

Corona Kavach Policy - Acko General Insurance Limited

Prospectus

1. Eligibility Criteria

1. The minimum entry age of principle insured person should be 18 years and maximum entry age restricted to 75 years for all the members including principal insured person.
2. Entry age for a dependent child is from day 1 to 25 years. Post this age, the child will be treated as an Adult in the Policy.
3. There is no maximum cover ceasing age.
4. Age means "age as on last birthday" as on the date of first policy issuance or at renewal. If any age changes during proposal stage, then "age" at submission of proposal form would be considered for premium calculation.
5. This policy can be issued on both individual and floater sum insured basis.
6. The Sum Insured for hospitalization cover may be taken on Individual or Floater basis for the family.
7. Policy can be availed for Self and the following family members
 - i. legally wedded spouse.
 - ii. Parents and Parents-in-law.
 - iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.

2. Policy Period

This policy will be issued for a period of Three and Half Months (3 ½ months), Six and Half Months (6 ½ months) or Nine and Half Months (9 ½ months) including waiting period as opted by the policyholder.

3. Sum Insured

Sum Insured options in INR: 0.5 Lakh, 1Lakh, 1.5Lakh, 2Lakh, 2.5Lakh, 3 Lakh, 3.5Lakh, 4Lakh, 4.5Lakh, 5Lakh

4. Premium Payment Option

Mode of payment: Any, as per the allowed IRDAI options

Frequency of payment: Single payment

5. Base Cover

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

a) Hospitalisation

The Company shall indemnify Medical Expenses incurred towards the Insured Person's Hospitalization during the policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic Centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule as an in-patient.

In addition to above, Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation is also covered.

Note

- i. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
- ii. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ ICU /ICCU charges.

b) Home Care Treatment

The company shall indemnify the Medical Expenses incurred towards Home Care Treatment undertaken by an Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident.

c) AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on 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 each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

d) Pre-Hospitalization

The company shall indemnify pre-hospitalization/home care treatment medical expenses of an Insured Person 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

e) Post Hospitalization

The company shall indemnify post hospitalization /home care treatment Medical Expenses of an Insured Person 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.

6. Optional Cover

Daily Hospital Cash

The company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section - Hospitalization.

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

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

7. Waiting Period

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

8. 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)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b. 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)

- 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.
- b. 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.

c) 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.

- d) Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.
- e) Any expenses incurred on Day Care treatment and OPD treatment

- f) Diagnosis /Treatment outside the geographical limits of India
- g) Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
- h) All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

9. Lifelong Renewability, Portability and Migration:

Not Applicable

10. Claims Procedure and Settlement

a) Procedure for cashless claims:

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

Please visit our website www.acko.com to know details about Network Hospitals.

b) Procedure for reimbursement claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

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

c) Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

d) Documents to be submitted:

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

Covid Hospitalization:

- i. Duly filled and signed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases)
- ix. Sticker/Invoice of the Implants, wherever applicable.
- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above ₹ 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

Home Care Treatment:

- i. Duly filled and signed Claim Form
- ii. Photo Identity proof of the patient
- iii. Medical practitioners' prescription advising hospitalization
- iv. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit.
- v. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment.
- vi. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.

3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

e) Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

f) Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

- i. Claim settlement and claim rejection;
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

g) Payment of Claim

All claims under the policy shall be payable in Indian currency only.

11. General Conditions:

▪ **Cancellation**

- a) You may terminate this Policy at any time by giving The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Timing of Cancellation	Refund (%)
Within 25% of the Coverage Period	60%
25%-50% of the Coverage Period	40%
50%-75% of the Coverage Period	20%
Exceeding 75% of the Coverage Period	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any

benefit has been availed by the Insured person under the Policy.

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

▪ **Tax Benefit**

The premium amount paid under this policy qualifies for deduction as per the provisions of Section 80D of the Income Tax Act, 1961 and any amendments made thereto, from time to time.

▪ **Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except by the Company and any change We make will be evidenced by a written endorsement signed and stamped by Us.

▪ **Prohibition on Rebates:** Section 41 of the Insurance Act 1938 stipulates as follows:

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the 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 published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees."

▪ **Contact Us:** You can reach Us through any of the following methods:

Website	www.acko.com
E-mail	hello@acko.com
Toll Free	1800 266 2256

If you have a grievance that You wish Us to redress, You may contact Us with details of Your grievance through:

E-mail	hello@acko.com
Toll Free	1800 266 2256

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

Grievance Redressal Officer

Acko General Insurance Limited
#36/5, Hustlehub One East, Somasandrapalya,
27th Main Rd, Sector 2, HSR Layout,
Bengaluru, Karnataka 560102
Email: grievance@acko.com

12. Schedule of Benefits

Name	Corona Kavach Policy, Acko General Insurance Limited
Product Type	Individual/ Family Floater
Category of Cover	Indemnity/Benefit
Sum insured	Rs 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) (in the multiples of fifty thousand) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	Three and Half Months (3 ½ months), Six and Half Months (6 ½ months) or Nine and Half Months (9 ½ months) including waiting period.
Eligibility	Policy can be availed by persons between the age of 18 years up to 75 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.
Hospitalization Expenses	Medical Expenses of Hospitalization for Covid for a minimum period of 24 consecutive hours only shall be admissible
Pre-Hospitalization	For 15 days prior to the date of hospitalization/home care treatment
Post-Hospitalization	For 30 days from the date of discharge from the hospital/completion of home care treatment
Sub-limits	Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member Home care treatment: Maximum up to 14 days per incident
AYUSH	Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured during the Policy period as specified in the policy schedule.
Home Care Treatment Expenses	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre maximum up to 14 days per incident, which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI. Tax benefits are subject to changes in tax laws. Please consult your financial/tax advisor for more details.

Annexure-A

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

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	SPIROMETRE
36	STEAM INHALER
37	ARMSLING
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]

54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

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

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

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

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER

13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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

ANNEXURE B: BENEFIT ILLUSTRATION

Illustration 1:

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 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 the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
16 - 20	4,405	3,00,000	4,405	0	4,405	3,00,000	1,04,559	9,752	94,807	3,00,000
21 - 25	4,405	3,00,000	4,405	0	4,405	3,00,000				
36 - 40	7,047	3,00,000	7,047	0	7,047	3,00,000				
36 - 40	7,047	3,00,000	7,047	0	7,047	3,00,000				
51 - 55	17,619	3,00,000	17,619	0	17,619	3,00,000				
56 - 60	18,555	3,00,000	18,555	0	18,555	3,00,000				
61 - 65	19,492	3,00,000	19,492	0	19,492	3,00,000				
66 - 70	25,989	3,00,000	25,989	0	25,989	3,00,000				
Total Premium for all members of the family is ₹ 1,04,559 when each member is covered separately.			Total Premium for all members of the family is ₹ 1,04,559 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 94,807.			
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family			

Coverage assumptions:

- The family of the proposer comprises spouse, one daughter and one son.
- Parents and parent-in-laws are covered additionally
- Age band of family members:

Relationship	Age Band
Self	36 – 40
Spouse	31 – 35
Father	56 – 60
Father-in-Law	66 – 70
Mother	51 - 55
Mother-in-Law	61 – 65
Son	16 – 20
Daughter	21 – 25

- Coverage is standard.

Illustration 2:

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 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 the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)	
	16 – 20	4,405	3,00,000	4,405	0	4,405	3,00,000	1,00,981	7,809	93,173	3,00,000
	21 – 25	4,405	3,00,000	4,405	0	4,405	3,00,000				
	41 - 45	9,691	3,00,000	9,691	0	9,691	3,00,000				
	46 – 50	11,012	3,00,000	11,012	0	11,012	3,00,000				
	71- 75	32,486	3,00,000	32,486	0	32,486	3,00,000				
76 +	38,983	3,00,000	38,983	0	38,983	3,00,000					
Total Premium for all members of the family is ₹ 1,00,981 when each member is covered separately.			Total Premium for all members of the family is ₹ 1,00,981 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 93,173.				
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family				

Coverage assumptions:

- The family of the proposer comprises spouse, one daughter and one son.
- Parents are covered additionally
- Age band of family members:

Relationship	Age Band
Self	46 – 50
Spouse	41 – 45
Son	16 – 20
Daughter	21 – 25
Mother	71 – 75
Father	76 +

- Coverage is standard.