



# HDFC ERGO Health

Optima Restore

We just Made Optima  
Restore Better!

# Whats` s new

## What`s New?

### New Restore Benefit:

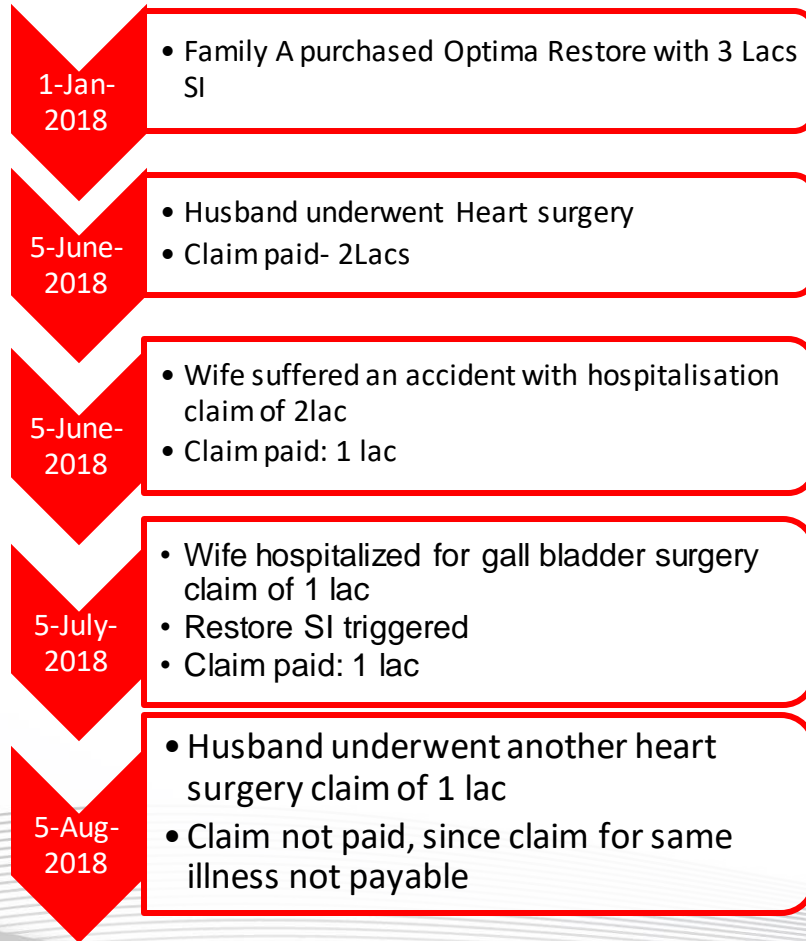
- Restore Sum Insured will be triggered after the first claim in a policy is accepted and paid
- Restore Sum Insured can now also be used for same illness and the same person
- Single claim size cannot exceed sum of base Sum Insured and Multiplier Benefit(if any)

## Old Restore vs. New Restore

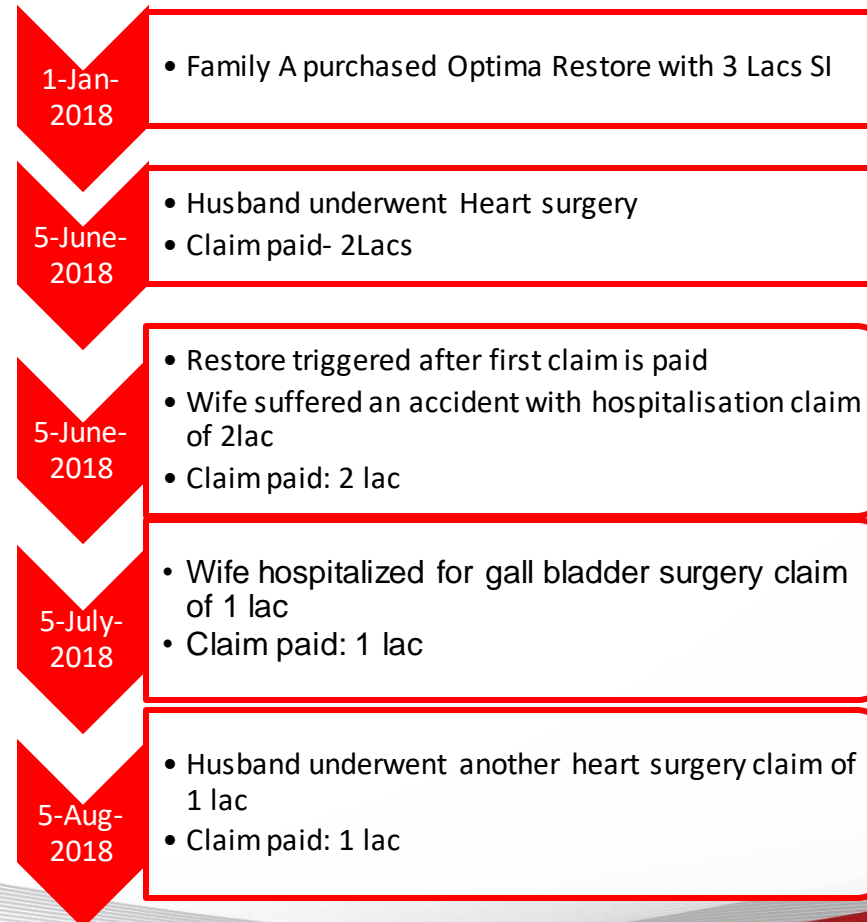
Previous Restore Benefit Wording	New Restore Benefit Wording
<p>If the Basic Sum Insured and Multiplier Benefit (if any) is exhausted due to claims made and paid during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Basic Sum Insured) will be automatically available for the particular Policy Year, provided that:</p> <ul style="list-style-type: none"> <li>a) The Restore Sum Insured will be enforceable only after the Basic Sum Insured inclusive of the Multiplier Bonus under Section 4 have been completely exhausted in that year; and</li> <li>b) The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1;</li> <li>c) The Restore Sum Insured can be used for only future claims made by the Insured Person</li> <li>d) No Multiplier Bonus under Section 4 will apply to the Restore Sum Insured;</li> <li>e) The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year; f) If the Restore Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.</li> </ul> <p>Incase Family Floater Policy, Restore Sum Insured will be available for all Insured Persons in the Policy.</p> <p>Specific Exclusion to Restore Benefit</p> <p>Illness/Disease for which a claim has already been paid to the Insured Person in the current Policy Year under Section 1.</p> <p><b>IMPORTANT:</b> In a Family Floater the Illness or disease will be covered in case a claim is made by any other Insured Person other than the Insured Person who has already claimed for that Illness or disease.</p>	<p>Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year. The Total amount (Basic sum insured, Multiplier benefit and Restore sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable).</p> <p>Conditions for Restore benefit:</p> <ul style="list-style-type: none"> <li>a. The Sum Insured will be restored only once in a Policy Year.</li> <li>b. If the Restored Sum Insured is not utilized in a Policy Year, it will expire.</li> </ul> <p>In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.</p>

# Why the new Restore Scores better?

## Old Restore



## New Restore



# How Restore Benefit Works - Individual

Scenario SI=5lac, Multiplier benefit 2.5 lac	Claim Payable
Insured (A) undergoes angioplasty Claims = 2 lac Claim paid = 2lac	Restore Sum Insured is activated after claim payment
After 2 months ( in the same policy year) Insured (A) again undergoes CABG procedure Claims =1.5lac Claim paid=1.5lac	✓
Insured A ( in the same policy year) hospitalised due to injuries sustained in an accident Claims=8lac Claim paid=7.5lac	✓

Claim is now payable even for similar illness or condition

Single claim size cannot exceed sum of base SI and Multiplier benefit(if any)  
In this case  $5+2.5=7.5$  lac



# How Restore Benefit Works - Floater

Scenario (Family consisting of Insured A & Insured B) SI=5 lac, Multiplier Benefir 2.5 lac	Claim Payable
Insured A undergoes angioplasty Claims: 2 lac Claim paid: 2 lac	Restore Sum Insured is activated after claim payment
After 2 months ( in the same policy year) Insured (A ) again undergoes CABG procedure Claims: 1.5lac Claim paid: 1.5 lac	✓
Insured B ( in the same policy year) undergoes angioplasty procedure Claims 1 lac Claims paid: 1lac	✓
Insured A ( in the same policy year) hospitalised due to injuries sustained in an accident Claims=8lac Claim paid=7.5lac	✓

Claim is now payable for similar illness or condition for same insured member

Claim also payable for other insured member for similar illness/condition

Single claim size cannot exceed sum of base SI and Multiplier benefit(if any)  
In this case 5+2.5=7.5 lac



# Annexures

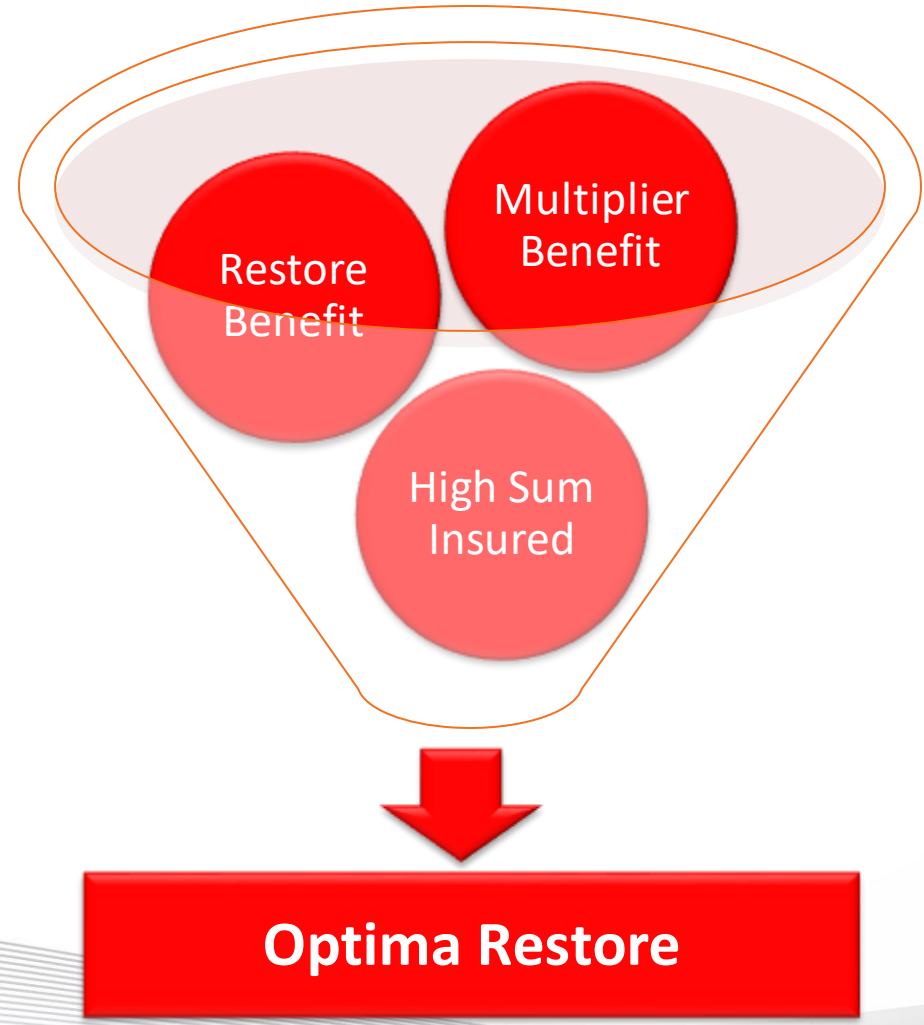
# Optima Restore

In-Patient Health Insurance Policy with **Unbelievable** Benefits

# Optima Restore

**UNBELIEVABLE.**

# Product USP's



# Multiplier Benefit

- Available for every claim free year
- Sum Insured increased by 50% accumulated maximum up to 100% of SI
- In the event of Claim, Multiplier Benefit is reduced by 50% of basic Sum Insured at the time of renewal.

# Multiplier Benefit (Without claim)

If Insured Person opts for Optima Restore Policy with 5 Lacs Sum Insured & does not make a claim during policy duration. Multiplier Benefit will be functional as follows-:

	Year 1	Year 2	Year 3	Year 4
Base Sum Insured	500,000	500,000	500,000	500,000
Multiplier Benefit	NA	250,000	500,000	500,000
Total Amount (At beginning of the year)		750,000	10,00,000	10,00,000

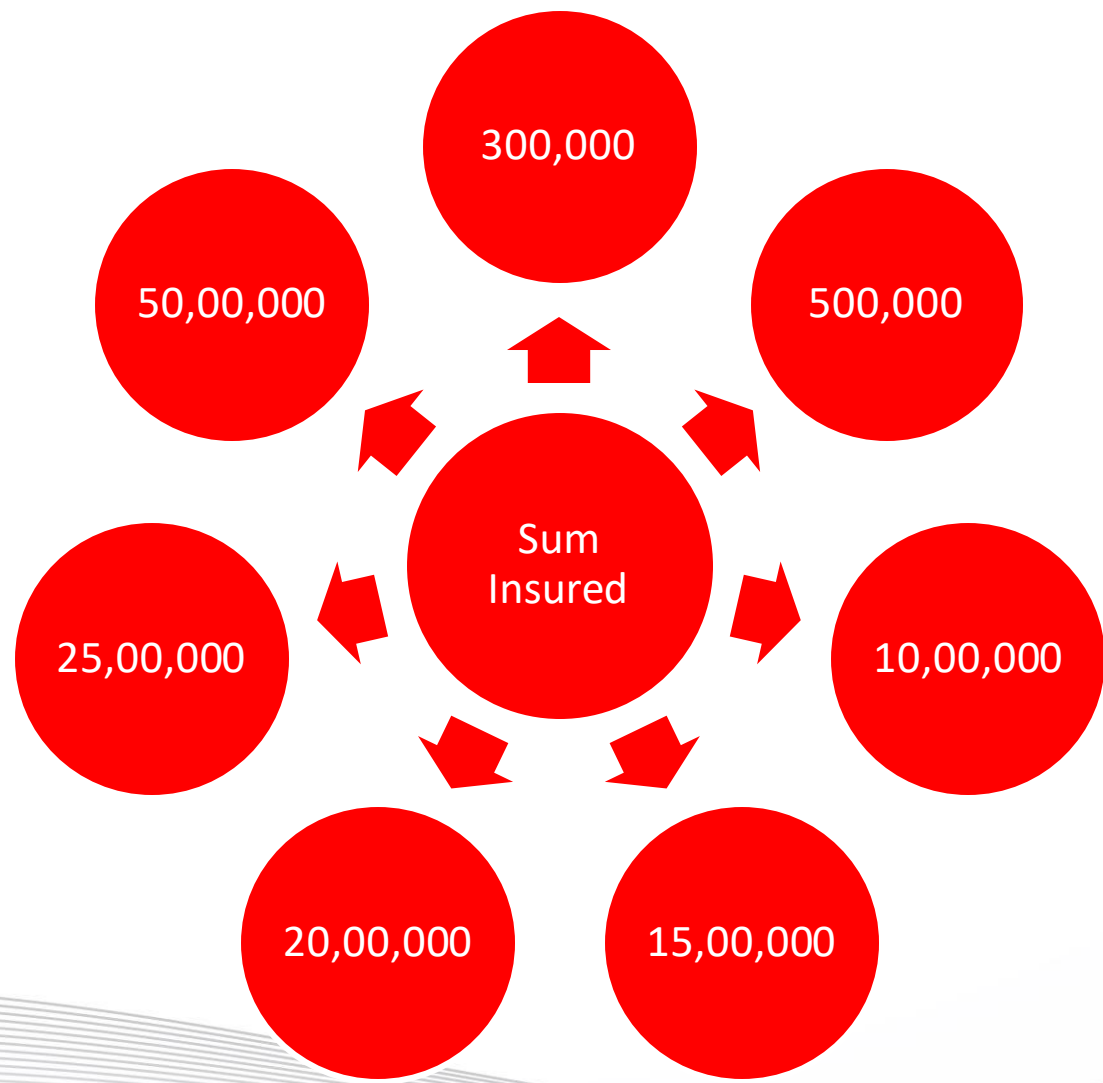
# Multiplier Benefit (With claim)

If Insured Person opts for Optima Restore Policy with 5 Lacs Sum Insured & claimed in 3<sup>rd</sup> year. Multiplier Benefit will be functional as follows:-

	Year 1	Year 2	Year 3	Year 4	Year 5
Base Sum Insured	500,000	500,000	500,000	500,000	500,000
Multiplier Benefit	NA	250,000	500,000	250,000	500,000
Total Amount (At beginning of the year)	500,000	750,000	10,00,000	750,000	10,00,000



# Sum Insured Options



## Individual sum insured

- In a single individual policy a maximum of 6 insured members can be covered. No more than 4 adults (including the proposed insured) or 5 children can be insured under one policy. The 4 adults can be a combination of Self, Spouse, either set of parents or parent in law.
- Family Discount of 10% if 2 or more members are covered under the same individual policy.

## Family Floater sum insured

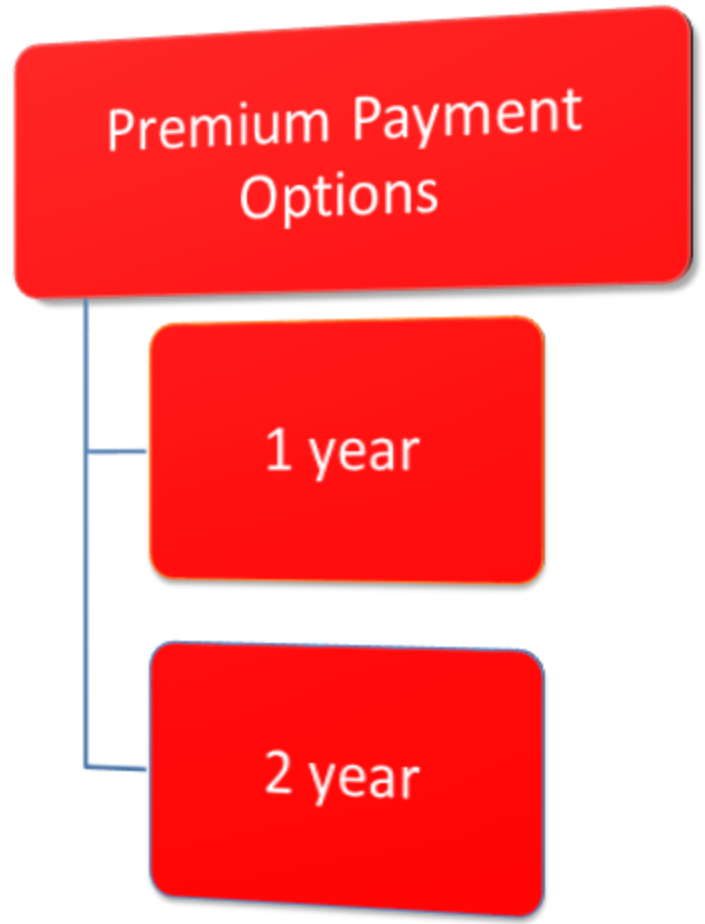
- In a family floater policy a maximum of 6 insured members can be covered. No more than 2 adults (including the proposed insured) or 5 children can be insured under one policy. The 2 adults can be a combination of Self, Spouse, or either set of parent/parent in laws.
- In a family floater the age of the eldest member will be considered while computing premium for the family.

# Plan Explained

Name	Relationship	D . O . B	Sum Insured
Mr. Raghav Sharma	Self	18 . 7 . 1973	5 Lac
Mrs. Aruna Sharma	Spouse	17 . 6 . 1974	5 Lac
Seher Sharma	Son	16 . 5 . 2000	5 Lac
Meher Sharma	Daughter	15 . 4 . 2007	5 Lac

Name	Relationship	D . O . B	Sum Insured
Mr. Raghav Sharma	Self	18 . 7 . 1973	5 Lac
Mrs. Aruna Sharma	Spouse	17 . 6 . 1974	
Seher Sharma	Son	16 . 5 . 2000	
Meher Sharma	Daughter	15 . 4 . 2007	

# Premium Payment



# Who can be insured

	Minimum	Maximum
Self	18 years	65 years
Adult Dependent	18 years	65 years
Child Dependent	5 years (can be covered from 91 <sup>st</sup> day onwards if either parent is covered under this policy)	25 years

- There is no maximum cover ceasing age on renewals.
- Eligible relationships – Self, spouse, dependent children, dependent parents and dependent parent in laws

# Benefit Overview

The Policy pays for the benefits mentioned below:

In-patient Treatment

Pre & Post Hospitalisation

Day care Procedures

Organ Donor

Ambulance Cover

Emergency Air Ambulance

Domiciliary Treatment

Daily Cash for Shared Accommodation

Restore Benefit

Multiplier Benefit

Health Check up Benefit

E-Opinion in respect of a Critical Illness



# In patient Treatment

- The Medical Expenses for:
- Room rent, boarding expenses,
- Nursing,
- Intensive care unit,
- Medical Practitioner(s),
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- Medicines, drugs and consumables,
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

**No Sub limits**  
**No Copayment**

# Pre Hospitalisation

- The medical expenses incurred in the 60 days immediately before the insured person was hospitalised, provided that:
  - i. Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
  - ii. We have accepted an in-patient hospitalisation claim under benefit in-patient treatment.

# Post Hospitalisation

- The medical expenses incurred in the 180 days immediately after the insured person was discharged post hospitalisation provided that:
  - i. Such costs are incurred in respect of the same condition for which the insured person's earlier hospitalisation was required, and
  - ii. We have accepted an in-patient hospitalisation claim under benefit in-patient treatment.

# Day care Procedures

Medical expenses incurred on day care procedure where the procedure or surgery is taken by the insured person as an in-patient for less than 24 hours in a hospital or standalone day care centre but not the out-patient department of a hospital or standalone day care centre.

Indicative list of procedures:

- Cataract
- Chemosurgery to the skin
- Operations on the tonsils and adenoids
- Surgical treatment of fistulas
- Hemorrhoids
- Lithotripsy
- Coronary angiography

**Note:** Pre & Post hospitalization expenses are covered under Day Care Procedures also

# Domiciliary Treatment

- The medical expenses incurred by an insured person for medical treatment taken at home, which otherwise would have required hospitalisation
  - ✓ Could not be transferred to a Hospital, or
  - ✓ Hospital bed was unavailable
- The condition continues for at least **3 days**
- We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses upto 60 days in accordance with pre-hospitalisation benefit, and

# Organ Donor

- The medical expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:
  - i. The organ donor is any person whose organ has been made available in accordance and compliance with "The Transplantation of Human Organs Act, 1994 (amended)" and
  - ii. The organ donated is for the use of the Insured Person, and
  - iii. We will not pay the donor's pre and post-Medical Expenses or any other medical treatment for the donor consequent on the harvesting, and
  - iv. We have accepted an in-patient hospitalisation claim under benefit In-patient treatment.

# Ambulance Cover

- Expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate Emergency facilities for the provision of health services, provided that:
  - i) Our maximum liability shall be restricted upto Rs 2,000 per hospitalisation, and
  - ii) We have accepted an in-patient Hospitalisation claim.



# Daily Cash - Shared Accommodation

- Payable if the insured person is hospitalized in Shared Accommodation
  - ✓ in a **Network Hospital**
  - ✓ hospitalisation exceeds **48 hours**
  
- The day of admission and discharge shall be counted.

Sum Insured (Rs)	Limits (Rs)
3, 5, 10 & 15 Lacs	800 per day, max 6 days
20, 25 & 50 Lac	1000 per day, max 6 days

## E-opinion in respect of Critical Illness

- On request of the Insured person diagnosed with a critical illness, We will arrange for a second opinion from a medical practitioner selected by the insured person from Our panel. This benefit can be availed once in a policy year
- Critical Illness includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.

# E-opinion claim procedure

- **Step 1:** Please submit / courier duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) at any branch office or to the head office .
- **Step 2:** Select Panel Doctor from whom you would prefer to take the e-opinion. (Please call at 24X 7 Toll Free line to obtain the list of Our Panel Doctors)
- **Step 3:** On receipt of the complete set of documents we will forward the same to the concerned doctor.
- **Step 4:** The E-Opinion will be forwarded to the member within 7 working days of the receipt of the complete set of documents

# Stay Active- Renewal Discount



- Walk and earn a renewal discount on you premium!
- Earn upto 8% of renewal discount per policy in case of Floater plans and per person in case of individual plan.
- Stay Active discount Grid

Average Step Target	Renewal Discount
5000 or below	0%
5001 to 8000	2%
8001 to 10000	5%
Above 10000	8%

- How to use- Simply download our mobile app, register to track steps

# Stay Active illustration for individual plan

<b>Policy start date</b>	<b>1st Jan 2015</b>
<b>Policy Tenure</b>	1 year
<b>Plan Details</b>	Optima Restore 15 Lacs Individual plan, Geography- Delhi
<b>Member Age</b>	48 years
<b>Renewal Premium ( 1<sup>st</sup> Jan 2016)</b>	Rs. 19229 + taxes
<b>Renewal Discount due</b>	Rs. 1538 ( 8% renewal discount)
<b>Premium paid at renewal</b>	Rs. 17691 + taxes

<b>Time Durations</b>				
<b>Time Interval</b>	Policy start date- 90 Day			
	91-180 days	181-270 days	271-300 days	
<b>Time interval from RSD</b>	1 <sup>st</sup> Jan-31 <sup>st</sup> March	1 <sup>st</sup> April-29 <sup>th</sup> June	30 <sup>th</sup> June- July-27 <sup>th</sup> Sept	28 <sup>th</sup> Sept -28 <sup>th</sup> October
<b>Date on which discount is credited</b>	1 <sup>st</sup> April	30 <sup>th</sup> June	28 <sup>th</sup> Sept	29 <sup>th</sup> November
<b>Average steps taken each time interval</b>	11000	10098	11500	12000
<b>Stay active discount % applicable</b>	2%	2%	2%	2%
<b>Cumulated renewal discount % earned by the customer at the end of policy tenure</b>	8%			

# Stay Active illustration for floater plan

<b>Policy start date</b>	<b>1st Jan 2015</b>
<b>Policy Tenure</b>	1 year
<b>Plan Details</b>	Optima Restore15 Lacs floater (2+0) plan, Geography- Delhi
<b>Highest Member Age</b>	48 years
<b>Renewal Premium ( 1<sup>st</sup> Jan 2016)</b>	Rs 34003.+ taxes
<b>Renewal Discount due</b>	Rs. 2465 ( 7.25% renewal discount0
<b>Premium paid at renewal</b>	Rs..31538 + taxes

<b>Time Durations</b>				
<b>Time Interval</b>	<b>Policy start date- 90 Day</b>	<b>91-180 days</b>	<b>181-270 days</b>	<b>271-300 days</b>
		1 <sup>st</sup> April-29 <sup>th</sup>	30 <sup>th</sup> June- July-27 <sup>th</sup>	28 <sup>th</sup> Sept -28 <sup>th</sup>
<b>Time interval from RSD</b>	1 <sup>st</sup> Jan-31 <sup>st</sup> March	June	Sept	October
<b>Date on which discount is credited</b>	1 <sup>st</sup> April	30 <sup>th</sup> June	28 <sup>th</sup> Sept	29 <sup>th</sup> November
<b>average steps taken in each time interval by member 1</b>	10100	11000	10000	10000
<b>Average steps taken by member 2</b>	8000	10490	12000	11000
<b>Combined average of Member 1 and 2</b>	9050	10745	11000	10500
<b>Discount % applicable</b>	1.25%	2%	2%	2%
<b>Cumulated renewal discount % earned on the policy at the end of policy tenure</b>	7.25%			



# Stay Active renewal discount calculation

- In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.
- In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. The average step count completed by an Insured member would be tracked on this mobile application.



# Emergency Air Ambulance



- Emergency ambulance transportation by air for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide .
- Amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lacs per hospitalization, whichever is lower; upto basic sum insured limit for a year
- Available for sum insured of 10 lacs and above
- This benefit will be offered on reimbursement basis

# Health Advisory Benefit



- Lumpsum benefit of Rs, 5000 if the insured takes treatment in a network hospital recommended by Apollo Munich
- Amount would be credited to customer `s account only after the cashless has been approved

# Health Check-up

## Grid

Plan/Sl	3 Lacs	5 Lacs	10 Lacs	15 Lacs	20/25/50 Lacs
<b>Individual (Per Person)</b>	Not Applicable	Upto a maximum of Rs.1,500 per insured person, only once at the end of a block of every continuous two policy years.	Upto a maximum of Rs.2,000 per insured person at the end of each year at renewal.	Upto a maximum of Rs.4,000 per insured person, at the end of each year at renewal	Upto Maximum of Rs. 5000 per Insured Person, at the end of each year at renewal
<b>Floater (Per Policy)</b>	Not Applicable	Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two Policy Years.	Upto a maximum of Rs.5,000 per policy at the end of each year at renewal	Upto a maximum of Rs.8,000 per policy, at the end of each year at renewal.	Upto a Maximum of Rs. 10,000 per policy, at the end of each year at renewal.

# Other Benefits

# Discounts

**7.5% discount in case the Insured Person is paying 2 years premium in advance as single premium**

**Family Discount of 10% if 2 or more family members are covered under single Individual Optima Restore policy.**

## Free look cancellation

- Free Look period of 15 days is offered from the date of receipt of the Policy document to review the terms and conditions of this Policy.
- Free look cancellation is allowed only if no claim has been made under the Policy.
- Free look provision is not applicable at the time of renewal of the Policy
- Refund of premium after adjusting amount spent on any medical check-up, stamp duty charges and proportionate risk premium.



# Portability

- Comparable health insurance plans
- The credit gained is applicable to:
  - General waiting period of 30 days
  - 2 year specific disease exclusion
  - Waiting periods for coverage of pre-existing conditions
- In case of accumulated bonus:
  - Option 1: Increase the SI only up to the sum of SI+CB in previous policy (or the next higher SI on offer under new policy)
  - Option 2: Avail SI similar to SI in previous policy and also get CB benefit up to the accumulated value in previous policy



# Sum insured enhancements provision

- Basic sum insured can be enhanced only at the time of renewal
- If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case shall be subject to medicals.
- In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced.

# Grace Period

- Policy provides a provision of 30 day grace period from the date of expiry to renew the policy without loss of continuity benefits .
- To avoid any confusion any claim incurred during break-in period is not be payable under this policy..
- Any disease/ condition contracted during the grace period will not be covered and will be treated as a pre-existing condition.

# Tax Benefit

As per Section 80D –

- An assessee is entitled to a deduction of Rs. 25,000 in respect of medical premium paid on the health of himself, his spouse and children
- An additional deduction for insurance of parents is available to the extent of Rs 25,000 if they are less than 60 years of age or Rs 50,000 if parents are more than 60 years old

# Underwriting

# Underwriting

- Based on the information provided in the application form, pre-policy check-up reports or other personal medical records submitted, there are following possibilities of underwriting decision:
  - i. Acceptance of application without restrictions
  - ii. Risk loading
  - iii. Exclusion of coverage
  - iv. Request for medical reports / supplementary information from customer
  - v. Deferment for a specified period
  - vi. Declinature (Refusal) of application

# Rejections

- Members with any of the following conditions/ ailments or history of the same, may be rejected subject to underwriting:
- Diabetes Mellitus or Impaired glucose tolerance
- Coronary Artery Disease (Angioplasty/Coronary bypass/Heart attack)
- Congestive Heart Failure/ Conduction Abnormalities of Cardiac System/ Pace maker implantation
- Cerebrovascular Accident (Stroke)
- Malignancy or Cancer (Leukemia, Sarcoma, etc)
- Auto Immune Diseases (Rheumatoid Arthritis, SLE, Ankylosing spondylitis etc.)
- Renal Transplant/ Congenital disorders of Renal System
- Cirrhosis (Alcoholic/Nonalcoholic)
- Multiple Sclerosis
- Epilepsy
- Mental Retardation
- Psychiatric disorder
- Renal failure /Chronic renal disorder/ ESRD (End stage renal disorder)
- Paralysis
- Inflammatory bowel disease (Crohn's disease and Ulcerative colitis)
- Pregnant female life from the second trimester up to 1 month of child birth.

PS: This list is for illustrative purpose, and not exhaustive.

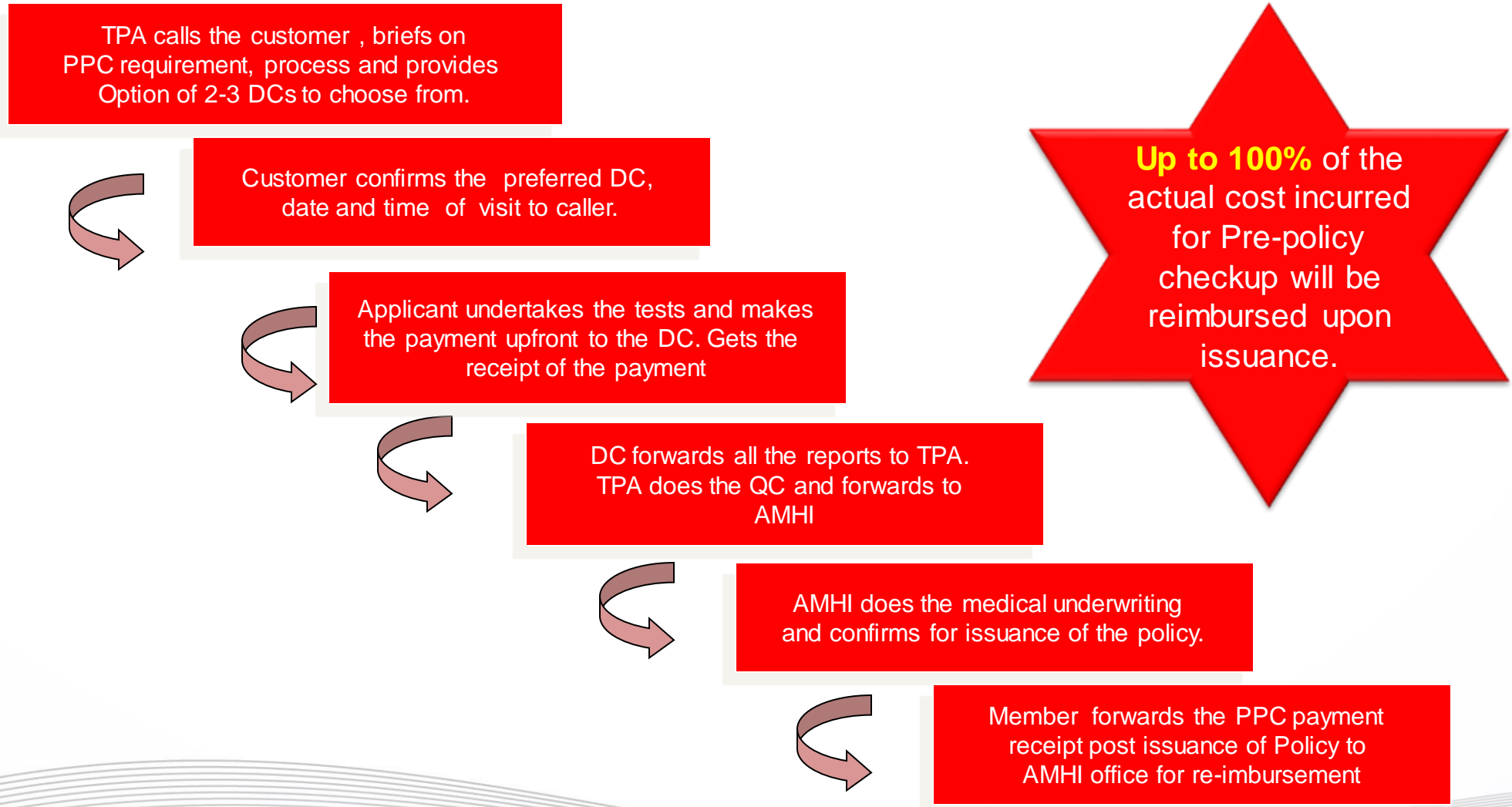
# PPC GRID



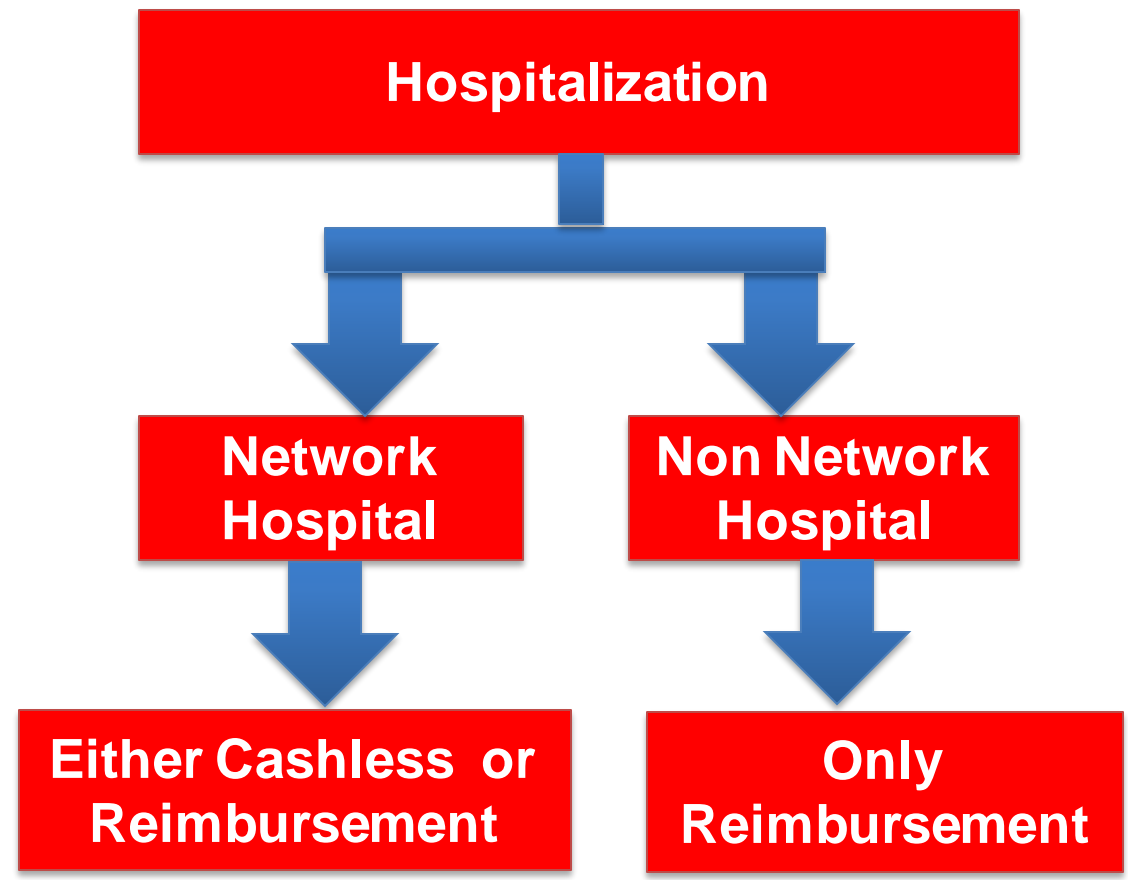
Individual								
Age(years )	Sum Insured							
	<= 3 Lac	>3 to <= 5L	> 5 to <= 10 Lac	>10 to <= 15 Lac	>15 to <=20 Lac	> 20 to <=25Lac	> 25 to < 50 Lac	>=50 Lac
< 18	STP	STP	STP	STP	STP	STP	STP	TVC
18 - 45	TVC	TVC	STP	STP	STP	TVC	TVC	TVC
46 - 55	TVC	TVC	TVC	TVC	TVC	Tele MUW	Tele MUW	Tele MUW
56-60	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW
>60	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW
Floater								
Age(years )	Sum Insured							
	<= 3 Lac	>3 to <= 5L	> 5 to <= 10 Lac	>10 to <= 15 Lac	>15 to <=20 Lac	> 20 to <=25Lac	> 25 to < 50 Lac	>=50 Lac
<18	STP	STP	STP	STP	STP	STP	STP	TVC
18 - 45	TVC	TVC	STP	STP	STP	STP	TVC	TVC
46 - 55	TVC	TVC	STP	STP	STP	Tele MUW	Tele MUW	Tele MUW
56-60	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW
>60	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW	Tele MUW



# Pre-policy check process flow



# Claims



# Intimation

Fax / Email / Call / Letter



Apollo Munich

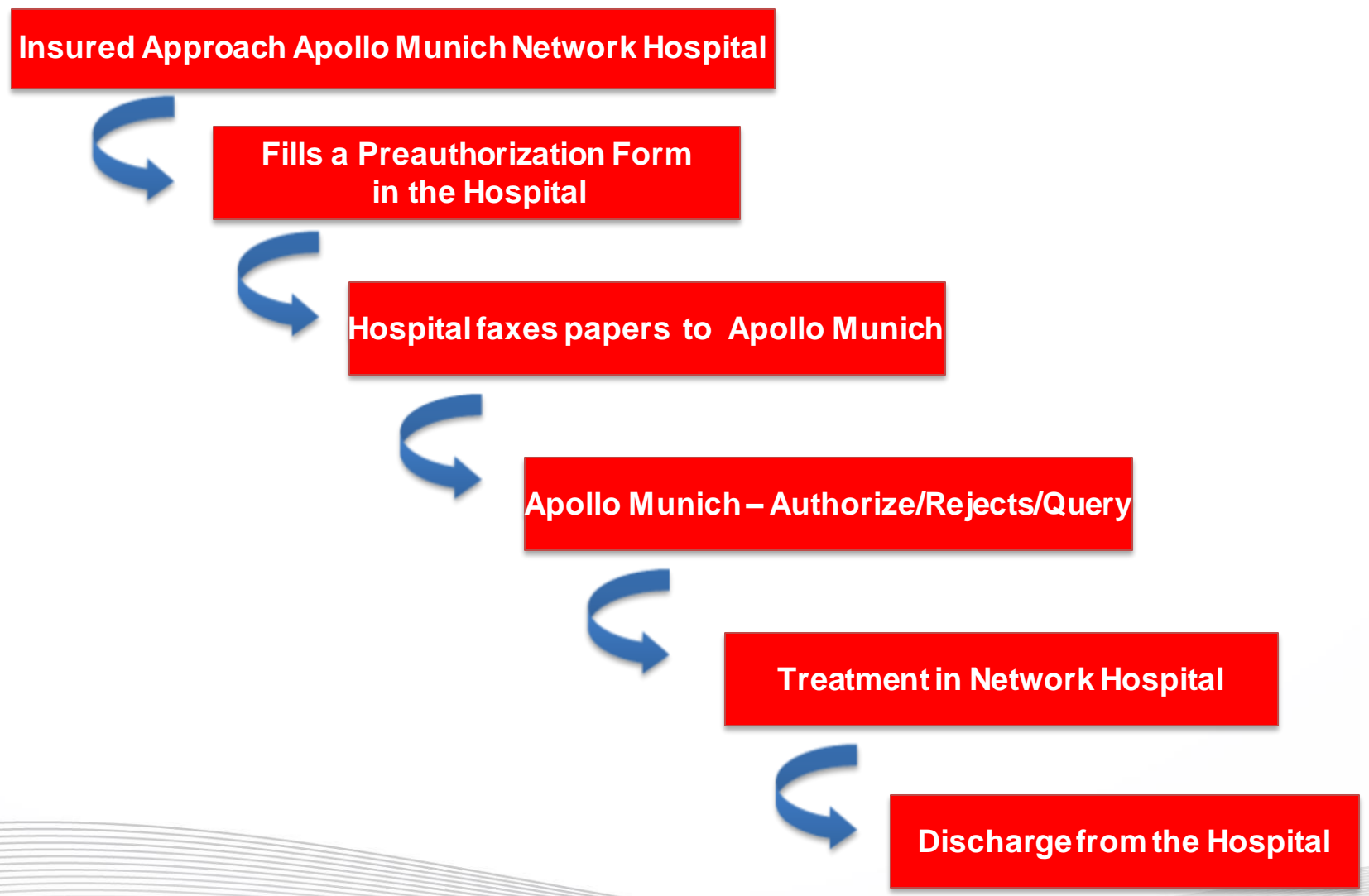


Intimation Acknowledgement

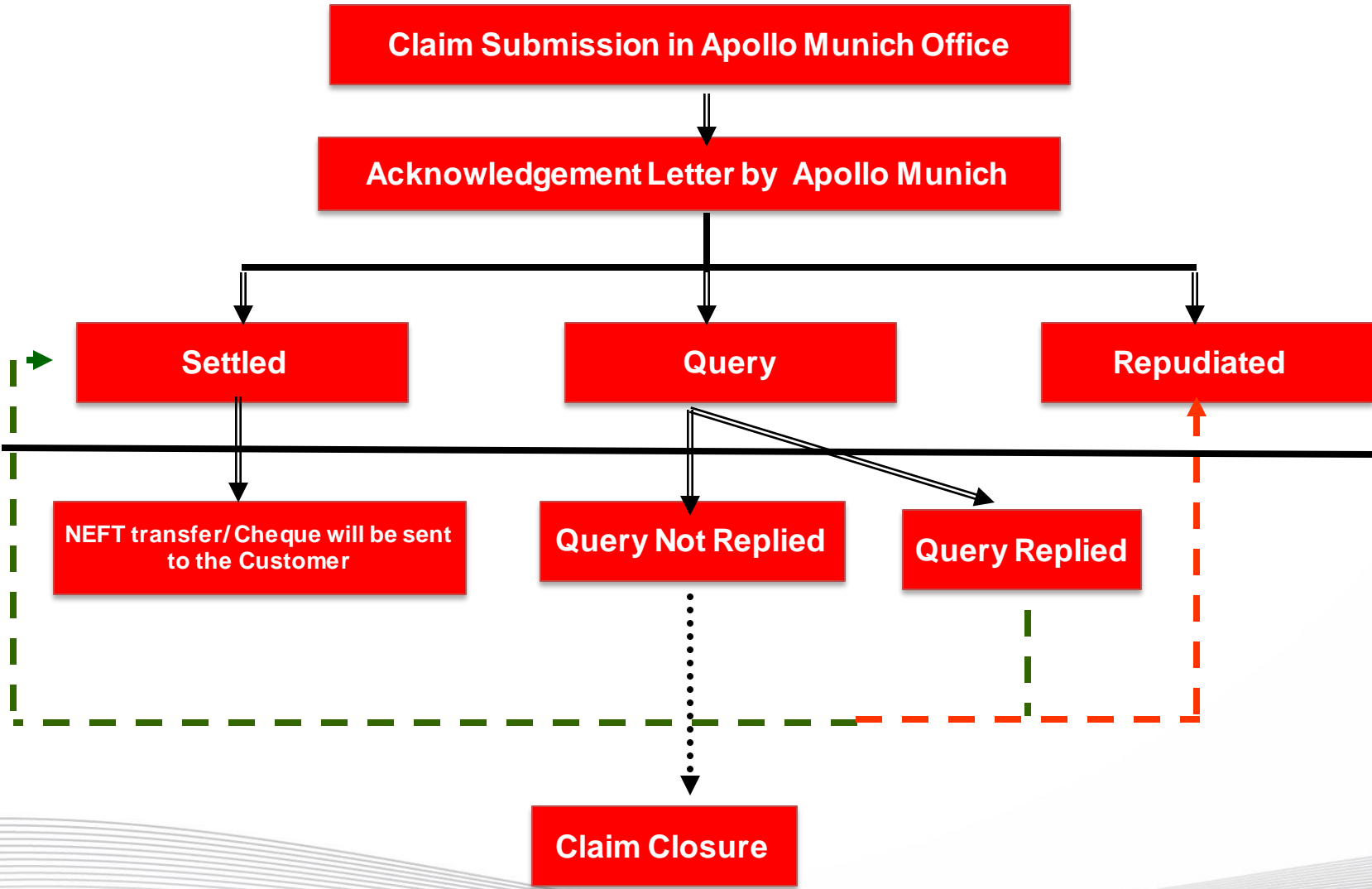
Emergency Hospitalization  
(As soon as Possible)

Planned Hospitalization  
(7 days prior to Admission)

# Pre-Authorization



# Claim Re-imbusement



# Service Standard - Claims

Particulars	TAT
Preauthorization	2 Hrs
Query	5 days
Rejection	5 days
Claim reimbursement	21 days
Closure	After 2 reminders at the interval of 15 days



# Contact Details

## Hyderabad Hub & Gurgaon Hub

- ☎ Toll Free - 1800-102-0333
- ☎ Fax - 1800-425-4077
- ☎ E-mail- [customerservice@apolломunichinsurance.com](mailto:customerservice@apolломunichinsurance.com)

Address :

**Hyderabad Hub**

Claims Department

Apollo Munich Health Insurance Co Ltd

Ground Floor, Srinilaya – Cyber Spazio

Road No. 2, Banjara Hills, Hyderabad-500034

Address :

**Gurgaon Hub**

Claims Department

Apollo Munich Health Insurance Co Ltd

2nd & 3rd Floor, iLABS Centre, Plot No. 404-405,

Udyog Vihar, Phase-III, Gurgaon-122016, Haryana

# Premium Calculations

## Premium Grid

- The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:
  - Delhi NCR/Mumbai MMR- Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida ,Mumbai, Navi Mumbai , Thane, Kalyan, Dombivali, Bhayandar, Ulhasnagar, Bhiwandi, Vasai, Virar
  - Rest of India- All other cities

## Illustration for 1 year (Individual)

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	Location
Mr. Raghav Sharma	Self	34	5.00	Delhi
Mrs. Aruna Sharma	Spouse	30	5.00	
Seher Sharma	Son	6	5.00	

On the basis of above mentioned details calculate premium for Individual plan

Insured Member	Premium (Rs.)
Mr. Raghav Sharma	7144.5
Mrs. Aruna Sharma	7144.5
Seher Sharma	5979.6
Total	20268.6
10% family discount	2026.8
Net premium	18241.80
GST @18%	3283.524
Gross Premium	21525.32

## Illustration for 1 year (Individual) with CA Rider

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	CA Rider Insured (\$)	Location
Mr. Raghav Sharma	Self	34	5.00	250000	Hyderabad
Mrs. Aruna Sharma	Spouse	30	5.00	250000	
Seher Sharma	Son	6	5.00	250000	

Insured Member	Premium (Rs.)	CA Premium (Rs.)
Mr. Raghav Sharma	6495	7767
Mrs. Aruna Sharma	6495	7767
Seher Sharma	5436	4833
Total	18426	20367
10% family discount	1842.60	NA
Grand Total	16583.4	20367
Net premium	36950.4	
GST @18%	6651.077	
Gross Premium	43601.47	

## Illustration for 2 year (Individual)

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	City of Residence
Mr. Raghav Sharma	Self	32	3.00	Chennai
Mrs. Aruna Sharma	Spouse	28	3.00	
Seher Sharma	Son	6	3.00	

Insured Member	Premium (Rs.)
Mr. Raghav Sharma	$5119 * 2 = 10238$
Mrs. Aruna Sharma	$5119 * 2 = 10238$
Seher Sharma	$4285 * 2 = 8570$
Total	29046.
2 years discount (7.5%)	2178.45
Total after 2 years discount (7.5%)	26867.55
10% family discount	2686.75
Net premium	24180.8
GST @18%	4352.544
Gross Premium	28533.34

## Illustration for 2 year (Individual) with CA Rider

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	CA Rider Insured (\$)	Location
Mr. Raghav Sharma	Self	34	5.00	500000	Gurgaon
Mrs. Aruna Sharma	Spouse	30	5.00	500000	
Seher Sharma	Son	6	5.00	500000	

On the basis of above mentioned details calculate premium for Individual plan

Insured Member	Premium (Rs.)	CA Premium (Rs.)
Mr. Raghav Sharma	7144.5*2	8947*2
Mrs. Aruna Sharma	7144.5*2	8947*2
Seher Sharma	5979.6*2	5490*2
2 Years Discount(7.5%)	3040.29	3507.6
Total after 2 Years discount	37496.91	43260.4
10% family discount	3749.69	NA
Grand Total	33747.22	43260.4
Net premium		77007.62
GST @18%		13861.37
Gross Premium		90868.99



## Illustration for 1 year (Floater)

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	City of Residence
Mr. Raghav Sharma	Self	34	5.00	Mumbai
Mrs. Aruna Sharma	Spouse	30		
Seher Sharma	Son	6		

Insured Member	Premium (Rs.)
Mr. Raghav Sharma	12,074
Mrs. Aruna Sharma	
Seher Sharma	
10% family discount	Nil
Net premium	12,074
GST @18%	2173.32
Gross Premium	14247.32

## Illustration for 1 year (Floater) with CA Rider

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	CA Rider Insured (\$)	Location
Mr. Raghav Sharma	Self	34	5.00	250000	Bengaluru
Mrs. Aruna Sharma	Spouse	30		250000	
Seher Sharma	Son	6		250000	

Insured Member	Premium (Rs.)	CA Premium (Rs.)
Mr. Raghav Sharma	10976	7767
Mrs. Aruna Sharma		7767
Seher Sharma		4833
Total	10976	20367
10% family discount	NA	NA
Grand Total	10976	20367
Net premium	31343	
GST @18%	5641.74	
Gross Premium	36984.74	

## Illustration for 2 year (Floater)

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	City of Residence
Mr. Raghav Sharma	Self	32	3.00	Hyderabad
Mrs. Aruna Sharma	Spouse	28		
Seher Sharma	Son	6		

On the basis of above mentioned details calculate premium for Individual plan

Insured Member	Premium (Rs.)
Mr. Raghav Sharma	8651 * 2 = 17302
Mrs. Aruna Sharma	
Seher Sharma	
2 years discount (7.5%)	1297.65
Total after 2 years discount (7.5%)	16004.35
10% family discount	Nil
Net premium	16004.35
GST @18%	2880.683
Gross Premium	18885.133

## Illustration for 2 year (Floater) with CA Rider

Insured Member	Relationship	Age (Yrs.)	Sum Insured (Lac)	CA Rider Insured (\$)	Location
Mr. Raghav Sharma	Self	34	3.00	250000	Navi Mumbai
Mrs. Aruna Sharma	Spouse	30		250000	
Seher Sharma	Son	6		250000	

Insured Member	Premium (Rs.)	CA Premium (Rs.)
Mr. Raghav Sharma	9949*2	7767*2
Mrs. Aruna Sharma		7767*2
Seher Sharma		4833*2
2 year discount (7.5%)	1492.35	NA
Total After 2 Year discount	18405.65	3055.05
10% family discount	NA	NA
Grand Total	18405.65	37678.95
Net premium	56084.6	
GST @18%	10095.23	
Gross Premium	66179.83	



**Thank You**

