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## CICI Lombard Health AdvantEDGE CUSTOMER INFORMATION SHEET

### WHAT IS COVERED

#### BASIC COVER :-

- In-patient Treatment
- Organ Donor
- Pre-hospitalization
- Day Care Treatment
- Post-hospitalization
- AYUSH Treatment

#### OTHER BENEFITS :-

- Restore Benefit
- Surface Ambulance Charges
- Bariatric Surgery Cover
- Animal Bite (Vaccination)
- Health Check-up
- Domiciliary Hospitalization
- Guaranteed Cumulative Bonus
- Convalescence Benefit

#### OPTIONAL BENEFIT (SI over and above the base sum insured) :-

- Domestic Air Ambulance
- Maternity Cover
- Critical Illness
  1. Cancer of Specified Severity
  2. Myocardial Infarction (First Heart Attack of Specified Severity)
  3. Coronary Artery Disease
  4. Open Chest CABG
  5. Open Heart Replacement or Repair of Heart Valves
  6. Surgery to Aorta
  7. Stroke resulting in Permanent Symptoms
  8. Kidney Failure requiring Regular Dialysis
  9. Aplastic Anaemia
  10. End Stage Lung Disease
  11. End Stage Liver Failure
  12. Coma of Specified Severity
  13. Third Degree Burns
  14. Major organ /bone marrow transplant
  15. Multiple Sclerosis with Persisting Symptoms
  16. Fulminant Hepatitis
  17. Motor Neurone Disease with Permanent Symptoms
  18. Primary Pulmonary Hypertension
  19. Terminal Illness
  20. Bacterial Meningitis
- New Born Baby Cover
  - a. Vaccinations for new born baby in the first year
- Personal Accident Cover
  - a. Accidental Death
  - b. Permanent Total Disablement
  - c. Permanent Partial Disablement
- OPD for Medical and Dental
- Hospital Cash Benefit



### WHAT ARE THE MAJOR EXCLUSIONS IN THE POLICY:

#### A. Exclusion Name: Pre-Existing Diseases - Code - Excl01

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48/36/24 months of continuous coverage after the date of inception of the first policy with insurer as selected by the Insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability/migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

# 01

#### CICI Lombard Health AdvantEDGE CUSTOMER INFORMATION SHEET

UIN: BHAHLIP21572V012021 CIN:L67200MH2000PLC129408

ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, IRDAI Registration No: 115

Toll-free: 1800-103-2292 | Website:www.bharti-axagi.co.in | Email: customersupportba@icicilombard.com



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**B. EXCLUSION NAME: SPECIFIED DISEASE/PROCEDURE WAITING PERIOD- CODE-**

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24/12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures
  1. Any types of gastric or duodenal ulcers
  2. Benign prostatic hypertrophy
  3. All types of sinuses
  4. Hemorrhoids
  5. Dysfunctional uterine bleeding
  6. Endometriosis
  7. Stones in the urinary and biliary systems
  8. Surgery on ears/tonsils/adenoids/ paranasal sinuses
  9. Cataracts,
  10. Hernia of all types and Hydrocele
  11. Fistulae in anus
  12. Fissure in anus
  13. Fibromyoma
  14. Hysterectomy
  15. Surgery for any skin ailment
  16. Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps with exception of Malignancy
  17. Dialysis required for Chronic Renal Failure.
  18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date.
  19. Dilatation and curettage
  20. Varicose Veins and Varicose Ulcers
  21. Non Infective Arthritis and other form arthritis
  22. Gout and Rheumatism
  23. Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident

**C. 30-DAY WAITING PERIOD- CODE- EXCL03**

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**D. INVESTIGATION & EVALUATION - CODE - EXCL04**

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





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**E. EXCLUSION NAME: REST CURE, REHABILITATION AND RESPITE CARE - CODE- EXCL05**

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**F. OBESITY/ WEIGHT CONTROL: CODE- EXCL06**

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

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

**G. CHANGE-OF-GENDER TREATMENTS: CODE- EXCL07**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

**H. COSMETIC OR PLASTIC SURGERY: CODE- EXCL08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

**I. HAZARDOUS OR ADVENTURE SPORTS: CODE- EXCL09**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**J. BREACH OF LAW: CODE- EXCL10**

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





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**K. EXCLUDED PROVIDERS: CODE- EXCL 11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

**L. TREATMENT FOR, ALCOHOLISM, DRUG OR SUBSTANCE ABUSE OR ANY ADDICTIVE CONDITION AND CONSEQUENCES THEREOF. CODE- EXCL 12**

**M. TREATMENTS RECEIVED IN HEATH HYDROS, NATURE CURE CLINICS, SPAS OR SIMILAR ESTABLISHMENTS OR PRIVATE BEDS REGISTERED AS A NURSING HOME ATTACHED TO SUCH ESTABLISHMENTS OR WHERE ADMISSION IS ARRANGED WHOLLY OR PARTLY FOR DOMESTIC REASONS. CODE- EXCL13**

**N. DIETARY SUPPLEMENTS AND SUBSTANCES THAT CAN BE PURCHASED WITHOUT PRESCRIPTION, INCLUDING BUT NOT LIMITED TO VITAMINS, MINERALS AND ORGANIC SUBSTANCES UNLESS PRESCRIBED BY A MEDICAL PRACTITIONER AS PART OF HOSPITALIZATION CLAIM OR DAY CARE PROCEDURE. CODE- EXCL14**

**O. REFRACTIVE ERROR: CODE- EXCL 15**

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

**P. UNPROVEN TREATMENTS: CODE- EXCL 16**

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.

**Q. STERILITY AND INFERTILITY: CODE- EXCL 17**

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization





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**R. MATERNITY: CODE EXCL18**

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- This exclusion will stand modified to the effect to cover 4.2: Maternity Cover

**S. WAR (WHETHER DECLARED OR NOT) AND WAR LIKE OCCURRENCE OR INVASION, ACTS OF FOREIGN ENEMIES, HOSTILITIES, CIVIL WAR, REBELLION, REVOLUTIONS, INSURRECTIONS, MUTINY, MILITARY OR USURPED POWER, SEIZURE, CAPTURE, ARREST, RESTRAINTS AND DETAINMENT OF ALL KINDS.**

**T. NUCLEAR, CHEMICAL OR BIOLOGICAL ATTACK OR WEAPONS, CONTRIBUTED TO, CAUSED BY, RESULTING FROM OR FROM ANY OTHER CAUSE OR EVENT CONTRIBUTING CONCURRENTLY OR IN ANY OTHER SEQUENCE TO THE LOSS, CLAIM OR EXPENSE. FOR THE PURPOSE OF THIS EXCLUSION:**

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

**U. ANY EXPENSES INCURRED ON DOMICILIARY HOSPITALIZATION AND OPD TREATMENT**

**V. TREATMENT TAKEN OUTSIDE THE GEOGRAPHICAL LIMITS OF INDIA**

**W. IN RESPECT OF THE EXISTING DISEASES, DISCLOSED BY THE INSURED AND MENTIONED IN THE POLICY SCHEDULE (BASED ON INSURED'S CONSENT), POLICYHOLDER IS NOT ENTITLED TO GET THE COVERAGE FOR SPECIFIED ICD CODES.**

**WAITING PERIOD**

1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)
2. 24 / 12 months for the following diseases or illness or procedures/surgeries:
  - i. Any types of gastric or duodenal ulcers
  - ii. Benign prostatic hypertrophy
  - iii. All types of sinuses
  - iv. Hemorrhoids
  - v. Dysfunctional uterine bleeding
  - vi. Endometriosis
  - vii. Stones in the urinary and biliary systems
  - viii. Surgery on ears/tonsils/adenoids/ paranasal sinuses
  - ix. Cataracts,
  - x. Hernia of all types and Hydrocele
  - xi. Fistulae in anus
  - xii. Fissure in anus
  - xiii. Fibromyoma
  - xiv. Hysterectomy
  - xv. Surgery for any skin ailment





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- xvi. Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps with exception of Malignancy
- xvii. Dialysis required for Chronic Renal Failure.
- xviii. Joint Replacement Surgeries Unless necessitated by accident happening after the Policy risk inception date.
- xix. Dilatation and curettage
- xx. Varicose Veins and Varicose Ulcers
- xxi. Non Infective Arthritis and other form arthritis
- xxii) Gout and Rheumatism
- xxiii) Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident

3. Pre-existing diseases: Covered after 48/36/24 Months as opted by Insured.
4. Maternity expenses: where maternity cover is opted, waiting period until 9 months since inception of the first Policy with the Company.
5. Critical Illness - 60 / 90 days waiting period and 30 days survival period.
6. Bariatric Surgery - 3 years waiting period
7. Waiting period chosen for Pre-Existing Diseases will also apply to the following ailments
  - a) Internal Congenital Anomaly,
  - b) Genetic Disorder
  - c) Mental Illness specifically for the following ICD codes: Schizophrenia (ICD - F20; F21; F25) Bipolar Affective Disorders (ICD - F31; F34) Depression (ICD - F32; F33) Obsessive Compulsive Disorders (ICD - F42; F60.5) Psychosis (ICD - F 22; F23; F28; F29)

### PAYOUT BASIS

- Inpatient Hospitalisation, Maternity benefit on indemnity payment basis.
- Convalescence Benefit, Critical Illness, Hospital Cash, Personal Accident, on benefit payment basis.

### LOSS SHARING

- Co Payment as opted by Insured applicable. Options available are 0%, 10% and 20%
- Room Rent Restriction and associated charges for Prime plan Zonal Co pay

### RENEWAL CONDITIONS

Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium

### RENEWAL BENEFITS

- Health Check up,
- Guaranteed Cumulative Bonus





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**CANCELLATION**

The Company may cancel this Policy, by giving 15 days' notice in writing by registered post acknowledgment due to the Insured at his/their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured/Insured Person in implementing the terms and conditions of this Policy, in which case the Company shall be liable to repay on demand a ratable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice, cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales given below. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy/ Policy riders.

1 year Policy

Months Expired	Premium Retained
0-3	25%
3-6	50%
6-9	75%
9-12	100%

3 year Policy

Months Expired	Premium Retained
0-3	15%
3-6	25%
6-9	35%
9-12	40%
12-15	50%
15-18	60%
18-21	70%
21-24	80%
24-27	85%
27-30	90%
31-36	100%

2 year Policy

Months Expired	Premium Retained
0-3	15%
3-6	25%
6-9	50%
9-12	65%
12-15	75%
15-18	85%
18-24	100%





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## ICICI Lombard Health AdvantEDGE CUSTOMER INFORMATION SHEET

### CLAIMS

It is the endeavor of Company to give multiple options to the Insured Person/Insured Person's representative to intimate the claim to the Company. The intimation can be given in following ways:

- Toll Free call Centre of the Insurance Company(24x7) - 1800-103-2292
- Login to the website of the Insurance Company and intimate the claim - <http://www.bharti-axagi.co.in/contact-us>
- Send an email to the Company - [customersupportba@icicilombard.com](mailto:customersupportba@icicilombard.com)
- Post/courier to TPA/Company - Claims, ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032
- Directly contact our company office but in writing. - ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400025, Telephone: 18001032292

In all the above, the intimations are directed to a central team for prompt and immediate action.

### POLICY SERVICING/GRIEVANCES/ COMPLAINTS

The Company is committed to extend the best possible services to its customers. However, If Policyholder/Insured Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:



[www.bharti-axagi.co.in](http://www.bharti-axagi.co.in)



[customersupportba@icicilombard.com](mailto:customersupportba@icicilombard.com)



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Any of the company's branch office or corporate office.

Policyholder/Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

### ESCALATION LEVEL 1

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at :

Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400025



ICICI Lombard General Insurance Company Ltd.,  
ICICI Lombard House, 414, Veer Savarkar Marg,  
Prabhadevi, Mumbai - 400025



18001032292



[https://www.bharti-axagi.co.in/  
grievance-redressal/procedure](https://www.bharti-axagi.co.in/grievance-redressal/procedure)

### ESCALATION LEVEL 2

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/Insured/Insured Person may contact the Chief Grievance Redressal Officer at:



<https://www.bharti-axagi.co.in/grievance-redressal/procedure>







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## CICI Lombard Health AdvantEDGE CUSTOMER INFORMATION SHEET

### ESCALATION LEVEL 3

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.

### GRIEVANCE OF SENIOR CITIZENS:

In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any.

 [www.bharti-axagi.co.in](http://www.bharti-axagi.co.in)  [customersupportba@icicilombard.com](mailto:customersupportba@icicilombard.com)  1800 103 2292  Any of the company's branch office or corporate office.

Insured/Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

### Grievance Redressal Cell of the Consumer Affairs Department of IRDAI

The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the Insured/Insured Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI.

 [igms.irda.gov.in](http://igms.irda.gov.in)  [complaints@irda.gov.in](mailto:complaints@irda.gov.in)  Toll Free Number 155255 (or) 1800 4254 732

### INSURED'S RIGHT

- Free Look: Insured has a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy.
- Implied renewability (except on certain specific grounds): The Company offers life-long renewal unless the Insured/Insured Person or any one acting on behalf of an Insured/ Insured. Person has acted in an improper, dishonest or fraudulent manner or has made misrepresentation in relation to this Policy or the Policy poses a moral hazard.
- Migration and Portability: Portability from another company to ICICI Lombard General Insurance Company and vice-versa.

### INSURED'S OBLIGATIONS

Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.

- Disclosure of Material Information during the policy period such as change in occupation.

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.





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Annexure - A

**Benefit Illustration in respect of policies offered on individual and family floater basis (CICI Lombard Health AdvantEDGE)**

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (If any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum Insured (₹)
18	6347	5,00,000	6,347	10%	5,712	5,00,000	83,836	50.105%	41,830	5,00,000
21	6347	5,00,000	6,347	10%	5,712	5,00,000				
39	8160	5,00,000	8,160	10%	7,344	5,00,000				
41	9508	5,00,000	9,508	10%	8,557	5,00,000				
59	22,375	5,00,000	22,375	10%	20,138	5,00,000				
65	31099	5,00,000	31,099	10%	27,989	5,00,000				
	Total Premium for all members of the family is ₹83836 when each member is covered separately Sum Insured available for each insured is ₹5,00,000		Total Premium for all members of the family is ₹75452 when they are covered under a single policy Sum Insured available for each family member is ₹5,00,000				Total Premium when policy is opted on floater basis is ₹41830 Sum Insured of ₹5,00,000 is available for the entire family			
Note: Premium Rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable										