622	226	344	454
51-55	176	343	521	688	848	309	469	619
56-60	254	496	752	994	1,225	446	677	894
61-65	440	858	1,302	1,719	2,119	772	1,171	1,547

Sum Insured 2,000 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	75	NA	NA	NA	NA	NA	NA	NA
18-35	90	174	265	350	430	157	238	314
36-45	107	210	318	419	517	188	286	378
46-50	147	288	436	577	710	259	393	518
51-55	201	392	595	786	969	353	535	707
56-60	290	566	859	1,135	1,399	510	774	1,022
61-65	503	981	1,488	1,965	2,422	882	1,339	1,769

Sum Insured 2,250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	84	NA	NA	NA	NA	NA	NA	NA
18-35	101	196	298	393	484	177	268	354
36-45	121	235	357	472	582	212	322	425
46-50	166	324	491	649	799	291	442	584
51-55	226	442	670	884	1,090	398	602	796
56-60	327	638	967	1,278	1,574	574	870	1,150
61-65	566	1,103	1,674	2,210	2,725	993	1,506	1,990

Sum Insured 2,500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	94	NA	NA	NA	NA	NA	NA	NA
18-35	112	218	330	437	538	196	298	393
36-45	134	262	397	524	646	235	357	472
46-50	185	360	546	721	888	324	491	649
51-55	251	490	744	982	1,211	442	670	884
56-60	363	708	1,074	1,419	1,750	638	967	1,278
61-65	629	1,226	1,860	2,456	3,027	1,103	1,674	2,210

Optional Cover: Hospital Daily Cash (Policy Term of 9.5 months):

Sum Insured 250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	12	NA	NA	NA	NA	NA	NA	NA
18-35	14	27	41	55	67	25	37	49
36-45	17	33	50	66	81	29	45	59
46-50	23	45	68	90	111	40	61	81
51-55	31	61	93	123	151	55	84	111
56-60	45	89	134	177	219	80	121	160
61-65	79	153	232	307	378	138	209	276

Sum Insured 500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	23	NA	NA	NA	NA	NA	NA	NA
18-35	28	54	83	109	135	49	74	98
36-45	34	65	99	131	161	59	89	118
46-50	46	90	136	180	222	81	123	162
51-55	63	123	186	246	303	110	167	221
56-60	91	177	269	355	437	159	242	319
61-65	157	306	465	614	757	276	418	553

Sum Insured 750 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	35	NA	NA	NA	NA	NA	NA	NA
18-35	42	82	124	164	202	74	112	147
36-45	50	98	149	197	242	88	134	177
46-50	69	135	205	270	333	121	184	243
51-55	94	184	279	368	454	166	251	332
56-60	136	266	403	532	656	239	363	479
61-65	236	460	697	921	1,135	414	628	829

Sum Insured 1,000 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	47	NA	NA	NA	NA	NA	NA	NA
18-35	56	109	165	218	269	98	149	197
36-45	67	131	198	262	323	118	179	236
46-50	92	180	273	360	444	162	245	324
51-55	126	245	372	491	605	221	335	442
56-60	182	354	537	710	875	319	484	639
61-65	314	613	930	1,228	1,514	552	837	1,105

Sum Insured 1,250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	58	NA	NA	NA	NA	NA	NA	NA
18-35	70	136	207	273	336	123	186	246
36-45	84	163	248	328	404	147	223	295
46-50	115	225	341	450	555	202	307	405
51-55	157	306	465	614	757	276	418	553
56-60	227	443	672	887	1,093	398	604	798
61-65	393	766	1,162	1,535	1,892	690	1,046	1,382

Sum Insured 1,500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	70	NA	NA	NA	NA	NA	NA	NA
18-35	84	163	248	328	404	147	223	295
36-45	101	196	298	393	484	177	268	354
46-50	138	270	409	540	666	243	368	486
51-55	189	368	558	737	908	331	502	663
56-60	272	531	806	1,064	1,312	478	725	958
61-65	472	919	1,395	1,842	2,271	828	1,255	1,658

Sum Insured 1,750 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	82	NA	NA	NA	NA	NA	NA	NA
18-35	98	191	289	382	471	172	260	344
36-45	117	229	347	459	565	206	312	413
46-50	161	315	477	630	777	283	430	567
51-55	220	429	651	860	1,060	386	586	774
56-60	318	620	940	1,242	1,531	558	846	1,118
61-65	550	1,073	1,627	2,149	2,649	965	1,464	1,934

Sum Insured 2,000 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	94	NA	NA	NA	NA	NA	NA	NA
18-35	112	218	331	437	538	196	298	393
36-45	134	262	397	524	646	235	357	472
46-50	184	360	545	721	888	324	491	648
51-55	251	490	744	983	1,211	441	669	884
56-60	363	708	1,074	1,419	1,749	638	967	1,277
61-65	629	1,226	1,860	2,456	3,027	1,103	1,674	2,211

Sum Insured 2,250 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	105	NA	NA	NA	NA	NA	NA	NA
18-35	126	245	372	491	605	221	335	442
36-45	151	294	446	590	727	265	402	531
46-50	207	405	614	811	999	364	552	730
51-55	283	552	837	1,105	1,362	497	753	995
56-60	409	797	1,209	1,597	1,968	717	1,088	1,437
61-65	707	1,379	2,092	2,763	3,406	1,241	1,883	2,487

Sum Insured 2,500 Per Day								
Age-Band	1A	2A	2A 1C	2A 2C	2A 3C	1A 1C	1A 2C	1A 3C
0-17	117	NA	NA	NA	NA	NA	NA	NA
18-35	140	272	413	546	673	245	372	491
36-45	168	327	496	655	807	294	446	590
46-50	231	450	682	901	1,110	405	614	811
51-55	314	613	930	1,228	1,514	552	837	1,105
56-60	454	885	1,343	1,774	2,187	797	1,209	1,597
61-65	786	1,532	2,325	3,070	3,784	1,379	2,092	2,763

Discounts

- i. **Loyalty Discount:** If an insured has existing base indemnity health policy with the Company, a discount of 25% is offered on premium of Corona Kavach Policy.
- ii. **Online Policy Discount:** A discount of 5% shall be offered for all policies purchased online.
- iii. **Employee Discount:** A discount of 10% will be offered to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company.
- iv. **Health Care Worker Discount:** A discount of 5% will be offered to health care workers.

The total discount offered under Employee discount, Online discount and Loyalty discount shall not exceed 35%. HealthCare workers discount is over and above the capping limit.

Annexure-A

List I – Items for which coverage is not available in the policy

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

SI No	Item
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

List II – Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	CRADLE CHARGES
4	COMB
5	EAU-DE-COLOGNE / ROOM FRESHNERS
6	GOWN
7	SLIPPERS
8	TISSUE PAPER
9	TOOTH PASTE
10	TOOTH BRUSH
11	BED PAN
12	FLEXI MASK
13	HAND HOLDER
14	SPUTUM CUP
15	DISINFECTANT LOTIONS
16	LUXURY TAX
17	HVAC
18	HOUSE KEEPING CHARGES
19	AIR CONDITIONER CHARGES
20	IM IV INJECTION CHARGES
21	CLEAN SHEET
22	BLANKET/WARMER BLANKET
23	ADMISSION KIT
24	DIABETIC CHART CHARGES
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
26	DISCHARGE PROCEDURE CHARGES
27	DAILY CHART CHARGES
28	ENTRANCE PASS / VISITORS PASS CHARGES
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
30	FILE OPENING CHARGES
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
32	PATIENT IDENTIFICATION BAND / NAME TAG
33	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

SI No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG