

Prospectus

This document is only a summary of the features of the Policy. Actual benefits available are as mentioned in the Policy, and are subject to its terms, conditions and exclusions.

AROGYA PREMIER POLICY

High net worth clients are special, and this is also reflected in their healthcare requirements. SBI General Insurance brings HNI Health Insurance to cater to the special healthcare requirements of high net worth individuals.



I. Who can take this insurance

Any Individual can take this Policy for himself and/or his family. The Policy will be sold to group but rating will be on individual basis only and no group discount is proposed and minimum group size is 10

1. "Family" means the spouse, dependent children, parents and parents-in-law.
2. Minimum entry age is 3 months and maximum entry age is 65 years. There is no exit age.

II. Scope of cover

1. **Eligible hospitalisation expenses:** - Insurer will reimburse following medical expenses while Insured was under inpatient care:
 - a. Room rent, boarding expenses
 - b. Medical practitioners fees
 - c. Intensive care unit
 - d. Nursing expenses
 - e. Anesthesia, blood, oxygen, operation theatre expenses, surgical appliances, medicines & consumables, diagnostic expenses and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation
 - f. Physiotherapy as inpatient care and being part of the treatment
 - g. Drugs, medicines and consumables consumed during hospitalization period
 - h. Diagnostic procedures
 - i. Dressing, ordinary splints and plaster casts.



SBI General Insurance Co Limited (SBI General) is a Joint Venture between State Bank of India (SBI) and Insurance Australia Group (IAG).

SBI is the largest commercial bank of India and traces its roots back over 200 years. SBI and its 6 associate banks have over 15,000 branches across India. Also SBI has international presence in several countries across all time zones.

IAG (Insurance Australia Group) has leading and established non life insurance brands across Australia, New Zealand and Asia. IAG has a large suite of general insurance products catering to all commercial and retail segments.

SBI General has a large range of Commercial products such as Fire, Engineering, Construction, Motor, Marine, Group Health, and Business Package.

SBI General caters for all customer segments - Corporate, Retail and SME.

The values mentioned are INR . Rates are exclusive of service tax

2. **Pre-hospitalisation expenses:** - the maximum amount that Insurer will reimburse under this head is limited to 60 days for each of the admitted hospitalisation claims under the Policy.
3. **Post-hospitalisation expenses:** - the maximum amount that Insurer will reimburse under this head is limited to 90 days for each of the admitted hospitalisation claims under the Policy.
4. **Day care expenses:** Insurer shall pay for day care expenses incurred on technological surgeries and procedures requiring less than 24 hours of hospitalisation up to the Sum Insured. Day care treatments are listed in annexure C of policy wording.
5. **Ambulance expenses:** - Actual ambulance expenses including air ambulance or INR 1,00,000 whichever is lower will be reimbursed for per valid hospitalization claim for transferring insured to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider
6. **Alternative treatment:** - Insurer will reimburse expenses for alternative treatment taken in a government hospital or in any institute recognized by government and/or accredited by quality council of India/national accreditation board on health.
7. **Domiciliary hospitalisation:** - Insurer will cover reasonable and customary charges towards domiciliary hospitalisation.

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - b. The patient takes treatment at home on account of non availability of room in a hospital.
8. **Maternity Expenses:** - Insurer will cover reasonable and customary charges towards maternity expenses during hospitalisation.
 9. **Organ donor:** - The medical expenses for an organ donor's treatment for the harvesting of the organ donated including pre and post hospitalization as stated in scope of cover above, provided that:
 - a. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured, and
 - b. Insurer has accepted an inpatient hospitalisation claim under "Inpatient care" as mentioned under "Eligible hospitalisation expenses".
 10. **Health check up:** the Insurer will reimburse health check up expenses up to INR.5000/- per Insured, after each 4 consecutive claim free years of Policy renewed continuously.

Entitlement of free health check up will be considered separately for each and every Insured. If claim is made by any of Insured in case of family floater cover, then the policy period will not be considered claim free for all of family members.

11. **Reinstatement of Sum Insured:** - the Insurer will reinstate the Sum Insured up to 100% of the basic sum Insured when the Sum Insured gets reduced due to claim.
12. **Cumulative Bonus:** - cumulative bonus will be allowed at the rate of 10% of expiring Policy's Sum Insured on every renewal of claim free policy. This cumulative bonus can be accumulated up to 50% and will get reduced by 10% in case of claim under the Policy. But accumulated cumulative bonus cannot be negative.

Entitlement of cumulative bonus will be considered separately for each and every Insured but in case of family floater cover If claim is made by any of Insured, then in the subsequent policy period the cumulative bonus will be decreased by 10% of the Sum Insured.

In case of long term policy cumulative bonus will be allowed or reduced, as the case may be, at the end of every 'policy year'.

Admissibility of certain incidental expenses will be as per Standard List of Excluded expenses in Hospitalisation indemnity policies as per IRDA health Insurance guidelines – listed in annexure B of policy wording.

III. Exclusions

Time based Exclusions

1. Pre existing diseases exclusion:- Any illness/disease/injuries/health condition which are pre-existing (treated/untreated, declared/not declared in the proposal form), when the cover incepts for the first time are excluded up to 4 years of this Policy being in force continuously.

However this exclusion would not be applicable from fourth continuous renewal up to minimum of Sum Insured and/or limit under four previous policies.

2. Without derogation from above exclusion 1, during the first year of operation of the insurance cover any Medical Expenses incurred on below treatment of illness. However this exclusion would not be applicable in case of continuous renewal within grace period, up to Sum Insured and/or limit under previous Policy.

- Any types of gastric or duodenal ulcers;
- Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty;
- Surgery on all internal or external tumor /cysts/nodules/polyps of any kind including breast lumps;
- All types of Hernia and Hydrocele;
- Anal Fissures, Fistula and Piles;
- Cataract;
- Benign Prostatic Hypertrophy;
- Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus;
- Hypertension, Heart Disease and related complications;
- Diabetes and related complications;
- Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism;
- Surgery of Genitourinary tract;
- Calculus Diseases;
- Sinusitis, nasal disorders and related disorders;
- Gall bladder stones
- Surgery for prolapsed intervertebral disc unless arising from accident;
- Vertebro-spinal disorders (including disc) and knee conditions;
- Surgery of varicose veins and varicose ulcers;
- Chronic Renal failure;
- Medical Expenses incurred in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such Joint replacement surgery unless necessitated by accidental bodily injury.

3. Exclusions applicable to first 30 days of cover from commencement of Policy:- Insurer shall not be liable to make any payment under this Policy in connection with or in respect of Insured's hospitalisation due to sickness / illness, as stated in this section, arising within the first 30 days of the commencement of the Policy Period.

However this exclusion would not be applicable

- For hospitalisation due to injury within first 30 days of commencement of cover.
- In case of continuous renewal within grace period, up to Sum Insured and/or limit under previous Policy.

4. Maternity Expenses - Insurer shall not be liable to make any payment under this Policy in connection with or in respect of maternity expenses within first 9 months from the date of inception of the Policy. However this 9 months exclusion would not be applicable in case of continuous renewal within grace period, up to Sum Insured and/or limit under previous Policy.

Other Exclusions

5. Treatment taken outside India.
6. Epidemic disease recognized by WHO or Indian government.
7. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
9. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
10. Cosmetic or aesthetic treatments of any description, lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of illness or accidental bodily injury).
11. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances , prosthesis and/or devices.

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12. Expenses incurred on items for personal comfort like television, telephone, etc. Incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital/nursing home.
13. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of sleep apnoea syndrome (C.P.A.P), continuous ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for bronchial asthmatic condition.
14. Dental treatment or surgery of any kind unless required as a result of accidental bodily injury to teeth requiring hospitalization treatment.
15. Convalescence, general debility, "run-down" condition, rest cure, internal/external congenital anomaly.
16. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
17. Treatment for de-addiction from drug or alcohol or other substance.
18. Any condition directly or indirectly caused by or associated with human immunodeficiency virus or variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
19. Venereal disease or any sexually transmitted disease or sickness.
20. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
21. Vaccination or inoculation except as part of post-bite treatment for animal bite.
22. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending medical practitioner.
23. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury.
24. Treatment for any mental illness or psychiatric or psychological ailment/ condition.
25. Medical practitioner's home visit expenses during pre and post hospitalization period, attendant nursing expenses.
26. All medical expenses which results from or is in any way related to sex change.
27. Outpatient department treatment
28. Any treatment arising from Insured's participation in any hazardous activity including but not limited to all forms of skiing, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurer.
29. Genetic disorders and stem cell implantation / surgery/storage.
30. Stay in a hospital without undertaking any active regular treatment by the medical practitioner, which ordinarily cannot be given without hospitalization.
31. Expenses incurred at hospital or nursing home primarily for diagnosis irrespective of 24 hours hospitalization without diagnosis of any disease which does require any follow up treatment covered under this Policy.
32. Treatments in health hydro, spas, nature care clinics and the like.
33. Treatments taken at any institution which is primarily a rest home or convalescent facility or a place for custodial care or a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the appropriate authorities.
34. Expenses incurred primarily for diagnostics, x-ray or laboratory examinations, or other diagnostics studies not consistent with or incidental to diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a hospital or nursing home or at home under domiciliary hospitalization as defined.
35. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
36. Treatment for obesity, weight reduction or weight management.
37. Experimental and unproven treatment.
38. Disease / illness or injury whilst performing duties as a serving member of a military or police force.
39. Any kind of, surcharges, admission fees / registration charges etc levied by the hospital.

IV. Basis of Claim Settlement

Claim will be settled on indemnity basis maximum up to the Sum Insured.

V. Position after a claim

As from the day of receipt of the claim amount by the Insured, the Sum Insured for the remainder of the Policy Period shall stand reduced by a corresponding amount. However if Insured opts, Sum Insured can be reinstated to original Sum Insured under the Policy, at prorata premium from the date of such loss to the expiry of Policy.

VI. Deductible/Co-Pay

There is no Co-Pay or Deductible under the Policy.

VII. Medical Examination

Proposer with age over 55 years will be subjected to pre-acceptance medical examination. Underwriter will decide acceptance or rejection of the proposal based on relevant tests from the list below.

However, if the proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

Medical report is valid for one month.

Medical Test

Medical Examination	Fasting Blood Sugar
Complete Blood Count	Routine Urine Examination
Erythrocyte Sedimentation Rate	Electrocardiogram
Complete Eye Test	Treadmill Test
Chest X-Ray	Liver function tests
Glycosylated Haemoglobin A1C	Lipid profile test
Total proteins(Serum Albumin+ Globulin)	serum creatinine test
Australia Antigen Test	

VIII. Sum Insured

Minimum SI: INR.10,00,000 to Maximum SI: INR 30,00,000 in multiples of INR 1,00,000/-.

Sum Insured of dependents will either be less than or equal to Proposer/Primary Insured's Sum Insured.

IX. Mid-term increase and decrease in Sum Insured

Mid-term increase and decrease in Sum Insured is not allowed

X. Short period rate

Period on Risk	Required % of Annual Premium
Not exceeding 1 month	25%
Exceeding 1 month but not exceeding 3 months	50%
Exceeding 3 months but not exceeding 6 months	75%
Exceeding 6 months	100%

XI. Policy Period

HNI Health Insurance to Individual will be issued for period of one year, two years or three years and HNI Health Insurance to group will be issued only for one year.

XII. Cancellation.

in case of any fraud, misrepresentation, mis-description, non-disclosure or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this Policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired Policy Period subject to no claim having occurred up to date of cancellation. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this Policy by giving a written notice to the Insurer and in such event Insurer shall allow refund of premium at Insured's short period rate only provided no claim has occurred up to the date of cancellation.

Cancellation of long term Policies:

If a long term Policy issued with Policy period above 1 year is cancelled, than premium for the year which is fully utilised by insured will be retained in full by the Company. For current year, the premium will be refunded either on short period scale (If cancelled by the Insured) or on prorata basis (If cancelled by the Company). For the year which has not commenced, the premium will be refunded in full. Long term discount allowed on the Policy will be readjusted.

The values mentioned are INR . Rates are exclusive of service tax

Example:-	
Insured aged 25 years purchased HNI Health Insurance policy for sum insured of INR 10,00,000 for three year :-	
	Premium in INR
One year premium from the table	8,938
Premium for three year	26,814
Long term discount @ 7.5%	2,011
Net Premium before Service Tax	24,803
Insured opted to cancel the policy in first month of second year of the policy	
Readjustment of Long term discount	
Long term Discount allowed at the time of issuance of policy	2,011
Less:- Eligible long term discount Insured is not eligible for any long term discount because insured did not keep the policy for minimum period required for eligibility of long term discount which is two years)	-
Long term discount to be taken back	2,011
Refund Calculation	
Net Premium before Service Tax and after eligible Long term discount	26,814
Refund of first year	-
Add:- Refund of second year	6,704
Add:- Refund of third year	8,938
Less :- Long term discount to be taken back	2,011
Total Refund on cancellation	13,630

XIII. Termination of Policy

This Policy terminates on earliest of the following events-

- a. Cancellation of Policy as per the cancellation provision.
- b. On the Policy expiry date.

XIV. Tax Relief under Income-Tax Act –

Certificate of premium paid will be issued to avail Tax deduction under relevant section of Income-Tax Act.

XV. Cumulative Bonus

On every renewal of claim free policy, a cumulative bonus of 10% of Sum Insured will be given up to maximum of 50%. Accumulated cumulative bonus will be reduced by 10% of Sum Insured on every renewal of policy with claim but accumulated cumulative bonus cannot be negative.

Cumulative bonus will be given on Sum Insured under the Policy issued by us which was claim free and renewed with us.

The accumulated cumulative bonus is available to the Insured person only upon exhaustion of the basic Sum Insured under the Policy

Entitlement of cumulative bonus will be considered separately for each and every Insured but in case of family floater cover If claim is made by any of Insured, then in the subsequent policy period the cumulative bonus will be decreased by 10% of the Sum Insured.

XVI. Renewal

This Policy may be renewed every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However Insurer shall not be bound to give notice that such renewal premium is due. Also Insurer may exercise Insurer's option not to renew the Policy on grounds of fraud misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies.

A grace period of 30 days is allowed for renewal of the Policy. This will be counted from the day immediately following the premium due date during which a payment can be made to renew or continue the HNI health Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. The continuity of coverage for all the covers under the expiring Policy will be subject to receiving appropriate premium for the same. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.

XVII. Enhancing Sum Insured

Midterm revision of Sum Insured is not allowed, change in sum insured is allowed only on renewals after medical underwriting applicable to similar new business proposal of comparative age.

XVIII. Additions/Deletions of Insured during the Policy Period

Inclusion of family members for the proposed coverage is allowed only at application time or when eligible (eg, new-born after 3 months), otherwise inclusion should only be done at renewal time. Cover from any Insured person can be withdrawn by Insured giving 15 days written notice in this regard to the Insurer.

XIX. Payment of Premium

Premium should be paid in advance and payment of premium in instalments is not allowed.

XX. Renewal Premium -guaranteed or not

Renewal premium will be charged as per the age at the time of renewal as per the table provided under Appendix 1 subject to Loading and Discount, however the same may be changed as mentioned under "Revision in Policy and rates".

XXI. Premium at different age and Sum Insured

Based on age and Sum Insured of individual Insured, basic Premium will be determined as per "Appendix 1".

XXII. Rating Basis

Pricing Criteria	Rank by Priority/Weight age
Age	1
Sum Insured	2
No of family member covered	3
Family (non floater)/Family (Floater)	4
Policy Period	5

XXIII. Loading

Basic Premium will be loaded by 5% each for habit of smoking, alcohol and any other type of tobacco including betel nut in any form for which prior consent will taken from insured.

XXIV. Discount

Base on type of Family cover (if any), number of family members covered and Policy duration etc following discount will applied.

1. Family (floater) Discount
 - 2 Members = 10% discount
 - 3 Members = 15% discount
 - 4 or more Members = 20% discount.
2. Family (non floater) discount
 - 2 member = 5%.
 - >2 members = 7.5%.
3. Long term discount
 - 2 year = 5%
 - 3 year = 7.5%
4. Discount for Direct Business = 15%

XXV. Revision in Policy and rates

In case of revision of this Policy and rate we will communicate to Insured at least 3 months prior to the revision. Existing Policy will continue to remain in force till its expiry, and for existing Policyholders the revision will be applicable only from the date of renewal.

XXVI. Portability

This Policy is portable as per Insurance Regulatory and Development Authority (Health Insurance) Regulation, 2013 and Insured may initiate action to approach another Insurer, to take advantage of portability, well before the renewal date to avoid any break in the Policy coverage due to delay in acceptance of the proposal by the other Insurer.

XXVII. Claims Procedures:

a. Claims Procedure for Reimbursement :

- i) The Insured shall without any delay consult a doctor and follow the advice and treatment recommended, take reasonable steps to minimize the quantum of any claim that might be made under this Policy and intimation to this effect must be forwarded to administrator accordingly.
- ii) The Insured must provide intimation to administrator immediately and in any event within 48 hours from the date of Hospitalisation. However the administrator at his sole discretion may relax this condition subject to a justifiable reason/evidence being produced by the Insured on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.
- iii) The Insured has to file the claim with all necessary documentation within 15 days of discharge from the hospital, provide administrator with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give administrator such additional information and assistance as administrator may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the administrator would have the right of not considering the claim for reimbursement.
- iv) In respect of post hospitalization claims, the claims must be lodged within 15 days from the completion of post hospitalisation treatment subject to maximum of 105 days from the date of discharge from hospital.
- v) The Insured shall submit himself for examination by the administrator's medical advisors as often as may be considered necessary by the administrator for establishing the liability under the Policy. The administrator will reimburse the amount towards the expenses incurred for the said medical examination to the Insured.
- vi) The Insured must submit all original bills, receipts, certificates, information and evidences from the attending medical practitioner /hospital /diagnostic laboratory as required by administrator.
- vii) On receipt of intimation from the Insured regarding a claim under the Policy, administrator is entitled to carry out examination and obtain information on any alleged Injury or disease requiring hospitalisation if and when Insurer may reasonably require.

b. Claims procedure for Cashless:

- i) Prior to taking treatment and/or incurring medical expenses at a network hospital, Insured must call administrator and request pre-authorization by way of the written form administrator will provide.
- ii) After considering Insured's request and after obtaining any further information or documentation administrator has sought, administrator may if satisfied send Insured or the network hospital, an authorisation letter. The authorisation letter, the ID card issued to Insured along with this Policy and any other information or documentation that administrator has specified must be produced to the network hospital identified in the pre-authorization letter at the time of Insured's admission to the same.
- iii) If the procedure above is followed, Insured will not be required to directly pay for the medical expenses in the network hospital that Insurer is liable to indemnify under cover IV.1 above and the original bills and evidence of treatment in respect of the same shall be left with the network hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. administrator reserves the right to review each claim for medical expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. Insured will, in any event, be required to settle all other expenses directly.

c. Claims Submission:

The Insured will submit the claim documents to administrator. Following is the document list for claim submission:

- i) Duly filled Claim form,
- ii) Valid Photo Identity Card, residence proof and 2 recent photos of Insured and/or his nominee.
- iii) Original Discharge card/certificate/ death summary
- iv) Copies of prescription for diagnostic test, treatment advise, medical references
- v) Original set of investigation reports
- vi) Itemized original hospital bill and receipts Hospital and related original medical expense receipt Pharmacy bills in original with prescriptions

d. Claims processing: on receipt of claim documents from Insured, administrator shall assess the admissibility of claim as per policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of claim as per the contract only in Indian Rupees and within India only. In case if the claim is repudiated Insurer will inform the claimant about the same in writing with reason for repudiation.

e. Penal interest provision: upon acceptance of an offer of settlement by the Insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured. In the cases of delay in the payment, the Insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

f. Position after a claim: As from the day of receipt of the claim amount by the Insured, the Sum Insured for the remainder of the Policy Period shall stand reduced by a corresponding amount.

XXVIII. Grievance redressal procedure:

The Grievance Redressal cell of the Insurer looks into complaints from Insured. If the Insured has a grievance that the Insured wishes the Insurer to redress, the Insured may approach the person nominated as 'Grievance Redressal Officer' with the details of his grievance.

Name, address, e-mail id and contact number of the Grievance Redressal Officer(separately for senior citizen) will appear in the Policy document as well as on Insurer's website.

The values mentioned are INR . Rates are exclusive of service tax

Appendix I

Age	10,00,000	11,00,000	12,00,000	13,00,000	14,00,000	15,00,000	16,00,000	17,00,000	18,00,000	19,00,000	20,00,000
3m-18Y	7,079	7,350	7,599	7,829	8,043	8,242	8,429	8,604	8,769	8,924	9,071
19Y-35Y	8,938	9,225	9,489	9,732	9,958	10,169	10,367	10,552	10,727	10,891	11,046
36Y-40Y	9,826	10,223	10,587	10,923	11,236	11,527	11,800	12,057	12,298	12,525	12,739
41Y-45Y	11,859	12,363	12,826	13,253	13,651	14,021	14,367	14,693	14,999	15,287	15,559
46Y-55Y	16,547	17,262	17,918	18,523	19,087	19,612	20,104	20,566	21,000	21,409	21,794
56Y-60Y	25,489	26,606	27,631	28,577	29,459	30,278	31,046	31,768	32,447	33,086	33,688
61Y-65Y	32,330	33,756	35,063	36,270	37,394	38,439	39,419	40,340	41,205	42,020	42,788
66Y-70Y	38,797	40,507	42,076	43,523	44,873	46,127	47,303	48,408	49,446	50,424	51,346
71Y-75Y	46,556	48,608	50,491	52,228	53,847	55,352	56,763	58,089	59,335	60,509	61,615
76Y-80Y	55,867	58,330	60,589	62,674	64,617	66,423	68,116	69,707	71,203	72,610	73,938
81Y-85Y	67,040	69,996	72,707	75,209	77,540	79,708	81,739	83,649	85,443	87,132	88,725
86Y-90Y	80,448	83,995	87,248	90,250	93,048	95,649	98,087	1,00,379	1,02,532	1,04,559	1,06,471
91Y-95Y	96,538	1,00,794	1,04,698	1,08,300	1,11,657	1,14,779	1,17,704	1,20,454	1,23,038	1,25,471	1,27,765
96Y-100Y	1,15,846	1,20,953	1,25,637	1,29,960	1,33,989	1,37,735	1,41,245	1,44,545	1,47,646	1,50,565	1,53,318
101Y-105Y	1,39,015	1,45,144	1,50,765	1,55,952	1,60,787	1,65,282	1,69,494	1,73,454	1,77,175	1,80,678	1,83,981
106Y-110Y	1,66,818	1,74,172	1,80,918	1,87,143	1,92,944	1,98,338	2,03,393	2,08,145	2,12,610	2,16,813	2,20,777
111Y-115Y	2,00,181	2,09,007	2,17,101	2,24,571	2,31,533	2,38,006	2,44,072	2,49,774	2,55,132	2,60,176	2,64,933

Age	21,00,000	22,00,000	23,00,000	24,00,000	25,00,000	26,00,000	27,00,000	28,00,000	29,00,000	30,00,000
3m-18Y	9,208	9,339	9,464	9,582	9,693	9,800	9,901	9,999	10,093	10,183
19Y-35Y	11,192	11,330	11,462	11,586	11,705	11,817	11,925	12,028	12,128	12,223
36Y-40Y	12,940	13,131	13,313	13,486	13,649	13,805	13,953	14,097	14,234	14,366
41Y-45Y	15,815	16,058	16,289	16,508	16,716	16,914	17,102	17,284	17,458	17,626
46Y-55Y	22,157	22,501	22,829	23,140	23,434	23,715	23,982	24,240	24,487	24,725
56Y-60Y	34,255	34,793	35,305	35,791	36,251	36,690	37,107	37,510	37,896	38,268
61Y-65Y	43,511	44,198	44,851	45,470	46,057	46,616	47,149	47,663	48,155	48,629
66Y-70Y	52,214	53,037	53,821	54,564	55,269	55,940	56,579	57,196	57,786	58,355
71Y-75Y	62,656	63,645	64,585	65,477	66,322	67,128	67,895	68,635	69,344	70,026
76Y-80Y	75,188	76,374	77,502	78,572	79,587	80,553	81,474	82,362	83,212	84,031
81Y-85Y	90,225	91,649	93,003	94,287	95,504	96,664	97,768	98,834	99,855	1,00,838
86Y-90Y	1,08,270	1,09,978	1,11,603	1,13,144	1,14,605	1,15,997	1,17,322	1,18,601	1,19,826	1,21,005
91Y-95Y	1,29,924	1,31,974	1,33,924	1,35,773	1,37,526	1,39,196	1,40,786	1,42,321	1,43,791	1,45,206
96Y-100Y	1,55,909	1,58,369	1,60,708	1,62,927	1,65,031	1,67,035	1,68,944	1,70,785	1,72,549	1,74,247
101Y-105Y	1,87,091	1,90,042	1,92,850	1,95,513	1,98,037	2,00,442	2,02,732	2,04,942	2,07,059	2,09,097
106Y-110Y	2,24,509	2,28,051	2,31,420	2,34,615	2,37,645	2,40,531	2,43,279	2,45,931	2,48,470	2,50,916
111Y-115Y	2,69,411	2,73,661	2,77,704	2,81,538	2,85,174	2,88,637	2,91,935	2,95,117	2,98,164	3,01,100

1. The values mentioned are INR .
2. Rates are exclusive of service tax