

**New India Mediclaim Policy**

**Premium Chart Per Member (Excluding GST) Applicable wef 1st October 2020**

Sum Insured (Rs.)	PREMIUM FOR BASIC COVER (Rs. per annum) (Excluding GST)						
	<35	36-45	46-50	51-55	56-60	61-65	>65
1,00,000	2,708	2,867	4,640	6,924	8,941	10,800	12,400
2,00,000	3,679	3,898	6,428	9,694	12,714	16,907	22,800
3,00,000	4,051	4,294	7,136	10,808	14,272	19,049	26,814
4,00,000	4,659	4,938	8,199	12,410	16,350	21,797	30,754
5,00,000	5,420	5,747	9,532	14,418	18,954	25,243	35,693
6,00,000	5,854	6,208	10,292	15,564	20,439	27,208	38,510
7,00,000	6,288	6,669	11,052	16,709	21,925	29,174	41,327
8,00,000	6,722	7,130	11,812	17,854	23,410	31,139	44,144
10,00,000	7,600	8,062	13,349	20,170	26,414	35,113	49,841
12,00,000	8,263	8,766	14,510	21,919	28,682	38,114	54,142
15,00,000	9,369	9,940	16,445	24,836	32,465	43,120	61,316

Sum Insured (Rs.)	OPTIONAL COVER I : NO PROPORTIONATE DEDUCTION						
	<35	36-45	46-50	51-55	56-60	61-65	>65
2,00,000	1,418	1,506	2,483	3,741	4,852	6,419	9,201
3,00,000	980	1,040	1,715	2,584	3,351	4,434	6,355
4,00,000	875	929	1,531	2,307	2,993	3,960	5,675
5,00,000	770	817	1,348	2,031	2,634	3,485	4,995
6,00,000	729	774	1,276	1,922	2,493	3,298	4,727
7,00,000	687	730	1,203	1,813	2,351	3,111	4,459
8,00,000	646	686	1,131	1,704	2,210	2,924	4,191
10,00,000	662	703	1,159	1,747	2,265	2,997	4,296
12,00,000	644	684	1,127	1,699	2,203	2,915	4,178
15,00,000	458	487	802	1,209	1,568	2,075	2,974

OPTIONAL COVER II : MATERNITY EXPENSES BENEFIT							
Sum Insured	5,00,000	6,00,000	7,00,000	8,00,000	10,00,000	12,00,000	15,00,000
Premium	5,000	6,000	7,000	8,000	10,000	12,000	15,000

Sum Insured (Rs.)	OPTIONAL COVER III : REVISION IN LIMIT OF CATARACT				
	<50	51-55	56-60	61-65	>65
8,00,000	444	1,049	2,269	3,645	3,893
10,00,000	555	1,311	2,836	4,556	4,866
12,00,000	666	1,573	3,404	5,467	5,839
15,00,000	832	1,967	4,255	6,834	7,299

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(Rs.)	<35	36-45	46-50	51-55	56-60	61-65	>65
1,00,000	3,195	3,383	5,475	8,170	10,550	12,744	14,632
2,00,000	4,341	4,600	7,585	11,439	15,003	19,950	26,904
3,00,000	4,780	5,067	8,420	12,753	16,841	22,478	31,641
4,00,000	5,498	5,827	9,675	14,644	19,293	25,720	36,290
5,00,000	6,396	6,781	11,248	17,013	22,366	29,787	42,118
6,00,000	6,908	7,325	12,145	18,366	24,118	32,105	45,442
7,00,000	7,420	7,869	13,041	19,717	25,872	34,425	48,766
8,00,000	7,932	8,413	13,938	21,068	27,624	36,744	52,090
10,00,000	8,968	9,513	15,752	23,801	31,169	41,433	58,812
12,00,000	9,750	10,344	17,122	25,864	33,845	44,975	63,888
15,00,000	11,055	11,729	19,405	29,306	38,309	50,882	72,353

Sum Insured	OPTIONAL COVER I : NO PROPORTIONATE DEDUCTION						
(Rs.)	<35	36-45	46-50	51-55	56-60	61-65	>65
2,00,000	1,673	1,777	2,930	4,414	5,725	7,574	10,857
3,00,000	1,156	1,227	2,024	3,049	3,954	5,232	7,499
4,00,000	1,033	1,096	1,807	2,722	3,532	4,673	6,697
5,00,000	909	964	1,591	2,397	3,108	4,112	5,894
6,00,000	860	913	1,506	2,268	2,942	3,892	5,578
7,00,000	811	861	1,420	2,139	2,774	3,671	5,262
8,00,000	762	809	1,335	2,011	2,608	3,450	4,945
10,00,000	781	830	1,368	2,061	2,673	3,536	5,069
12,00,000	760	807	1,330	2,005	2,600	3,440	4,930
15,00,000	540	575	946	1,427	1,850	2,449	3,509

OPTIONAL COVER II : MATERNITY EXPENSES BENEFIT							
Sum Insured	5,00,000	6,00,000	7,00,000	8,00,000	10,00,000	12,00,000	15,00,000
Premium	5,900	7,080	8,260	9,440	11,800	14,160	17,700

Sum Insured	OPTIONAL COVER III : REVISION IN LIMIT OF CATARACT				
(Rs.)	<50	51-55	56-60	61-65	>65
8,00,000	524	1238	2677	4301	4594
10,00,000	655	1547	3346	5376	5742
12,00,000	786	1856	4017	6451	6890
15,00,000	982	2321	5021	8064	8613