

**ALL PENSIONERS & FAMILY PENSIONERS – FOR INFORMATION PLEASE**

**GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY – ‘B’)**  
**RENEWAL OF POLICY ON MODIFIED TERMS & CONDITIONS**  
**FOR THE PERIOD 16.01.2019 TO 15.01.2020**

Renewal of Group Mediclaim Policy ‘B’ with effect from 16.01.2019 has been finalized with modifications in

- a. policy structure,
- b. introduction of new plans,
- c. improvements in terms & conditions,
- d. enhancements in coverage, add-ons etc.

details of which are furnished hereunder.

1. The policy will be issued by United India Insurance Co. Ltd., who is also the current Insurance Company,
2. while Anand Rathi Insurance Brokers Ltd. will continue to be the Insurance Brokers in the policy for the next cover period.
3. The policy shall be available to the retirees of State Bank of India and employees of erstwhile Associate Banks who retired after merger.

**A. Modifications**

- (i) **Reduction in number of Plans & Introduction of Super Top-up** Plans – Number of basic plans (sum insured) has been reduced from existing seven to four, with introduction of Super Top-up plans, which can be obtained only in conjunction with basic plans. The revised structure proposed to be introduced would be as under:

Sl.	Existing	Proposed	
	Base Plans only (Rs. in Lacs)	Base Plan (Rs. in Lacs)	Super Top-up Plans (Rs. in Lacs)
1.	3.00	3.00	3.00
2.	4.00	4.00	4.00
3.	5.00	5.00	5.00

4.	7.50		
5.	10.00	10.00	10.00
6.	15.00		
7.	25.00		

Under the Super Top-up Policy, if the sanctioned claim amount crosses the Sum Insured under the main policy (base plan), the balance amount is payable from the Super Top-up Policy. After the total Sum Insured under the main policy is exhausted and there is a further claim, even this claim will be paid through the Super Top-up Policy up to its Sum Insured. However, the 'Super Top-up Policy' will be available for hospitalisation expenses only and will be without OPD cover. Coverage under the 'Super Top-up Policy' is optional for the members of the main policy and is subject to payment of additional premium for the same.

A Super top-up policy will enable a member to avail higher coverage for hospitalization at significantly lower cost as premium for a super top-up policy is generally lower than base plans. The availability of Super Top-up will be strictly as per the base plan as indicated in table above. For example, a person opting for Rs. 3.00 Lakh base plan can opt for Super Top-up of Rs. 3.00 Lakh only and so on. A Super Top-up can be availed either with the "Domiciliary policy' or the 'Non-domiciliary policy'. However, Super Top-up Policy cannot be availed separately and can only be combined with a base plan.

**(ii) Introduction of Critical Illness Cover** – It is proposed to introduce a Critical Illness Cover with Sum Insured of Rs. 5.00 Lakh for undernoted six ailments.

- (i) Stroke resulting in permanent symptoms
- (ii) Cancer of specified severity
- (iii) Kidney failure requiring regular dialysis
- (iv) Major organ / bone marrow transplant
- (v) Multiple sclerosis with persisting symptoms
- (vi) Open chest CABG

Critical Illness Cover will not be available separately and can be taken only with a base plan and Super Top-up plan taken together. Other terms & conditions for availing Critical Illness cover shall be as under:

- (a) Entry shall be available only upto the age of 65 years. However, renewals can be done beyond 65 years.
- (b) Pre-existing diseases will not be covered.
- (c) There will be a waiting period of 90 days and surviving period of 30 days.

**(iii) Removal of Tier-wise Classification of Cities for Expenditure Capping** – In the current policy, expenditure capping was introduced on room rent / ICU rent as well as on few specific ailments on the basis of tier-wise classification of cities. It is now proposed to remove the tier-wise structure and implement a uniform room rent / ICU rent capping and expenditure capping on specified ailments, and also revise upward the ailment capping for a few diseases. The revised room rent / ICU rent capping and expenditure capping on specified ailments as under:

<b>Room Rent / ICU Rent Capping (Amt. in Rs.)</b>		
<b>Sum Insured</b>	<b>Room Rent*</b>	<b>ICU Rent*</b>
300,000	4,000	7,500
400,000	4,000	7,500
500,000	4,000	7,500
1000,000	7,200	12,000

***\*Uniform for all Centres***

<b>Ailment-wise Expenditure Capping</b>		
<b>Sl.</b>	<b>Name of Ailment</b>	<b>Amount</b>
1.	Angioplasty	150,000
2.	CA BG	250,000
3.	Cataract	30,000
4.	Cholecystectomy	70,000
5.	Hernia	70,000

6.	Knee Replacement - Unilateral	175,000
7.	Knee replacement -Bilateral	250,000
8.	Prostate (Other than treatment of Prostate Cancer)	80,000

- (iv) **Re-introduction of Dental Treatment** – Reimbursement of expenses on dental treatment only for RCT upto maximum of Rs. 7,500, which was originally available in the policy, was excluded at the time of last renewal. It is now proposed to again include the same in the policy i.e. The Policy will cover Root Canal Treatment with a limit of Rs. 7500 per annum. It does not include extraction, filling or crowning. The amount fixed is overall limit for the entire family unit and not forming part of domiciliary treatment limit but within the total Sum Insured. The cover will be available both under the ‘Domiciliary’ as well as Non-domiciliary’ basic plans.

## B. Premium Payable

The final premium rates for different plans, payable by the individual member is as under:

### A. Basic Cover Plans

(Amt. in Rs.)

Sum Insured	Without Domiciliary Cover			With Domiciliary Cover		
	Basic Premium	GST @ 18%	Gross Premium	Basic Premium	GST @ 18%	Gross Premium
3,00,000	16,061	2,891	18,952	41,700	7,506	49,206
4,00,000	25,356	4,564	29,920	63,018	11,343	74,361
5,00,000	36,132	6,504	42,636	86,956	15,652	1,02,608
10,00,000	1,07,880	19,418	1,27,298	2,13,518	38,433	2,51,951

### B. Super Top-up Plans

(Amt. in Rs.)

Sum Insured	Basic Premium	GST @ 18%	Gross Premium
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3,00,000	5,948	1,071	7,019
4,00,000	6,448	1,161	7,609
5,00,000	6,963	1,253	8,216
10,00,000	7,520	1,354	8,874

### C. Critical Illness Cover

(Amt. in Rs.)

Sum Insured	Basic Premium	GST @ 18%	Gross Premium
5,00,000	13,812	2,486	16,298

### C. Eligibility for Membership:

- a) The policy will continue to be available to the existing members enrolled under Policy 'B' subject to payment of renewal premium.
- b) The policy will continue to be available to the Independent Directors of the Bank, subject to payment of premium from own sources.
- c) Eligible new retirees may join the Policy 'B' within 60 days from the date of retirement by paying the premium from their own sources. Pro-rata premium would be payable by such retirees.
- d) Spouses of deceased employees may join the Policy 'B' within 120 days from the date of death by paying the premium from their own sources. Pro-rata premium would be payable in such cases.

**D. Another Option for left-out retirees to join Policy 'B'** – As per the expiring policy, only existing members can renew their policy or new retirees can join the scheme. It is now proposed to extend a onetime option for joining the scheme, to all old retirees, who could not join the scheme earlier, or had exit the policy in earlier years. This is a onetime option only and may not be available on subsequent renewals. Further, the onetime option will be available subject to the following conditions:

- (a) Additional one-time loading of 20% on premium will be applicable. However, this will be a one-time loading on entry. On renewal, the premium will be based on the overall claims experience and will be uniform for all. No differentiation will be made for these new entrants from next year.
- (b) Such retirees can enroll only for Sum Insured of Rs. 300,000, under either 'With Domiciliary' or 'Without Domiciliary' Cover.

- (c) Super Top-up and Critical Illness Cover would also be available to such retirees subject to fulfillment of conditions for such covers mentioned elsewhere in the circular.

**E. Option for Policy 'A' members to join Policy 'B'** – As per the existing terms of policy, a Policy 'A' member may join Policy 'B' only at the time of renewal / commencement of cover period and not anytime during the currency of the policy. It is now proposed that a Policy 'A' member whose residual balance has come down below Rs. 1.00 Lakh may join Policy 'B' during the currency of the Policy 'B'. However, such option to join the scheme during the currency of policy will be available subject to the following conditions:

- (a) Such members can enroll for Policy 'B' only for Sum Insured of Rs. 300,000, under either 'With Domiciliary' or 'Without Domiciliary' Cover.
- (b) There would be a waiting period of 60 days for joining the policy i.e. they can join Policy 'B' only after a period of 60 days from the date of their residual balance falling below Rs. 1.00 Lakh.
- (c) Full premium for the year (not pro-rata premium) would be chargeable in such cases.
- (d) Alternatively, the member can join Policy 'B' at the time of commencement of policy or next renewal. In such case, he/she can choose any Sum Insured from 'Domiciliary' or Non-domiciliary' plans.
- (e) Super Top-up and Critical Illness Cover would also be available to such retirees subject to fulfillment of conditions for such covers mentioned elsewhere in the circular.
- (f) In addition, members of Policy 'A', whose residual balance continues to be above Rs. 1.00 Lakh but wish to obtain additional cover under Policy 'B', may do so only at the time of renewal of policy and must pay their premium before commencement of next cover period i.e. upto 15/01/2019. Such Policy 'A' members shall be permitted to choose any plan from Rs. 3.00 Lakh to Rs. 10.00 Lakh, as also applicable Super Top-up Policy and Critical Illness Cover.

The modifications / enhancements / add-ons shall be applicable only for the next cover period. Similarly, the enhanced cover, including Root Canal Treatment, removal of tier-wise structure for expenditure capping, enhanced capping for

ailment wise expenditure etc. would be applicable for treatment taken during the next cover period i.e. 16.01.2019 onwards.

#### **F. Other Terms & Conditions:**

- a) Existing members, willing to renew their policy for basic cover only, can choose any plan from either 'With Domiciliary Cover' option or 'Without Domiciliary Cover' option of their existing Sum Insured or lower Sum Insured available. **The option to choose a higher Sum Insured from their existing plan will not be available.**
- b) For existing members, movement from 'With Domiciliary Cover' to 'Without Domiciliary Cover' or vice versa will be permissible, subject to payment of appropriate premium.
- c) Existing members, willing to obtain Super Top-up Policy also along with renewal of their basic cover can do so as under:
  - (i) Existing members under Rs. 3.00 Lakh plan in the expiring policy, can renew his policy under Rs. 3.00 Lakh plan only along with Super Top-up of Rs. 3.00 Lakh.
  - (ii) Existing members under Rs. 4.00 Lakh, Rs. 5.00 Lakh and Rs. 10.00 Lakh plans, can reduce their existing Sum Insured only upto one step lower to avail Basic + Corresponding Super Top-up cover.
  - (iii) Existing members under Rs. 7.50 lakh plan can opt for Rs. 5.00 Lakh Basic Sum Insured plus Rs. 5.00 Lakh Super Top-up cover.
  - (iv) Existing members under Rs. 15.00 Lakh and 25.00 lakh can opt for Basic Sum Insured of Rs. 10.00 Lakh plus Rs. 10.00 Lakh Super Top-up cover.
- d) Existing members, willing to renew their policy, must pay their premium before commencement of next cover period i.e. upto 15/01/2019.
- e) New retirees can choose any one of the plans from Rs. 3.00 lacs to Rs. 10.00 lacs either 'With Domiciliary Cover' option or 'Without Domiciliary Cover' by paying the premium from their own sources. Pro-rata premium will be paid in such cases.
- f) Membership to Super Top-up cover and Critical Illness Cover would be optional. A member may avail only Basic Sum Insured 'or' may avail Basic Sum Insured + Super Top-up cover 'or' Basic Sum Insured + Super Top-up Cover + Critical Illness Cover.

- g) Members, who opt out of the scheme this year, for any reason whatsoever, will not be permitted to become a member of the policy again before expiry of 3 years period.
- h) Critical Illness Cover can be availed only by those members who avail Basic Sum Insured + Super Top-up cover.

All other terms & conditions of the policy and instructions relating to the scheme will remain the same.

#### **G. Procedure for Renewal / Membership**

- a) Existing members, willing to renew their policy, will fill up the simplified consent form (enclosed as annexure) manually by obtaining from branches and submit to the pension paying branch along with cheque/debit authority for applicable premium amount.
- b) Members of Policy 'A', willing to obtain additional cover under Policy 'B' will fill up the revised application form (enclosed as Annexure) manually by obtaining from branches and submit to the pension paying branch with cheque/debit authority for applicable premium amount.
- c) New retirees, willing to enroll for the policy, will also be required to fill up the revised application form (enclosed as Annexure) manually by obtaining from branches and submit to the pension paying branch along with cheque/debit authority for applicable premium amount.
- d) In respect of new enrolments by members who retire/have retired on or after 16.01.2019, the premium is to be paid on pro-rata basis as per the extant guidelines.
- e) In respect of renewal applications, full premium is to be paid by the member i.e. Basic Premium plus GST, for the plan selected.



**GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY-B)**

**APPLICATION FORM FOR POLICY-'B' (16.01.2019 – 15.01.2020)**

Chief Manager  
State Bank of India,  
Branch / Zonal office,  
\_\_\_\_\_

Affix coloured joint photograph  
of the member and spouse

Dear Sir,

**SUB: Family Floater Group Health Insurance Policy for SBI Retirees**

**Policy Period : 16.01.2019 – 15.01.2020**

I am interested in joining the Family Floater Group Health Insurance Policy 'B' of State Bank of India and furnish the required information as under:

Sl.	Particulars	Remarks
1	P.F Index No.	
2	Name	
3	Date of joining the Bank	
4	Date of confirmation in service	
5	Date of Retirement	
6	Retired as	<b>Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II</b>
7	Age (in years) as on the date of retirement	
8	Gender	<b>i. Male</b> <b>ii. Female</b>
9	Type	<b>i. Pensioner</b> <b>ii. Family Pensioner</b>
10	Category (Please tick mark)	i. SBI retirees on completion of pensionable service in the Bank. ii. Surviving spouses of SBI employee who died whilst in service or after retirement. iii. Existing members of Policy-A. iv. Pensioners removed from service and receiving pension. v. Pensioners who could not join Policy-B in the past and now wish to join.
11	Whether dismissed or terminated from service. (Tick)	Yes / No
12	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed )	Yes / No
13	Date of Birth	dd/mm/yy
14	Date of Death (in case of deceased employee / pensioner)	dd/mm/yy
15	Address for communication	<b>House No.</b>
		<b>Street No.</b>
		<b>Nearest Landmark</b>
		<b>Post Office</b>
		<b>Police Station</b>
		<b>City</b>
		<b>State</b>
	<b>Pin Code</b>	
16	Landline No. (with STD code)	

17	Mobile No.										
18	Email ID										
19	Name of Spouse (if any)										
20	Date of Birth of Spouse (dd/mm/yy)										
21	Name of disabled Child / Children (if any). (Attach valid disability certificate issued by medical officer not below the rank of Civil Surgeon)	<b>Sl</b>	<b>Name of the disabled child</b>	<b>Date of Birth</b>							
		1.									
		2.									
22	Name of the pension/family pension paying branch	<b>Name of the Branch</b>			<b>Code No.</b>						
23	Pension Account No. (11 digit)										
24	IFSC Code										

**BASIC COVER PLANS**

25	Sum Insured	Without Domiciliary Cover				With Domiciliary Cover			
		Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan	Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan
		3,00,000	16,061	2,891	18,952	41,700	7,506	49,206	
		4,00,000	25,356	4,564	29,920	63,018	11,343	74,361	
		5,00,000	36,132	6,504	42,636	86,956	15,652	1,02,608	
	10,00,000	1,07,880	19,418	1,27,298	2,13,518	38,433	2,51,951		

**SUPER TOP UP PLANS \***

26	Sum Insured	Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan
	3,00,000	5,948	1,071	7,019	
	4,00,000	6,448	1,161	7,609	
	5,00,000	6,963	1,253	8,216	
	10,00,000	7,520	1,354	8,874	
<b>*Super Top Up Plan cannot be availed separately and can only be availed with a base plan</b>					

**CRITICAL ILLNESS COVER \*\***

27	Sum Insured	Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan
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	5,00,000	13,812	2,486	16,298					
** Critical Illness Cover will not be available separately and can be taken only with a base plan and Super Top Up Plan taken together.									
N.B. : Pro-rata premium for new retirees will be applicable in all the three plans i.e. Basic Cover Plans, Super Top Up Plans and Critical Illness Plan.									
28	Option for left-out retirees to join Policy-B								
<p>I am an old retiree and I HAVE NOT TAKEN Mediclaim Policy in the past. I wish to join Policy-B and agree to pay one-time additional premium of 20% over and above the normal Basic Premium of the plan I have chosen.</p> <p style="text-align: right;"><b>YES AGREED</b></p> <p>Signature of the left-out retiree</p>									
29	<b>PREMIUM FOR LEFT-OUT RETIREES (20 % additional)</b>								
<b>BASIC COVER PLAN FOR LEFT-OUT RETIREES ***</b>									
		Without Domiciliary Cover			With Domiciliary Cover				
	Sum Insured	Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan	Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan
	3,00,000	19,273	3,469	22,742		50,040	9,007	59,047	
***Additional 20 % premium will be on Base plan only. There will be no additional 20% premium on Super Top Up and Critical Illness Plans									
30	<b>CALCULATION OF TOTAL PREMIUM (with GST)</b>								
	Premium for Base Plan	Premium for Super Top Up (if any)	Premium for Critical Illness (if any)	Total Premium (with GST)					
	(A)	(B)	(C)	A+B+C = D					

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**Declaration of Nominee/s :**

I, Mr./Mrs./Ms. \_\_\_\_\_, a retired employee / spouse of the deceased employee / pensioner of the Bank do hereby assign the money payable by “**United India Insurance Co. Ltd.**” in case of my death to Mr. / Mrs./ Ms. \_\_\_\_\_ Relation \_\_\_\_\_ and further declare that his/her receipt shall be sufficient discharge of the company.

**Debit Authority :**

I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. \_\_\_\_\_ lakhs under the Family Floater Group Health Insurance policy. I hereby authorize the Bank to debit the insurance premium amount of Rs. \_\_\_\_\_ to my pension / family pension account No. \_\_\_\_\_. I undertake to keep sufficient balance in my above account for debiting insurance premium failing which the policy may not be issued to me. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policy from time to time.

**Place :**

**Date :**

\_\_\_\_\_  
**Signature of Retired Employee / Spouse**

For office use only

Certified that Shri / Smt. \_\_\_\_\_ is a retired employee / spouse of the retired / deceased employee of the Bank and he / she has remitted the insurance premium as per the following details:

Transaction No. (Journal No.)	Date :	Amount :
_____	_____	_____

**State Bank of India**

**Name of the Forwarding Branch (Code No.):**

**Place :**

**Date :**

\_\_\_\_\_  
**Signature of the Branch Manager with seal**

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**ACKNOWLEDGEMENT**

(to be given to the applicant by the branch receiving the Form)

Received from Shri/Smt. \_\_\_\_\_

Application for membership of Family Floater Group Medclaim Policy 'B' along with Insurance Premium including Goods & Services Tax of Rs. \_\_\_\_\_ for onward submission to Administrative Office.

Date \_\_\_\_\_

Branch \_\_\_\_\_

Stamp of the Branch

Signature of the officer  
receiving the Form

**ANNEXURE-2****GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY-B)**  
**CONSENT FOR RENEWAL OF POLICY-'B' (2019-20)**

The Branch Manager  
State Bank of India,  
\_\_\_\_\_ Office / Branch

Dear Sir,

**SUB: Family Floater Group Health Insurance Policy for SBI Retirees, Policy Period: 16.01.2019 –15.01.2020**

PF No.		
Name of Pensioner/ Spouse of Deceased Pensioner	Gender (M/F)	Dt. of Birth (dd/mm/yy)
Name of Spouse	Gender (M/F)	Dt. of Birth (dd/mm/yy)
Name of disabled child (if any)	Gender (M/F)	Dt. of Birth (dd/mm/yy)
Name of the Nominee	Relationship	
Date of Retirement :	Designation at the Time of Retirement	
Pensioner Type ( Pensioner / Family Pensioner)		
Pension Paying Branch Code	Name of Zonal Office	
Address		
Mobile No. / Landline No.		
Email Id.		
Date of payment of premium		

**(Please write in capital letters and exactly as per your name appearing in the Pension Account)**

I intend to join the Family Floater Group Health Insurance Policy 'B' of State Bank of India. I hereby exercise my options as per the following :

Sum Insured (Rs in Lakhs)	Gross Premium (Rs.) per family for Basic Cover (WITH GST)				Super Top Up * (WITH GST)	
	With Domiciliary	Please Tick Opted plan	Without Domiciliary	Please Tick Opted plan	Premium	Please Tick Opted Plan
3,00,000	49,206		18,952		7,019	
4,00,000	74,361		29,920		7,609	
5,00,000	1,02,608		42,636		8,216	
10,00,000	2,51,951		1,27,298		8,874	

**\*Super Top Up Plan cannot be availed separately and can only be availed with a base plan**

Critical Illness Sum Insured (Rs in Lakhs)	Gross Premium (Rs.) per family for Critical Illness (WITH GST)	Please Tick if opted
5,00,000	16,298**	
**Critical Illness Cover will not be available separately and can be taken only with a base plan and Super Top Up Plan taken together.		

**Calculation of Total Premium :**

Premium for Basic Plan Opted with GST (A)	Super Top Up Premium (If any) with GST (B)	Critical Illness Plan Premium (If any) with GST (C)	Total Premium (with GST) A+B+C = D

Please process my request by debiting my SBI Pension Account No. \_\_\_\_\_ for  
Rs. \_\_\_\_\_

OR

I submit cheque for Rs \_\_\_\_\_ dt. \_\_\_\_\_ Drawn on \_\_\_\_\_

**Date :**

**Signature of Retired Employee/ Family Pensioner**

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**Acknowledgement  
(to be given to the applicant by the Branch receiving the Form)**

Received from Shri/Smt. \_\_\_\_\_ for joining the policy B  
with Sum Insured of Rs. \_\_\_\_\_ for Family Floater Group Medclaim Policy 'B' along with  
Insurance Premium including GST of Rs. \_\_\_\_\_/-



Date: \_\_\_\_\_

Signature of the Branch In-charge

Branch \_\_\_\_\_

Stamp of the Branch receiving the form

Premium Chart**A. Base Plans Only**

Sum Insured	Without Domiciliary Cover				With Domiciliary Cover			
	Domiciliary Cover Available	Basic Premium	GST (@18%)	Gross Premium (Payable by Member)	Domiciliary Cover Available 10% of Sum Insured)	Basic Premium	GST (@18%)	Gross Premium (Payable by Member)
3,00,000	NIL	16,061	2,891	18,952	30,000	41,700	7,506	49,206
4,00,000	NIL	25,356	4,564	29,920	40,000	63,018	11,343	74,361
5,00,000	NIL	36,132	6,504	42,636	50,000	86,956	15,652	1,02,608
10,00,000	NIL	1,07,880	19,418	1,27,298	1,00,000	2,13,518	38,433	2,51,951

**B. Base Plans without Domiciliary Cover Plus Super Top-up Cover**

Sum Insured for Base Plan	Sum Insured for Super Top-up	Total Coverage for Hospitalisation	Domiciliary Cover Available	Basic Premium for Base Plan	Basic Premium for Super Top-up	Combined Basic Premium	GST (@18%)	Gross Premium (Payable by Member)
3,00,000	3,00,000	6,00,000	NIL	16,061	5,948	22,009	3,962	25,971
4,00,000	4,00,000	8,00,000	NIL	25,356	6,448	31,804	5,725	37,529
5,00,000	5,00,000	10,00,000	NIL	36,132	6,963	43,095	7,757	50,852
10,00,000	10,00,000	20,00,000	NIL	1,07,880	7,520	1,15,400	20,772	1,36,172

**C. Base Plans with Domiciliary Cover Plus Super Top-up Cover**

Sum Insured for Base Plan	Sum Insured for Super Top-up	Total Coverage for Hospitalisation	Domiciliary Cover Available	Basic Premium for Base Plan	Basic Premium for Super Top-up	Combined Basic Premium	GST (@18%)	Gross Premium (Payable by Member)
3,00,000	3,00,000	6,00,000	30,000	41,700	5,948	47,648	8,577	56,225
4,00,000	4,00,000	8,00,000	40,000	63,018	6,448	69,466	12,504	81,970
5,00,000	5,00,000	10,00,000	50,000	86,956	6,963	93,919	16,905	1,10,824
10,00,000	10,00,000	20,00,000	1,00,000	2,13,518	7,520	2,21,038	39,787	2,60,825

**D. Base Plans without Domiciliary Cover Plus Super Top-up Cover Plus Critical Illness Cover**

Sum Insured for Base Plan	Sum Insured for Super Top-up	Total Coverage for Hospitalisation	Domiciliary Cover Available (10% of Basic Sum Insured)	Sum Insured for Critical Illness Cover	Basic Premium for Base Plan	Basic Premium for Super Top-up	Basic Premium for Critical Illness	Combined Basic Premium	GST (@18%)	Gross Premium (Payable by Member)
3,00,000	3,00,000	6,00,000	NIL	5,00,000	16,061	5,948	13,812	35,821	6,448	42,269
4,00,000	4,00,000	8,00,000	NIL	5,00,000	25,356	6,448	13,812	45,616	8,211	53,827
5,00,000	5,00,000	10,00,000	NIL	5,00,000	36,132	6,963	13,812	56,907	10,243	67,150
10,00,000	10,00,000	20,00,000	NIL	5,00,000	1,07,880	7,520	13,812	1,29,212	23,258	1,52,470

**E.Base Plans with Domiciliary Cover Plus Super Top-up Cover Plus Critical Illness Cover**

<b>Sum Insured for Base Plan</b>	<b>Sum Insured for Super Top-up</b>	<b>Total Coverage for Hospitalisation</b>	<b>Domiciliary Cover Available (10% of Basic Sum Insured)</b>	<b>Sum Insured for Critical Illness Cover</b>	<b>Basic Premium for Base Plan</b>	<b>Basic Premium for Super Top-up</b>	<b>Basic Premium for Critical Illness</b>	<b>Combined Basic Premium</b>	<b>GST (@18%)</b>	<b>Gross Premium (Payable by Member)</b>
3,00,000	3,00,000	6,00,000	30,000	5,00,000	41,700	5,948	13,812	61,460	11,063	72,523
4,00,000	4,00,000	8,00,000	40,000	5,00,000	63,018	6,448	13,812	83,278	14,990	98,268
5,00,000	5,00,000	10,00,000	50,000	5,00,000	86,956	6,963	13,812	1,07,731	19,392	1,27,123
10,00,000	10,00,000	20,00,000	1,00,000	5,00,000	2,13,518	7,520	13,812	2,34,850	42,273	2,77,123