

CORONA KAVACH POLICY, NAVI GENERAL INSURANCE LIMITED

PROSPECTUS

No one can predict when and how the virus SARS-CoV2 will attack anyone of us. Hence, having an insurance cover is a must during these tough times of COVID-19 outbreak so that an appropriate protection is in place for you and your loved ones too.

Corona Kavach Policy is an Indemnity based Covid product that offers you coverage for hospitalisation due to positive diagnosis of Covid. With rising medical cost and unpredictable health situation, it is imperative to have a health insurance product in place with adequate sum insured.

This product is mandated by IRDAI, having base covers and optional cover which are uniform across market.

I. Features you'll appreciate

1. Coverages – This policy is designed to offer below Base Coverages on Indemnity basis.

1.	Covid Hospitalisation Cover	4.	Pre Hospitalisation
2.	Home Care Treatment Expenses	5.	Post Hospitalisation
3.	AYUSH Treatment	6.	Road Ambulance

The Policy also offers below Optional Coverage on Benefit basis.

1.	Hospital Daily Cash
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Refer **Annexure 1 - “How your coverages work?”**, attached along with this document.

2. Sum Insured Options – You have the option to choose the sum insured from ₹ 50,000 to ₹ 5 Lacs in the multiples of ₹ 50,000.

3. Age Eligibility - Minimum age at entry under this Policy is 18 years for principal insured and maximum age at entry shall be 65 years. Dependent child(ren) shall be covered from the age of 1 day to 25 years. If a child above 18 years is financially independent, he or she will be ineligible for coverage as dependent child.

4. Policy Period Option - Policy can be issued with any of the below term based on your choice –

- i.** Three and half months (3 ½ months) = 105 days
- ii.** Six and half months (6 ½ months) = 195 days
- iii.** Nine and half months (9 ½ months) = 285 days

5. **Type of Policy** - This policy can be issued to an individual on an Individual Sum Insured basis and/or to a family on an Individual Sum Insured basis or on a Family Floater Sum Insured basis.

Number of members covered under each type of policy are –

S. No.	Type of Policy	No. of Members Covered under the Policy
1	Individual	Self
2	Family (Non-Floater / Floater)	Self, Spouse, Parents, Parents-in-law, Dependent Children (any number and of age 1 day to 25 years)

6. **Geography** – Policy covers for event within the territorial limits of India. All payments under the Policy will be made in Indian Rupees.
7. **Waiting Period** – We shall not be liable for any claim arising under the policy within 15 days from the first policy commencement date.

Note - All the waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

8. **Premium** - The Premium charged on the Policy will depend on the Tenure and Sum Insured. Additionally, the health status of the individual will also be considered.

Premiums will be payable by Single premium mode only.

Refer to **Annexure 2 - "Rate Chart"**, attached along with this document for premium details.

9. **Substandard Risk Loading** - We may apply risk loading on premium payable based on the information revealed in the Proposal Form and the current health status of the person.

The maximum risk loading for an individual shall not exceed 100%.

We will inform You about the applicable risk loading and issue the policy only when we receive your consent and applicable premium.

Illness / Condition	Loading %	
	Up to 50 Years	Above 50 Years
Diabetes	20%	40%
Hypertension	20%	40%
Myocardial Infarction (Heart Attack)/ Cardiomyopathy (Heart Failure)/any other heart related ailment	20%	40%
Stroke (Cerebro Vascular Accident)	20%	40%
Thalassemia/ Leukemia	20%	40%

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Any Respiratory disorder- Asthma, Chronic Obstructive Pulmonary Disease, Interstitial Lung disease	20%	40%
Cancer of any type	20%	40%
HIV/ AIDS	100%	100%
End Stage Organ Failure (Liver/ Lung/ Kidney)	20%	40%
Recipient in Organ Transplant Surgery	20%	40%
Any Surgery in past 15 days	20%	40%

Conditions	Loading %
Use of Public Transport for daily commute in relation to office work or business	30%
Healthcare worker in direct contact with confirmed COVID positive?	-5%
Non-healthcare worker and is in direct contact or living with the person who is recently confirmed as COVID positive	30%
Residence within 50 kms of domestic or international airport	10%
Return from overseas trip within past 10 days	20%
Diagnosed with COVID positive infection in the past but completely recovered now	-5%

10. Discounts under the Policy - You can avail the following discounts on the applicable Premium on your Policy.

- i. **Family Floater Discount** – A discount of 5% shall be offered if the policy is issued on floater basis,
- ii. **Navi Duniya Discount (Loyalty Discount):** 5% discount shall be offered on purchase of new policy if you are our existing customer.
- iii. **Direct Channel Discount :** A discount of 15 % will be offered, if the purchase of the Policy is done directly from Us.
- iv. **Discount to Health Care Workers:** As per the guidelines on the Individual Covid Standard Health Policy, a 5% discount in premium shall be provided to health care workers.

11. Income Tax Benefit - Premium paid under the Policy shall be eligible for income tax deduction benefit under Section 80 D as per the Income Tax Act, 1961. (Tax benefits are subject to change as per the tax laws).

12. Cancellation – We may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by You, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

II. What are the 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:

- a) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

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.

III. Claims Process

Notification of Claim - Notify the claim with full particulars to Us / TPA as under:

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

Cashless Facility

Cashless facility is available only at our network hospitals. Cashless facility can be availed by presenting the health card along with photo identification proof (Voter Card/Driving License/Passport/Pan Card/Aadhar Card etc.)

Network Provider List is available on our website at www.naviinsurance.com

Notification should be done at least within 48 hrs prior to admission for planned hospitalisation and within 24 hrs of admission for emergency hospitalisation. Pre-Authorisation request Form will be sent by the hospital to the Cashless department of TPA.

All authorisation letters (containing information regarding details of sanctioned amount, any specific limitation on the claim, Co-Payment and non- payable items, if applicable) will be issued by the TPA within 3 hours from the receipt of last complete documents.

The validity of the authorisation letter is 15 days from the date of its issuance.

At the time of discharge, the hospital shall forward a final authorisation request. Discharge will be done post receipt of the final authorisation letter by the hospital.

Reimbursement Process

1. Documents for reimbursement of the inpatient hospitalisation / Home Care Treatment / pre hospitalisation claim must be submitted to TPA/ Our office within thirty (30) days from the date of discharge.
2. Documents for reimbursement of the post hospitalisation claim must be submitted to TPA/Our office within fifteen (15) days from completion of post hospitalization treatment.

Documents to be submitted

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

1	<p>Covid Hospitalization Cover</p> <ol style="list-style-type: none"> 1. Duly filled and signed Claim Form 2. Copy of Insured Person's passport, if available (All pages) 3. Photo Identity proof of the patient (if insured person does not own a passport) 4. Original Medical practitioner's prescription advising admission
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	<ol style="list-style-type: none"> 5. Original bills with itemized break-up 6. Original Payment receipts 7. Original Discharge summary including complete medical history of the patient along with other details. 8. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID 9. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable 10. Sticker/Invoice of the Implants, wherever applicable. 11. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque 12. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines 13. Legal heir/succession certificate, wherever applicable 14. Any other relevant document required by Company/TPA for assessment of the claim.
2	<p>Home Care treatment expenses</p> <ol style="list-style-type: none"> 1. Duly filled and signed Claim Form 2. Copy of Insured Person's passport, if available (All pages) 3. Photo Identity proof of the patient (if insured person does not own a passport) 4. Original Medical practitioners' prescription advising hospitalization 5. An Original certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit. 6. Original Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. 7. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

Note

1. Notification of any deficiency of documents shall be done by the TPA within 5 working days of receiving claim documents.
First reminder for deficient documents shall be sent within 10 days and second reminder shall be sent within 10 days of first deficiency letter.
In case the deficient documents are not received after 15 days of the final reminder letter, the claim shall be rejected.
2. Claim shall be settled/rejected within 30 days of the receipt of the last necessary documents or within 45 days in case where we have initiated investigation.
3. In case of delay in the payment beyond the stipulated timelines, We 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.
4. The payment will be in Indian Rupees.

TPA Details

For intimation of claim, submission of claim related documents and any claim related query, You can contact TPA assigned as per zone wise and /or as selected by You and which is appearing on your Policy Schedule and Health Card.

Region	TPA Address & Contact Details
WEST DADRA & NAGAR HAVELI DAMAN & DIU GOA GUJARAT MADHYA PRADESH MAHARASHTRA	PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED Plot No. A-442, Road No. 28, MIDC Industrial Area, Wagale Estate, Ram Nagar, Near Vitthal Rukhmani Mandir, Thane (W), Maharashtra 400604 Website - www.paramounttpa.com IRDAI Reg No: 006 Email - navigi@paramounttpa.com Toll Free - 1800 2256 01
SOUTH ANDAMAN & NICOBAR ISLANDS ANDHRA PRADESH KARNATAKA KERALA LAKSHADWEEP TAMIL NADU TELANGANA PUDUCHERRY	FAMILY HEALTH PLAN INSURANCE TPA LIMITED No:8-2-269/A/2-1 To 6, 2nd Floor, Srinilaya Cyber Spazio, Road No.2, Banjara Hills, Hyderabad, Telangana – 500034 Website - www.fhpl.net IRDAI Reg No: 013 Email - navigi@fhpl.net Toll Free - 1800 599 2488
EAST & NORTH ARUNACHAL PRADESH ASSAM BIHAR CHHATTISGARH JHARKHAND MANIPUR MEGHALAYA MIZORAM NAGALAND ODISHA SIKKIM TRIPURA WEST BENGAL CHANDIGARH DELHI HARYANA HIMACHAL PRADESH JAMMU & KASHMIR PUNJAB RAJASTHAN UTTAR PRADESH UTTARAKHAND	RAKSHA HEALTH INSURANCE TPA PRIVATE LIMITED C/O Escorts Corporate Centre, 15/5, Mathura Road, Faridabad - 121003 Haryana Website - www.rakshatpa.com IRDAI Reg No: 015 Email - navigi@rakshatpa.com Toll Free - 1800 180 1555

IV. How can I buy the Policy?

Step 1: Please read and understand the coverage, features, exclusions and premium details before buying the Product.

Step 2: If the terms / conditions of the product are agreeable, fill the Proposal Form wherein details of the prospective Insured persons including medical information must be provided as accurately as possible.

Step 3: Based on the above information, we will process your proposal for Insurance and a Policy kit containing the Policy Schedule, Policy Wordings and associated documents will be sent to you.

In case we are unable to underwrite i.e. if the Proposal is rejected, we will intimate the same to you promptly.

V. Grievance Redressal Procedure

At Navi General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if You aren't satisfied—please feel free to connect with us on the following channels.

- a. Call Us on Our Toll Free 1800-123-0004 (From 8 am to 8 pm) for any queries that You may have!
- b. Email Your Policy related queries to mycare@navi.com
- c. For Senior Citizens, we have a special cell and Our Senior Citizen customers can email Us at seniorcare@navi.com for priority resolution
- d. Visit Our website www.naviinsurance.com to register & track Your queries
- e. Please walk in to any of Our branches or partner locations
- f. You can also dispatch Your letters to Us at:

Navi General Insurance Limited

Office: 402, 403 & 404, A&B Wing,
4th Floor, Fulcrum, Sahar Road,
Next to Hyatt Regency,
Andheri (E),
Mumbai - 400 099

We request You to please mention Your complete details: Full Name, Policy Number and Contact Details in all Your communications, to enable Our customer experience expert to connect with You and provide You with the quickest possible solution.

We'll make sure to acknowledge Your service request within 3 working days—and try and resolve it to Your satisfaction within 15 working days. That's a promise!

Escalation

Level – 1:

While We attempt to give You best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If You felt that You weren't offered a perfect resolution, please feel free to share Your feedback to Our Customer Experience team at Manager.CustomerExperience@navi.com

Level – 2:

If You still are not happy about the resolution provided then You may write to Our Head Customer Experience and Grievance Redressal Officer at Head.CustomerExperience@navi.com or contact GRO at 022 - 40018100.

Level 3

If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If your concern still remains unresolved after having followed the above three escalation procedures, then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is, please refer to Our website at www.naviinsurance.com

Ombudsman & Addresses: Refer the link - <http://ecoi.co.in/ombudsman.html>

Disclaimer:
This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions. For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.
IRDA Regulation No. 17
This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.
Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)
<ol style="list-style-type: none"> 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Annexure – 1 - How Your Coverages Work?

BASE COVERS

1. Covid Hospitalization Cover

We shall indemnify medical expenses incurred by You for Hospitalization during the Policy period upon 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,

1. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
2. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
4. 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.
5. 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:

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

2. Home Care Treatment Expenses

Home Care Treatment means treatment availed by You at home upon 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:

1. The Medical practitioner advises You to undergo treatment at home.
2. 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.
3. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
4. You shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
5. In case, You 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,

1. Diagnostic tests undergone at home or at diagnostics centre
2. Medicines prescribed in writing
3. Consultation charges of the medical practitioner
4. Nursing charges related to medical staff
5. Medical procedures limited to parenteral administration of medicines
6. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

3. AYUSH Treatment

We shall indemnify medical expenses incurred for inpatient care treatment upon Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under [Covid Hospitalization Cover](#).

4. Pre-Hospitalisation

We 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.

5. Post Hospitalization

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

OPTIONAL COVER

The cover listed below is Optional Policy benefit and shall be available to You only if it is opted by You -

- 1. Hospital Daily Cash:** We shall pay You 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which We have accepted a claim under Section – Covid Hospitalization Cover.

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

NOTE - The total amount payable in respect of Base Covers & Optional Cover shall not exceed 100% of the Sum Insured during a policy period.

Annexure 2– Rate Chart

Office Premium (Pre Tax Rates)

Base Cover

Office Premium for the policy duration of 9.5 months

Sum Insured / Age band	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
1D - 05	2,468	3,464	3,512	3,512	3,559	3,607	3,797	3,949	4,082	4,215
06 - 20	2,351	3,300	3,345	3,345	3,390	3,435	3,616	3,761	3,888	4,015
21 - 25	2,570	4,196	4,274	4,274	4,351	4,429	4,739	4,988	5,205	5,422
26 - 30	2,686	4,438	4,750	4,750	4,837	4,924	5,272	5,551	5,795	6,038
31 - 35	2,686	4,438	5,110	5,110	5,207	5,303	5,689	5,998	6,269	6,539
36 - 40	2,803	4,555	5,227	5,227	5,324	5,420	5,806	6,115	6,386	6,656
41 - 45	2,810	4,635	5,710	5,710	5,821	5,931	6,373	6,726	7,035	7,345
46 - 50	2,920	4,818	5,936	5,936	6,051	6,166	6,625	6,993	7,314	7,636
51 - 55	2,920	5,198	6,881	6,881	7,020	7,160	7,718	8,164	8,555	8,946
56 - 60	2,920	5,256	6,997	6,997	7,141	7,285	7,863	8,325	8,729	9,133
61 - 65	2,920	5,709	8,191	10,673	12,035	12,306	13,390	14,257	15,016	15,775

Office Premium for the policy duration of 6.5 months

Sum Insured / Age band	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
1D - 05	2057	2887	2927	2927	2967	3006	3165	3291	3402	3513
06 - 20	1959	2749	2787	2787	2825	2862	3013	3134	3239	3345
21 - 25	2141	3496	3561	3561	3626	3690	3949	4156	4337	4518
26 - 30	2239	3699	3959	3959	4032	4104	4394	4626	4830	5033
31 - 35	2239	3699	4259	4259	4340	4420	4742	4999	5224	5450
36 - 40	2336	3796	4356	4356	4437	4517	4839	5096	5321	5547
41 - 45	2342	3863	4759	4759	4851	4943	5311	5605	5863	6121
46 - 50	2434	4015	4947	4947	5043	5139	5522	5828	6096	6364
51 - 55	2433	4331	5734	5734	5850	5966	6431	6803	7129	7455
56 - 60	2433	4380	5831	5831	5951	6071	6552	6937	7274	7611
61 - 65	2433	4757	6825	8893	10028	10254	11157	11880	12512	13145

Corona Kavach Policy, Navi General Insurance Limited | UIN : NAVHLIP21077V012021

Registered & Corporate Office: Navi General Insurance Limited
 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

Office Premium for the policy duration of 3.5 months

Sum Insured / Age band	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
1D - 05	1371	1925	1951	1951	1977	2004	2109	2194	2268	2342
06 - 20	1306	1833	1858	1858	1883	1908	2009	2089	2160	2230
21 - 25	1427	2331	2374	2374	2417	2460	2633	2770	2891	3012
26 - 30	1492	2466	2639	2639	2687	2736	2929	3084	3219	3355
31 - 35	1492	2466	2839	2839	2893	2946	3161	3332	3483	3633
36 - 40	1557	2531	2904	2904	2958	3011	3226	3397	3548	3698
41 - 45	1561	2575	3172	3172	3234	3295	3540	3737	3908	4080
46 - 50	1622	2677	3298	3298	3362	3426	3681	3885	4064	4242
51 - 55	1622	2887	3822	3822	3900	3977	4287	4535	4752	4969
56 - 60	1623	2920	3887	3887	3968	4048	4369	4625	4850	5074
61 - 65	1622	3172	4551	5930	6686	6837	7439	7921	8342	8764

Optional Cover

Office Premium calculated for Hospital Daily cash – 9.5 months

Sum Insured / Age band	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
1D - 05	20	61	107	156	203	249	292	336	380	423
06 - 20	19	58	102	148	193	237	278	320	362	403
21 - 25	33	99	175	254	331	406	477	548	620	691
26 - 30	34	105	188	277	364	450	529	610	691	771
31 - 35	35	110	200	299	395	491	579	668	758	848
36 - 40	35	110	200	299	395	491	579	668	758	848
41 - 45	37	119	219	331	442	552	652	754	857	960
46 - 50	38	123	228	344	459	574	678	784	892	998
51 - 55	44	142	266	405	544	684	810	938	1069	1198
56 - 60	45	147	275	419	563	707	837	971	1106	1240
61 - 65	42	145	287	461	643	834	1000	1174	1353	1533

Office Premium calculated for Hospital Daily cash – 6.5 months

Sum Insured / Age band	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
1D - 05	17	50	89	130	169	207	243	280	316	353
06 - 20	16	48	85	124	161	197	232	267	301	336
21 - 25	27	82	146	212	276	339	398	457	517	576
26 - 30	28	87	157	231	304	375	441	508	576	642
31 - 35	29	91	167	249	329	409	483	557	632	707
36 - 40	29	91	167	249	329	409	483	557	632	707
41 - 45	31	99	183	276	368	460	543	629	714	800
46 - 50	32	103	190	287	383	478	565	654	743	832
51 - 55	36	118	222	338	454	570	675	782	891	999
56 - 60	38	123	229	349	469	590	698	809	921	1033
61 - 65	35	121	240	384	536	695	833	978	1128	1277

Office Premium calculated for Hospital Daily cash – 3.5 months

Sum Insured / Age band	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
1D - 05	11	34	60	87	113	138	162	187	211	235
06 - 20	11	32	57	82	107	132	155	178	201	224
21 - 25	18	55	97	141	184	226	265	305	344	384
26 - 30	19	58	105	154	202	250	294	339	384	428
31 - 35	19	61	111	166	220	273	322	371	421	471
36 - 40	19	61	111	166	220	273	322	371	421	471
41 - 45	21	66	122	184	245	307	362	419	476	533
46 - 50	21	69	127	191	255	319	377	436	495	555
51 - 55	24	79	148	225	302	380	450	521	594	666
56 - 60	25	82	153	233	313	393	465	539	614	689
61 - 65	23	81	160	256	357	463	555	652	752	852