

HEALTH PROTECTOR ASSURE
UIN: IFFHLIP24131V012324
PROSPECTUS

How does the Health Top-up product benefits you

The policy covers hospitalization expenses which intends to provide coverage to you and your family in the eventuality of high treatment costs for any injury or disease related contingencies like hospitalization, organ transplantation etc. You opt for a compulsory deductible amount, which you bear either through existing health coverage or through own/other sources. The policy acts as an additional cover over and above the deductible amount. The policy therefore addresses galloping medical inflation at a very reasonable price.

SALIENT FEATURES:

✓ **Complete Freedom: Choose the way you want:**

- **Term** – One year/Two Years/Three years
- **Top up or Super Top up:** Chose whether you want the deductible to be applied per claim or an aggregate of all claims in a year.
- **Plans** –Essential/Enhanced
- **Sum Insured Options**– The following plans to offer you the widest possible range

ESSENTIAL PLAN				ENHANCED PLAN		
Sum Insured	Deductible	Sum Insured	Deductible	Sum Insured	Deductible	
3,00,000	2,00,000	20,00,000	2,00,000	50,00,000	5,00,000	
	3,00,000		3,00,000		7,00,000	
	5,00,000		5,00,000		10,00,000	
	7,00,000		7,00,000		15,00,000	
4,00,000	2,00,000		10,00,000		20,00,000	25,00,000
	3,00,000		15,00,000		30,00,000	
	5,00,000		20,00,000			
	7,00,000		25,00,000			
5,00,000	2,00,000		25,00,000	30,00,000	75,00,000	7,00,000
	3,00,000			3,00,000		10,00,000
	5,00,000			5,00,000		15,00,000
	7,00,000			7,00,000		20,00,000
	10,00,000	10,00,000		25,00,000		
	15,00,000	15,00,000		30,00,000		
	20,00,000	20,00,000				
	25,00,000	25,00,000				
			1,00,00,000	20,00,000		

10,00,000	2,00,000	30,00,000	30,00,000	25,00,000
	3,00,000		5,00,000	
	5,00,000		7,00,000	
	7,00,000		10,00,000	
	10,00,000		15,00,000	
	15,00,000		20,00,000	
	20,00,000		25,00,000	
	25,00,000		30,00,000	
	30,00,000		5,00,000	
15,00,000	2,00,000	40,00,000	7,00,000	
	3,00,000		10,00,000	
	5,00,000		15,00,000	
	7,00,000		20,00,000	
	10,00,000		25,00,000	
	15,00,000		30,00,000	
	20,00,000			
	25,00,000			
	30,00,000			

*Deductible means the amount stated in the schedule which shall be borne by the insured

- o Family Floater or Individual Sum Insured
- o Lifelong renewal (if renewed without break)

✓ High coverage at low premium

✓ This policy can be purchased without any other basic health policy

✓ **Co-Payment:** The following Co-pay options are available: 10%, 20% or 25% under the product. The Co-pay percentage as per the schedule, shall be applied on each and every admissible claim. Once the Co-Pay is opted under the policy, it cannot be opted out during the policy period.

✓ **Waiver of Deductible in case of change/Loss of job:** On payment of a small additional premium you have the facility to enjoy the full sum insured without the deductible in case of loss of or change in employment, for a period of 30/60/90 days.

✓ **Option to buy standard health policy with continuity of benefits:**

The insured has the option to buy another standard Health policy (Individual/floater Health product), which shall be offered with the benefit of waiver of waiting period, upto the limit of deductible opted under this policy (subject to a maximum of Rs 5 lacs). This is subject to the condition that the Top Up/ Super Top up health product has been purchased for the first time before 50(Fifty) years of age and continuously renewed without break for a period of at least 4(Four) years.

✓ For one year policies, Option to pay premium in Half-yearly, Quarterly, Monthly installments with grace period of 15 days

- ✓ **Income Tax benefits** under Section 80D.
- ✓ **Cashless claim facility** available at over network hospitals across India.
- ✓ **EMERGENCY ASSISTANCE SERVICES** at no additional cost. We provide you with special assistance when You are traveling within India 150 kilometers or more away from your home.
- ✓ **Portability:** You can switch from any other similar policy of any other insurer to our Top up/Super Top Up policy and protect your continuity benefit as per IRDA Guidelines.
- ✓ **Loyalty Benefits For Existing Customers** - Waiting periods under this policy shall be waived when an existing health insurance customer purchases this policy subject to the following terms and conditions:
 - The proposer and family member(s) to be included in this policy have completed atleast 4 years continuously, without break, from the date of purchase of this policy, in any of the listed products.
 - The deductible for this policy shall be equal or more than the Sum Insured (excluding any Cumulative Bonus) available in the existing health policy.
 - No recurring, chronic or critical illness claim intimated/paid/admissible in the completed 4 years as an insured with IFFCO-Tokio (as per IFFCO-Tokio's discretion).
 - List of products* whose customers can avail this benefit
 - a) Family Health Protector
 - b) Health Protector
 - c) Group Medishield Insurance Policy

*Any other products notified by IFFCO-Tokio in future.

- Apart from waiver of waiting periods, no other benefit of this policy shall accrue to the Insured person if they purchase this policy by virtue of continuity of coverage under an existing policy.

WHO ARE ELIGIBLE TO TAKE THIS POLICY?

- ✓ Persons of any nationality may avail the benefits of this Policy but he should be a normal resident of India or an expatriate residing in India for a minimum period of one year prior to the date of inception of policy.
- ✓ **Entry Age under the policy:** 18 to 65 years. The Insurance is available to dependent child from the age of 1st (first) day onward. Dependents including children can be covered provided one or more adults are covered concurrently. There is no upper age limit for coverage of dependents.
- ✓ **Renewable Age:** Policy shall ordinarily be renewable without any age restriction, except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, if it is renewed without any break.

WHO ALL CAN BE COVERED UNDER THIS POLICY?

- a) **Under floater policy:** Self, Spouse, dependent parents, dependent children, brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together with you.
- b) **Under Individual policy:** Self, Spouse, dependent parents, dependent children, , brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together with you.

WHAT IS COVERED UNDER THE POLICY:



ESSENTIAL PLAN

ENHANCED PLAN

If the Insured Person contracts any Disease or sustains any Injury due to any accident (including any act of terrorism) and he/she has to incur Medically Necessary Hospitalization expenses, then We will pay Reasonable and Customary Charges of the following Hospitalization expenses, over and above the Deductible mentioned in the Schedule:-

1. Room Rent (including Boarding and Nursing expense etc.) on actuals.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.
4. AYUSH hospitalization expenses Incurred in AYUSH Hospitals or AYUSH Day Care Centres. Coverage also includes pre- hospitalization and post hospitalization expenses.
5. Ambulance Charges: As per actual or Rs.3000/- per claim; whichever is less.
6. An additional Daily Allowance amount equivalent to 0.10% of the Sum Insured, up to a maximum of Rs. 5,000 per day, for the duration of Hospitalization towards defraying of miscellaneous expenses.
7. The above stated relevant expenses (except for clause 5 and 6), incurred for Domiciliary Hospitalisation, if Medically Necessary and at Reasonable and Customary Charges up to a maximum aggregate sub- limit of 20% of the Sum Insured.

If the Insured Person contracts any Disease or sustains any Injury due to any accident (including any act of terrorism) and he/she has to incur Medically Necessary Hospitalization expenses, then We will pay Reasonable and Customary Charges of the following Hospitalization expenses, over and above the Deductible mentioned in the Schedule:-

1. Room Rent (including Boarding and Nursing expense etc.) on actuals.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.
4. AYUSH hospitalization expenses Incurred in AYUSH Hospitals or AYUSH Day Care Centres. Coverage also includes pre- hospitalization and post hospitalization expenses.
5. a) Ambulance Charges: As per actual or Rs.3000/- per claim; whichever is less.
b) Air Ambulance Charges: As per actual or 1% of the Sum Insured per claim; whichever is less.
6. An additional Daily Allowance amount equivalent to 0.10% of the Sum Insured, up to a maximum of Rs 7,500 per day, for the duration of Hospitalization towards defraying of miscellaneous expenses.
7. The above stated relevant expenses (except for clause 5 and 6), incurred for Domiciliary Hospitalisation, if Medically Necessary and at Reasonable and Customary Charges up to a maximum aggregate sub- limit of 50% of the Sum Insured.

8. Service charges and Surcharge on actual basis.

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Note:

- (a) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the limit of overall Sum Insured of the Insured Person or floater Sum Insured of family.
- (b) Pre-Hospitalization and Post Hospitalization expenses for 60 and 90 days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified.

Note:

No waiting period/ sub-limits are applicable from the date the Newborn baby (as defined) has been added in the policy through an endorsement upon payment of additional premium.

Note: Benefit 5 and 6 mentioned under What is Covered shall be available, only in the event of an admissible claim of hospitalization under this policy.

WHAT ARE THE EXCLUSIONS & WAITING PERIOD ON THE POLICY:

(I) STANDARD EXCLUSIONS

We will not pay for:

1. Pre-Existing Diseases(Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) 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 us.

2. First Thirty Days Waiting Period(Code- Excl03)

- i. 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.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. Specific Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12/ 24 months of continuous coverage, as may be the case 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

i. 12 Months waiting period

- i) Surgical treatment for Tonsillitis/ Adenoids
- ii) Tympanoplasty / Septoplasty
- iii) Fistula in anus, Anal Sinus, Piles
- iv) Any type of Carcinoma / Sarcoma/ Blood Cancer
- v) Varicose Veins / Varicose Ulcers
- vi) All types of Ligament Meniscus Tears

ii. 24 Months waiting period

- i) Cataract, Benign Prostatic Hypertrophy, DUB
- ii) Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectomy
- iii) Hernia, Hydrocele
- iv) Sinusitis
- v) Gall Bladder, Biliary, Renal and Urinary Stones
- vi) Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident)
- vii) Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident)
- viii) Chronic Renal failure
- ix) Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump

4. 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.

5. Rest Cure, rehabilitation and respite care- Code- Excl05

- c) 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.

6. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

7. 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

8. 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.

9. Maternity Expenses (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

10. Sterility and Infertility: (Code- Excl17)

- iii. Expenses related to sterility and infertility. This includes:
- iv. Any type of contraception, sterilization
- v. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- vi. Gestational Surrogacy
- vii. Reversal of sterilization

11. Unproven Treatments: Code- Excl16

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

12. 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

13. 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

14. 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

15. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our 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.

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

16. Refractive Error: Code- Excl15:

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

17. Treatments received in health 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**

18. 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**

(II) SPECIFIC EXCLUSIONS

1. Any payment unless the admissible Medical Expenses exceeding the Deductible.

2. Any disease aggravated by Diabetes and/or Hypertension for a waiting period of 90 days.
However, if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under Excl01 above and will be covered after 48 (forty-eight) months of continuous coverages with Us.
3. 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
4. Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment, inoculation.
5. Cost of spectacles and contact lens or hearing aids.
6. Dental treatment or surgery of any kind, unless requiring Hospitalization.
7. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
8. Nuclear 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.
9. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.
10. Any expense on procedure and treatment including acupressure, acupuncture and magnetic.
11. Expenses related to any treatment necessitated due to participation as a non-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
12. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment.
13. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including ayah/ barber, cosmetics and napkins.
14. Pre-natal and post-natal expenses.
15. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.

16. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.

17. Any expense under Domiciliary Hospitalization for

Treatment of following Diseases:

- (i) Asthma
- (ii) Bronchitis
- (iii) Chronic Nephritis and Nephritic Syndrome
- (iv) Diarrhea and all type of Dysenteries including Gastro-enteritis
- (v) Diabetes Mellitus
- (vi) Epilepsy
- (vii) Hypertension
- (viii) Influenza, Cough and Cold
- (ix) Pyrexia of unknown origin for less than 15 days
- (x) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
- (xi) Arthritis, Gout and Rheumatism
- (xii) Dental Treatment or Surgery
- (xiii) Critical illness

18. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis

19. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy

20. Intra-articular injections

21. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.

22. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.

OPTIONAL COVERAGE (ON PAYMENT OF ADDITIONAL PREMIUM) - WAIVER OF DEDUCTIBLE:

The deductible is waived in case of loss or change of employment, if the policy is endorsed to waive the deductible in consideration of additional premium. The proviso shall be subject to the following conditions:

- a. The cover is applicable only for insured persons who are in service and are below 55 (Fifty Five) years of age and their dependents. The cover is not available for Self Employed.
- b. The cover shall be subject to a maximum period of Waiver of Deductible (WOD) period mentioned in the schedule.
- c. In case of multiple job changes during the same policy period, aggregate number of days of coverage during all such breaks shall be subject to maximum of WOD period mentioned in the schedule.

- d. Letter of intent for utilization of WOD period should be given at least 15 (Fifteen) days before the date of relieving from the existing job.
 - a) Advance Notice of 15 days for Letter of intent to cover may be waived on merits by the underwriting authority on case to case base, provided the notice is given on or before the date of relieving.
 - b) In case notice is given after date of relieving within a reasonable time, WOD may be granted from the date of notice, subject to confirmation of loss of job and of date of relieving, at the discretion of underwriter on case to case basis.
- e. The waiver shall be effective from the next day of date of relieving from the existing job.
- f. The cover will cease on the occurrence of any of the following events, whichever shall occur first:
 - a) expiry of Waiver of Deductible period
 - b) Request for termination of cover for WOD by the insured. Request for termination of WOD cover should be given by the insured as soon as the cover under the Employee Health Benefit with the new employer or a new Health Insurance policy commences. In case of failure to give such notice to the company, the entire WOD period shall be deemed to have exhausted and no further waiver be allowed during the policy period.
- g. WOD cover for dependents will simultaneously cease along with the cover of proposer.

How Waiver of Deductible option works: - If you buy a policy of 5 Lacs Sum Insured with a deductible of Rs. 2 Lacs and opt for waiver of deductible for a 30 days period and in case you change your employment you need to give intimation along with supporting documents to us as above. In such case, you will be covered to the full extent of Rs. 7 Lacs (Rs. 5 Lacs + Rs. 2 Lacs) during the 30 days period (from the date of relieving or date of notice whichever is later) or till you place your request for termination of WOD cover, whichever shall occur earlier. WOD may be utilized in multiple times in case of more than one change of job during the policy period subject to maximum of 30 days during the policy period.

OPTION TO BUY STANDARD HEALTH POLICY WITH CONTINUITY OF BENEFITS

The insured has the option to buy another Health policy (Individual/floater Health product), upto the deductible under this policy (subject to a maximum of Rs 5 lacs) with continuity of cover in terms of waiver of waiting periods. This is subject to the condition that the Top Up/ Super Top up health product has been -

- o purchased for the first time before 50(Fifty) years of age;
- o continuously renewed without break for a period of at least 4(Four) years;

Apart from waiver of waiting periods, no other benefit of this policy shall accrue to the Insured person in the new policy by virtue of continuity of coverage under this policy.

PRE-POLICY MEDICAL CHECK UP:

- ✓ Waiver of medical tests up to 45 years subject to no adverse medical history
Medical Reports for age group of 46 and above

- ✓ For Sum Insured upto Rs 3 lacs, Insured has to get the tests done from any of the below mentioned Panels -

- Panel 1 –

- HbA1C
- S. Cholesterol and Triglycerides
- General Physical Examination Report (by M.D. Medicine Doctor)
- Cardiac Risk Markers –
 - Apolipoprotein A1
 - Apolipoprotein B
 - High Sensitive CRP
 - Lipoprotein (a)
 - Apolipoprotein A1B Ratio

- Panel 2 –

- HbA1C
- S. Cholesterol and Triglycerides
- ECG (with doctors report)
- General Physical Examination Report (by M.D. Medicine Doctor)
- Echo cardiogram (with doctors report)

- ✓ For Sum Insured above Rs 3 lacs, Insured has to get the below tests done-

- Panel 1 –

- HbA1C
- S. Cholesterol and Triglycerides
- ECG (with doctors report)
- General Physical Examination Report (by M.D. Medicine Doctor)
- Cardiac Risk Markers –
 - Apolipoprotein A1

- Apolipoprotein B
 - High Sensitive CRP
 - Lipoprotein (a)
 - Apolipoprotein A1B Ratio
-
- ✓ Pre Policy Medical Check-Up may also be required by Us based on the information furnished in the proposal form.
 - ✓ Wherever the medical underwriter requires, based on the information furnished in the proposal form.
 - ✓ Where ever Pre-Policy Medical checkup is requested by the Company, 50% of the cost of prescribed tests will be reimbursed for all proposals accepted, after the expiry of free look up period
 - ✓ The medical reports are valid for a period of 90 days from the date of Pre-Policy Check up.

BASIS OF PAYMENT

I. TOP-UP COVER:

- a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization/s incepting during each policy year payable under 'What is covered' and which exceeds the Deductible mentioned in the Schedule of the Policy
- b) Each event (hospitalization), if more than one, during the Policy period shall be separately subject to the specified Deductible mentioned in the Schedule of the Policy except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy where each Insured Person has a separate Sum Insured as well as for Policy based on single floater Sum Insured for whole family
- c) In no case we shall be liable to pay any sum in excess of the Sum Insured during the period of the Policy
- d) All the Bills, Receipts, Reports and Discharge summary etc in respect of the claim should be submitted to us.

II. SUPER TOP-UP COVER:

- a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization/s incepting during each policy year payable under 'What is covered' and which exceeds the Deductible mentioned in the Schedule of the Policy.
- b) Deductible shall be separately applicable on per year basis on aggregate of Medical expenses incurred under 'What is covered' for each Insured person in case of Individual Policy or Deductible shall be applicable on per year basis on aggregate of Medical expenses payable in 'What is covered' for all Insured persons in case Single floater Sum Insured is opted for the whole Family.
- c) In no case we shall be liable to pay any sum in excess of the Sum Insured during the period of the Policy.
- d) All the Bills, Receipts, Reports and Discharge summary etc in respect of all the claims adding up to the aggregate including claims falling within the deductible should be carefully preserved and submitted along with the claim to US whenever YOU are making a claim under Super Top Up Cover.

ADDITIONAL BENEFITS

I. MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

II. DAY CARE TREATMENT: Day care medical treatments will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.

(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)

III. EMERGENCY ASSISTANCE SERVICES

1. This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services as described below. The services are provided when insured person(s) is/are traveling within India 150(one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90(ninety) days. No claims for reimbursement of expenses incurred for services arranged by insured/insured person(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the insured person.**
 - a) **Medical consultation, evaluation and referral:** Insured person(s) has/have access to an operations center with multilingual medical staff on duty 24(twenty four) hours a day, throughout the policy period year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
 - b) **Emergency medical evacuation:** If insured person(s) has/have a medical emergency and an adequate medical facility is not available (as determined by physician and the consultant physician) proximate to where insured person(s) is/are located, we/our representative will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.

- c) **Medical repatriation:** When medically necessary, as determined by us / our physician and the consulting physician, repatriation under medical supervision to insured person(s)/your address as mentioned in the policy schedule at such time as insured person(s) is/ are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising insured person(s) medical condition. If the time period to receive medical clearance to travel by common carrier exceeds 14(fourteen) days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged by **us/our representative**, such as an air ambulance. Medical or non-medical escorts may also be provided, if necessary.
- d) **Transportation to join patient:** We will provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalisation, provided insured person (s) has/ have travelled alone and insured person(s) is/ are required to be hospitalized for more than seven consecutive days. At insured person (s) request, **we/our representative** will also provide assistance with regards to arrangements for the accommodation of family member or the friend. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
- e) **Care and/or transportation of minor children:** When insured person(s)'s minor child(ren) is/are left unattended as a result of insured person (s) medical situation, **we/our representative** will provide the child with transportation to home or to the home of a person designated by insured person (s) living in the same city as insured person (s) address. If appropriate, an attendant will escort the child.
- f) **Emergency message transmission:** **we/our representative** will receive and transmit emergency messages to/from home.
- g) **Return of mortal remains:** In the event of death of insured person, **we/our representative** will arrange and pay for the return of mortal remains. **we/our representative** will render any assistance necessary in the transport including locating a local, emergency assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
- h) **Emergency cash coordination:** **We/our representative** will assist in coordinating the transfer of emergency cash. Source of funds is solely your responsibility
Conditions: The emergency assistance services are available subject to certain limited exclusions as set forth below: Emergency assistance service will not be provided in the following instances:
- a) Travel undertaken specifically for securing medical treatment
 - b) Services sought outside India.
 - c) Injuries resulting from participation in acts of war or insurrection
 - d) Commission of unlawful act(s) with malafide intent.
 - e) Attempt at suicide /self inflicted injuries
 - f) Incidents involving the use of drugs, unless prescribed by a physician
 - g) Transfer of the insured person from one medical facility to another medical facility of similar

capabilities and providing a similar level of care

We/our representative will not evacuate or repatriate an insured person in the following instances:

- a) Without medical authorization
- b) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent insured person (s) from continuing your trip or returning home
- c) With a pregnancy term of over six(6) months
- d) With mental or nervous disorders unless hospitalised

Specific exclusions:

- a) Trips exceeding 90(ninety) days from declared residence without prior notification to emergency assistance service provider.
- b) Students at home/school campus address (as they are not considered to be in travel status).

Legal actions arising hereunder shall be barred unless written notice thereof is received by us, within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We shall not be responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under our control. **We/our representative** are not responsible or liable for any malpractice committed by professionals rendering services to you.

GENERAL TERMS AND CLAUSES

1. FREE LOOK PERIOD

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

You/the insured shall be allowed a period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

2. MIGRATION

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

<https://irdai.gov.in/document-detail?documentId=393128>

3. PORTABILITY

You/the Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

<https://irdai.gov.in/document-detail?documentId=393128>

4. RENEWAL

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.
- vi. The Premium applicable for renewal shall be based on the rating factors like Age, Sum Insured etc. However no loading shall be applied on individual claims experience.
- vii. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced sum insured

5. MULTIPLE POLICIES:

- i. In case of multiple policies taken by You/ insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

- ii. You/Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where You/Insured person has policies from more than one insurer to cover the same risk on indemnity basis, You/the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. PAYMENT OF PREMIUM

The premium payable shall be paid in advance before commencement of risk.

7. INCREASE IN SUM INSURED OR REDUCTION IN DEDUCTIBLE

If You renew with Us or transfer from any other Insurer and increase the Sum Insured or reduce Your deductible, then the waiting periods (refer policy wordings) shall apply fresh in relation to the amount by which the Sum Insured has been increased or Deductible has been reduced.

8. CANCELLATION

- a) You/the Policy holder may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Short Period Table - % Return Premium

Refund Percentage Cancellation date upto (x months) from Policy start date	Policy Tenure		
	1 year	2 years	3 years
Post free-lookup period and Upto 1 month	75%	87%	91%
Upto 3 month	50%	74%	82%
Upto 6 month	25%	61.5%	72.5%
Upto 12 month	0%	48.5%	64.5%
Upto 15 month	NA	24.5%	47%
Upto 18 month	NA	12%	38.5%
Upto 24 month	NA	0%	30%
Upto 30 month	NA	NA	8%
Beyond 30 months	NA	NA	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 any Insured person under the Policy.

- b) We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

9. GRACE PERIOD

Grace Period of 30 days is permissible for renewals. If renewal is done within the Grace Period of 30 days continuity of benefits will be allowed.

10. AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY

The coverage for the Insured Person(s) shall automatically terminate:

- a) In the case of his/ her (Insured Person) demise. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to Us along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.
- b) Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

11. Possibility of Revision of Terms of the Policy Including the Premium Rates

We, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

12. WITHDRAWAL OF POLICY

- i. In the likelihood of this product being withdrawn in future, We will intimate You/the insured person about the same 90 days prior to expiry of the policy.
- ii. You/ Insured Person will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

13. ARBITRATION

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

14. TERRITORIAL JURISDICTION

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

15. DISCLAIMER CLAUSE

If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

16. CLAIM SETTLEMENT (PROVISION FOR PENAL INTEREST)

- i. We 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, We shall be liable to pay interest to You/the policyholder 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 Our opinion, We 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, We shall settle or reject 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 to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

**"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017.

17. GRIEVANCE OR COMPLAINT

In case of any grievance, the insured person may contact Us through:

Website: <https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier : Chief Grievance Officer

IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon - 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of



grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link

<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

RATING CHART

A) SUPER TOP-UP VARIANT PREMIUM RATES (EXCLUDING GST)

Super Top-Up Individual Basis (1 Year Policy)

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
300,000	200,000	1,290	1,485	2,100	2,770	4,290	6,530	6,845	8,420	11,230	13,480	14,825	16,310	17,940	18,835
300,000	300,000	1,070	1,235	1,745	2,300	3,560	5,425	5,685	6,995	9,330	11,195	12,315	13,550	14,905	15,650
300,000	500,000	810	935	1,325	1,745	2,700	4,110	4,310	5,305	7,075	8,490	9,335	10,270	11,300	11,865
300,000	700,000	520	600	845	1,115	1,725	2,625	2,750	3,385	4,515	5,420	5,960	6,555	7,210	7,575
400,000	200,000	1,405	1,620	2,295	3,020	4,680	7,125	7,470	9,190	12,255	14,705	16,175	17,795	19,575	20,550
400,000	300,000	1,170	1,345	1,905	2,510	3,885	5,920	6,205	7,635	10,180	12,215	13,440	14,780	16,260	17,075
400,000	500,000	885	1,020	1,445	1,905	2,945	4,485	4,705	5,785	7,720	9,260	10,190	11,205	12,330	12,945
400,000	700,000	565	650	920	1,215	1,880	2,865	3,005	3,695	4,925	5,910	6,505	7,155	7,870	8,265
500,000	200,000	1,560	1,800	2,545	3,355	5,190	7,905	8,290	10,195	13,600	16,320	17,950	19,745	21,720	22,805
500,000	300,000	1,295	1,495	2,115	2,785	4,315	6,565	6,885	8,470	11,295	13,555	14,910	16,405	18,045	18,945
500,000	500,000	985	1,135	1,605	2,110	3,270	4,980	5,220	6,420	8,565	10,280	11,305	12,435	13,680	14,365
500,000	700,000	625	725	1,025	1,350	2,085	3,180	3,330	4,100	5,465	6,560	7,215	7,940	8,730	9,170
500,000	1,000,000	470	545	765	1,010	1,565	2,385	2,500	3,075	4,100	4,920	5,415	5,955	6,550	6,875
500,000	1,500,000	355	405	575	760	1,175	1,785	1,875	2,305	3,075	3,690	4,060	4,465	4,910	5,160
500,000	2,000,000	265	305	430	570	880	1,340	1,405	1,730	2,305	2,770	3,045	3,350	3,685	3,870
500,000	2,500,000	200	230	325	425	660	1,005	1,055	1,295	1,730	2,075	2,285	2,510	2,765	2,900
1,000,000	200,000	2,075	2,390	3,385	4,455	6,900	10,505	11,015	13,550	18,075	21,685	23,855	26,240	28,865	30,310
1,000,000	300,000	1,725	1,985	2,810	3,700	5,730	8,725	9,150	11,260	15,015	18,015	19,820	21,800	23,980	25,180
1,000,000	500,000	1,305	1,505	2,130	2,805	4,345	6,615	6,935	8,535	11,380	13,660	15,025	16,525	18,180	19,090
1,000,000	700,000	835	960	1,360	1,790	2,775	4,225	4,430	5,450	7,265	8,720	9,590	10,550	11,605	12,185
1,000,000	1,000,000	625	720	1,020	1,345	2,080	3,165	3,320	4,085	5,450	6,540	7,195	7,910	8,705	9,140
1,000,000	1,500,000	470	540	765	1,010	1,560	2,375	2,490	3,065	4,085	4,905	5,395	5,935	6,530	6,855
1,000,000	2,000,000	350	405	575	755	1,170	1,780	1,870	2,300	3,065	3,680	4,045	4,450	4,895	5,140
1,000,000	2,500,000	265	305	430	565	880	1,335	1,400	1,725	2,300	2,760	3,035	3,340	3,670	3,855
1,000,000	3,000,000	200	230	325	425	660	1,000	1,050	1,295	1,725	2,070	2,275	2,505	2,755	2,890
1,500,000	200,000	2,405	2,775	3,925	5,170	8,010	12,190	12,785	15,730	20,975	25,170	27,690	30,455	33,505	35,180
1,500,000	300,000	2,000	2,305	3,260	4,295	6,650	10,130	10,620	13,065	17,425	20,910	23,000	25,300	27,830	29,225

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
1,500,000	500,000	1,800	2,075	2,935	3,865	5,985	9,115	9,560	11,760	15,685	18,820	20,700	22,770	25,050	26,300
1,500,000	700,000	1,620	1,870	2,640	3,480	5,390	8,205	8,600	10,585	14,115	16,940	18,630	20,495	22,545	23,670
1,500,000	1,000,000	1,215	1,400	1,980	2,610	4,040	6,155	6,450	7,940	10,585	12,705	13,975	15,370	16,910	17,755
1,500,000	1,500,000	910	1,050	1,485	1,960	3,030	4,615	4,840	5,955	7,940	9,525	10,480	11,530	12,680	13,315
1,500,000	2,000,000	685	790	1,115	1,470	2,275	3,460	3,630	4,465	5,955	7,145	7,860	8,645	9,510	9,985
1,500,000	2,500,000	510	590	835	1,100	1,705	2,595	2,720	3,350	4,465	5,360	5,895	6,485	7,135	7,490
1,500,000	3,000,000	385	445	625	825	1,280	1,945	2,040	2,510	3,350	4,020	4,420	4,865	5,350	5,615
2,000,000	200,000	2,915	3,360	4,755	6,260	9,695	14,760	15,475	19,040	25,395	30,475	33,520	36,875	40,560	42,590
2,000,000	300,000	2,420	2,790	3,950	5,200	8,055	12,260	12,855	15,820	21,095	25,315	27,845	30,630	33,695	35,380
2,000,000	500,000	2,180	2,515	3,555	4,680	7,250	11,035	11,570	14,235	18,985	22,785	25,060	27,570	30,325	31,840
2,000,000	700,000	1,960	2,260	3,200	4,215	6,525	9,930	10,415	12,815	17,090	20,505	22,555	24,810	27,295	28,655
2,000,000	1,000,000	1,470	1,695	2,400	3,160	4,895	7,450	7,810	9,610	12,815	15,380	16,915	18,610	20,470	21,495
2,000,000	1,500,000	1,105	1,270	1,800	2,370	3,670	5,585	5,860	7,205	9,610	11,535	12,690	13,955	15,350	16,120
2,000,000	2,000,000	825	955	1,350	1,775	2,750	4,190	4,395	5,405	7,210	8,650	9,515	10,465	11,515	12,090
2,000,000	2,500,000	620	715	1,010	1,335	2,065	3,145	3,295	4,055	5,405	6,490	7,135	7,850	8,635	9,065
2,000,000	3,000,000	465	535	760	1,000	1,550	2,355	2,470	3,040	4,055	4,865	5,355	5,890	6,475	6,800
2,500,000	300,000	3,075	3,550	5,020	6,610	10,240	15,585	16,345	20,110	26,815	32,180	35,400	38,940	42,830	44,975
2,500,000	500,000	2,770	3,195	4,515	5,950	9,215	14,030	14,710	18,095	24,135	28,960	31,860	35,045	38,550	40,475
2,500,000	700,000	2,490	2,875	4,065	5,355	8,295	12,625	13,240	16,285	21,720	26,065	28,675	31,540	34,695	36,430
2,500,000	1,000,000	1,870	2,155	3,050	4,015	6,220	9,470	9,930	12,215	16,290	19,550	21,505	23,655	26,020	27,320
2,500,000	1,500,000	1,400	1,615	2,285	3,015	4,665	7,100	7,445	9,160	12,220	14,660	16,130	17,740	19,515	20,490
2,500,000	2,000,000	1,050	1,215	1,715	2,260	3,500	5,325	5,585	6,870	9,165	10,995	12,095	13,305	14,635	15,370
2,500,000	2,500,000	790	910	1,285	1,695	2,625	3,995	4,190	5,155	6,875	8,245	9,070	9,980	10,975	11,525
2,500,000	3,000,000	590	680	965	1,270	1,970	2,995	3,140	3,865	5,155	6,185	6,805	7,485	8,235	8,645
3,000,000	500,000	3,520	4,060	5,740	7,565	11,710	17,830	18,700	23,005	30,680	36,815	40,500	44,545	49,000	51,450
3,000,000	700,000	3,170	3,655	5,170	6,810	10,540	16,050	16,830	20,705	27,610	33,135	36,450	40,090	44,100	46,305
3,000,000	1,000,000	2,375	2,740	3,875	5,105	7,905	12,035	12,620	15,530	20,710	24,850	27,335	30,070	33,075	34,730
3,000,000	1,500,000	1,780	2,055	2,905	3,830	5,930	9,030	9,465	11,645	15,530	18,640	20,500	22,550	24,805	26,050
3,000,000	2,000,000	1,335	1,540	2,180	2,870	4,445	6,770	7,100	8,735	11,650	13,980	15,375	16,915	18,605	19,535
3,000,000	2,500,000	1,000	1,155	1,635	2,155	3,335	5,080	5,325	6,550	8,735	10,485	11,530	12,685	13,955	14,650
3,000,000	3,000,000	750	865	1,225	1,615	2,500	3,810	3,995	4,915	6,550	7,865	8,650	9,515	10,465	10,990
4,000,000	500,000	3,610	4,160	5,885	7,755	12,005	18,280	19,165	23,580	31,445	37,735	41,510	45,660	50,225	52,740
4,000,000	700,000	3,245	3,745	5,300	6,980	10,805	16,450	17,250	21,220	28,300	33,965	37,360	41,095	45,205	47,465
4,000,000	1,000,000	2,435	2,810	3,975	5,235	8,105	12,340	12,935	15,915	21,225	25,470	28,020	30,820	33,905	35,600

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
4,000,000	1,500,000	1,825	2,105	2,980	3,925	6,080	9,255	9,705	11,935	15,920	19,105	21,015	23,115	25,425	26,700
4,000,000	2,000,000	1,370	1,580	2,235	2,945	4,560	6,940	7,275	8,955	11,940	14,330	15,760	17,335	19,070	20,025
4,000,000	2,500,000	1,025	1,185	1,675	2,210	3,420	5,205	5,460	6,715	8,955	10,745	11,820	13,005	14,305	15,020
4,000,000	3,000,000	770	890	1,255	1,655	2,565	3,905	4,095	5,035	6,715	8,060	8,865	9,750	10,725	11,265
5,000,000	500,000	3,700	4,265	6,035	7,945	12,305	18,735	19,645	24,170	32,235	38,680	42,550	46,805	51,485	54,055
5,000,000	700,000	3,330	3,840	5,430	7,150	11,075	16,860	17,680	21,750	29,010	34,810	38,295	42,120	46,335	48,650
5,000,000	1,000,000	2,495	2,880	4,075	5,365	8,305	12,645	13,260	16,315	21,755	26,110	28,720	31,590	34,750	36,490
5,000,000	1,500,000	1,870	2,160	3,055	4,025	6,230	9,485	9,945	12,235	16,320	19,580	21,540	23,695	26,065	27,365
5,000,000	2,000,000	1,405	1,620	2,290	3,015	4,670	7,115	7,460	9,175	12,240	14,685	16,155	17,770	19,545	20,525
5,000,000	2,500,000	1,055	1,215	1,720	2,265	3,505	5,335	5,595	6,885	9,180	11,015	12,115	13,330	14,660	15,395
5,000,000	3,000,000	790	910	1,290	1,695	2,630	4,000	4,195	5,160	6,885	8,260	9,085	9,995	10,995	11,545
7,500,000	700,000	3,535	4,080	5,770	7,600	11,765	17,915	18,785	23,110	30,825	36,990	40,685	44,755	49,230	51,690
7,500,000	1,000,000	2,650	3,060	4,325	5,700	8,825	13,435	14,090	17,335	23,115	27,740	30,515	33,565	36,925	38,770
7,500,000	1,500,000	1,990	2,295	3,245	4,275	6,620	10,075	10,565	13,000	17,340	20,805	22,885	25,175	27,690	29,075
7,500,000	2,000,000	1,490	1,720	2,435	3,205	4,965	7,560	7,925	9,750	13,005	15,605	17,165	18,880	20,770	21,805
7,500,000	2,500,000	1,120	1,290	1,825	2,405	3,725	5,670	5,945	7,315	9,755	11,705	12,875	14,160	15,575	16,355
7,500,000	3,000,000	840	970	1,370	1,805	2,790	4,250	4,460	5,485	7,315	8,775	9,655	10,620	11,685	12,265
10,000,000	1,000,000	2,820	3,250	4,600	6,055	9,375	14,275	14,970	18,415	24,560	29,475	32,420	35,665	39,230	41,190
10,000,000	1,500,000	2,115	2,440	3,450	4,540	7,035	10,705	11,225	13,815	18,420	22,105	24,315	26,750	29,425	30,895
10,000,000	2,000,000	1,585	1,830	2,585	3,405	5,275	8,030	8,420	10,360	13,815	16,580	18,235	20,060	22,065	23,170
10,000,000	2,500,000	1,190	1,370	1,940	2,555	3,955	6,025	6,315	7,770	10,360	12,435	13,680	15,045	16,550	17,380
10,000,000	3,000,000	890	1,030	1,455	1,915	2,965	4,515	4,735	5,825	7,770	9,325	10,260	11,285	12,415	13,035

Super Top-Up Individual Basis (Half Yearly Premium)

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
300,000	200,000	655	755	1,070	1,405	2,180	3,315	3,475	4,275	5,705	6,845	7,530	8,280	9,110	9,565
300,000	300,000	545	625	885	1,170	1,810	2,755	2,890	3,555	4,740	5,685	6,255	6,880	7,570	7,945
300,000	500,000	410	475	670	885	1,370	2,090	2,190	2,695	3,595	4,310	4,740	5,215	5,740	6,025
300,000	700,000	265	305	430	565	875	1,335	1,400	1,720	2,295	2,750	3,025	3,330	3,665	3,845
400,000	200,000	715	825	1,165	1,535	2,375	3,620	3,795	4,665	6,225	7,470	8,215	9,035	9,940	10,440
400,000	300,000	595	685	965	1,275	1,975	3,005	3,150	3,875	5,170	6,205	6,825	7,505	8,260	8,670
400,000	500,000	450	520	735	965	1,495	2,280	2,390	2,940	3,920	4,705	5,175	5,690	6,260	6,575
400,000	700,000	285	330	470	615	955	1,455	1,525	1,875	2,500	3,005	3,305	3,635	3,995	4,195

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
500,000	200,000	790	915	1,295	1,705	2,635	4,015	4,210	5,180	6,905	8,290	9,115	10,030	11,030	11,585
500,000	300,000	660	760	1,075	1,415	2,190	3,335	3,495	4,300	5,735	6,885	7,575	8,330	9,165	9,620
500,000	500,000	500	575	815	1,075	1,660	2,530	2,650	3,260	4,350	5,220	5,740	6,315	6,950	7,295
500,000	700,000	320	365	520	685	1,060	1,615	1,690	2,080	2,775	3,330	3,665	4,030	4,435	4,655
500,000	1,000,000	240	275	390	515	795	1,210	1,270	1,560	2,085	2,500	2,750	3,025	3,325	3,495
500,000	1,500,000	180	205	295	385	595	910	950	1,170	1,560	1,875	2,060	2,270	2,495	2,620
500,000	2,000,000	135	155	220	290	445	680	715	880	1,170	1,405	1,545	1,700	1,870	1,965
500,000	2,500,000	100	115	165	215	335	510	535	660	880	1,055	1,160	1,275	1,405	1,475
1,000,000	200,000	1,055	1,215	1,720	2,265	3,505	5,335	5,595	6,885	9,180	11,015	12,115	13,330	14,660	15,395
1,000,000	300,000	875	1,010	1,425	1,880	2,910	4,430	4,645	5,720	7,625	9,150	10,065	11,070	12,180	12,790
1,000,000	500,000	665	765	1,080	1,425	2,205	3,360	3,525	4,335	5,780	6,935	7,630	8,395	9,235	9,695
1,000,000	700,000	425	490	690	910	1,410	2,145	2,250	2,765	3,690	4,430	4,870	5,360	5,895	6,190
1,000,000	1,000,000	315	365	520	680	1,055	1,610	1,685	2,075	2,765	3,320	3,655	4,020	4,420	4,640
1,000,000	1,500,000	240	275	390	510	790	1,205	1,265	1,555	2,075	2,490	2,740	3,015	3,315	3,480
1,000,000	2,000,000	180	205	290	385	595	905	950	1,165	1,555	1,870	2,055	2,260	2,485	2,610
1,000,000	2,500,000	135	155	220	290	445	680	710	875	1,170	1,400	1,540	1,695	1,865	1,960
1,000,000	3,000,000	100	115	165	215	335	510	535	655	875	1,050	1,155	1,270	1,400	1,470
1,500,000	200,000	1,220	1,410	1,995	2,625	4,065	6,190	6,495	7,990	10,655	12,785	14,060	15,470	17,015	17,865
1,500,000	300,000	1,015	1,170	1,655	2,180	3,380	5,145	5,395	6,635	8,850	10,620	11,680	12,850	14,135	14,840
1,500,000	500,000	915	1,055	1,490	1,965	3,040	4,630	4,855	5,975	7,965	9,560	10,515	11,565	12,720	13,360
1,500,000	700,000	820	950	1,340	1,765	2,735	4,165	4,370	5,375	7,170	8,600	9,460	10,410	11,450	12,020
1,500,000	1,000,000	615	710	1,005	1,325	2,050	3,125	3,275	4,030	5,375	6,450	7,095	7,805	8,585	9,015
1,500,000	1,500,000	465	535	755	995	1,540	2,345	2,460	3,025	4,030	4,840	5,320	5,855	6,440	6,760
1,500,000	2,000,000	345	400	565	745	1,155	1,760	1,845	2,270	3,025	3,630	3,990	4,390	4,830	5,070
1,500,000	2,500,000	260	300	425	560	865	1,320	1,380	1,700	2,270	2,720	2,995	3,295	3,625	3,805
1,500,000	3,000,000	195	225	320	420	650	990	1,035	1,275	1,700	2,040	2,245	2,470	2,715	2,855
2,000,000	200,000	1,480	1,705	2,415	3,180	4,925	7,495	7,860	9,670	12,895	15,475	17,025	18,725	20,600	21,630
2,000,000	300,000	1,230	1,420	2,005	2,640	4,090	6,230	6,530	8,035	10,715	12,855	14,145	15,555	17,115	17,970
2,000,000	500,000	1,105	1,275	1,805	2,375	3,680	5,605	5,875	7,230	9,640	11,570	12,730	14,000	15,400	16,170
2,000,000	700,000	995	1,150	1,625	2,140	3,315	5,045	5,290	6,505	8,680	10,415	11,455	12,600	13,860	14,555
2,000,000	1,000,000	745	860	1,220	1,605	2,485	3,785	3,965	4,880	6,510	7,810	8,590	9,450	10,395	10,915
2,000,000	1,500,000	560	645	915	1,205	1,865	2,835	2,975	3,660	4,880	5,860	6,445	7,090	7,795	8,185
2,000,000	2,000,000	420	485	685	900	1,400	2,130	2,230	2,745	3,660	4,395	4,835	5,315	5,850	6,140
2,000,000	2,500,000	315	365	515	675	1,050	1,595	1,675	2,060	2,745	3,295	3,625	3,985	4,385	4,605

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
2,000,000	3,000,000	235	275	385	510	785	1,195	1,255	1,545	2,060	2,470	2,720	2,990	3,290	3,455
2,500,000	300,000	1,565	1,800	2,550	3,360	5,200	7,915	8,300	10,210	13,620	16,345	17,980	19,775	21,755	22,840
2,500,000	500,000	1,405	1,620	2,295	3,020	4,680	7,125	7,470	9,190	12,255	14,710	16,180	17,800	19,575	20,555
2,500,000	700,000	1,265	1,460	2,065	2,720	4,210	6,410	6,725	8,270	11,030	13,240	14,560	16,020	17,620	18,500
2,500,000	1,000,000	950	1,095	1,550	2,040	3,160	4,810	5,045	6,205	8,275	9,930	10,920	12,015	13,215	13,875
2,500,000	1,500,000	710	820	1,160	1,530	2,370	3,605	3,780	4,655	6,205	7,445	8,190	9,010	9,910	10,405
2,500,000	2,000,000	535	615	870	1,145	1,775	2,705	2,835	3,490	4,655	5,585	6,145	6,760	7,435	7,805
2,500,000	2,500,000	400	460	655	860	1,335	2,030	2,125	2,615	3,490	4,190	4,605	5,070	5,575	5,855
2,500,000	3,000,000	300	345	490	645	1,000	1,520	1,595	1,965	2,620	3,140	3,455	3,800	4,180	4,390
3,000,000	500,000	1,790	2,060	2,915	3,840	5,950	9,055	9,495	11,685	15,580	18,700	20,570	22,625	24,885	26,130
3,000,000	700,000	1,610	1,855	2,625	3,460	5,355	8,150	8,545	10,515	14,025	16,830	18,510	20,360	22,400	23,520
3,000,000	1,000,000	1,205	1,390	1,970	2,595	4,015	6,115	6,410	7,885	10,520	12,620	13,885	15,270	16,800	17,640
3,000,000	1,500,000	905	1,045	1,475	1,945	3,010	4,585	4,810	5,915	7,890	9,465	10,410	11,455	12,600	13,230
3,000,000	2,000,000	680	785	1,105	1,460	2,260	3,440	3,605	4,435	5,915	7,100	7,810	8,590	9,450	9,920
3,000,000	2,500,000	510	585	830	1,095	1,695	2,580	2,705	3,325	4,435	5,325	5,855	6,440	7,085	7,440
3,000,000	3,000,000	380	440	625	820	1,270	1,935	2,030	2,495	3,330	3,995	4,395	4,830	5,315	5,580
4,000,000	500,000	1,830	2,115	2,990	3,940	6,095	9,285	9,735	11,975	15,970	19,165	21,080	23,190	25,510	26,785
4,000,000	700,000	1,650	1,900	2,690	3,545	5,490	8,355	8,760	10,780	14,375	17,250	18,975	20,870	22,960	24,105
4,000,000	1,000,000	1,235	1,425	2,020	2,660	4,115	6,265	6,570	8,085	10,780	12,935	14,230	15,655	17,220	18,080
4,000,000	1,500,000	930	1,070	1,515	1,995	3,085	4,700	4,930	6,060	8,085	9,700	10,670	11,740	12,915	13,560
4,000,000	2,000,000	695	800	1,135	1,495	2,315	3,525	3,695	4,545	6,065	7,275	8,005	8,805	9,685	10,170
4,000,000	2,500,000	520	600	850	1,120	1,735	2,645	2,770	3,410	4,550	5,460	6,005	6,605	7,265	7,625
4,000,000	3,000,000	390	450	640	840	1,300	1,985	2,080	2,560	3,410	4,095	4,500	4,955	5,450	5,720
5,000,000	500,000	1,880	2,165	3,065	4,035	6,250	9,515	9,975	12,275	16,370	19,645	21,610	23,770	26,145	27,455
5,000,000	700,000	1,690	1,950	2,760	3,630	5,625	8,565	8,980	11,045	14,735	17,680	19,450	21,395	23,530	24,710
5,000,000	1,000,000	1,270	1,460	2,070	2,725	4,220	6,425	6,735	8,285	11,050	13,260	14,585	16,045	17,650	18,530
5,000,000	1,500,000	950	1,095	1,550	2,045	3,165	4,815	5,050	6,215	8,285	9,945	10,940	12,035	13,235	13,900
5,000,000	2,000,000	715	825	1,165	1,530	2,375	3,610	3,790	4,660	6,215	7,460	8,205	9,025	9,925	10,425
5,000,000	2,500,000	535	615	875	1,150	1,780	2,710	2,840	3,495	4,660	5,595	6,155	6,770	7,445	7,820
5,000,000	3,000,000	400	465	655	860	1,335	2,030	2,130	2,620	3,495	4,195	4,615	5,075	5,585	5,865
7,500,000	700,000	1,795	2,070	2,930	3,860	5,975	9,100	9,540	11,740	15,655	18,785	20,665	22,730	25,000	26,255
7,500,000	1,000,000	1,345	1,555	2,200	2,895	4,480	6,825	7,155	8,805	11,740	14,090	15,500	17,045	18,750	19,690
7,500,000	1,500,000	1,010	1,165	1,650	2,170	3,360	5,120	5,365	6,600	8,805	10,565	11,625	12,785	14,065	14,765
7,500,000	2,000,000	760	875	1,235	1,630	2,520	3,840	4,025	4,950	6,605	7,925	8,715	9,590	10,550	11,075

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
7,500,000	2,500,000	570	655	925	1,220	1,890	2,880	3,020	3,715	4,955	5,945	6,540	7,190	7,910	8,305
7,500,000	3,000,000	425	490	695	915	1,420	2,160	2,265	2,785	3,715	4,460	4,905	5,395	5,935	6,230
10,000,000	1,000,000	1,430	1,650	2,335	3,075	4,760	7,250	7,605	9,355	12,475	14,970	16,465	18,115	19,925	20,920
10,000,000	1,500,000	1,075	1,240	1,750	2,305	3,570	5,440	5,700	7,015	9,355	11,225	12,350	13,585	14,945	15,690
10,000,000	2,000,000	805	930	1,315	1,730	2,680	4,080	4,275	5,260	7,015	8,420	9,260	10,190	11,205	11,765
10,000,000	2,500,000	605	695	985	1,300	2,010	3,060	3,205	3,945	5,265	6,315	6,945	7,640	8,405	8,825
10,000,000	3,000,000	455	520	740	975	1,505	2,295	2,405	2,960	3,945	4,735	5,210	5,730	6,305	6,620

Super Top-Up Individual Basis (Quarterly Premium)

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
300,000	200,000	330	380	540	710	1,095	1,670	1,750	2,155	2,875	3,450	3,795	4,175	4,590	4,820
300,000	300,000	275	315	445	590	910	1,390	1,455	1,790	2,390	2,865	3,150	3,465	3,815	4,005
300,000	500,000	210	240	340	445	690	1,050	1,105	1,355	1,810	2,170	2,390	2,630	2,890	3,035
300,000	700,000	135	155	215	285	440	670	705	865	1,155	1,385	1,525	1,680	1,845	1,940
400,000	200,000	360	415	585	775	1,200	1,825	1,910	2,350	3,135	3,765	4,140	4,555	5,010	5,260
400,000	300,000	300	345	490	640	995	1,515	1,590	1,955	2,605	3,125	3,440	3,785	4,160	4,370
400,000	500,000	225	260	370	485	755	1,150	1,205	1,480	1,975	2,370	2,605	2,870	3,155	3,315
400,000	700,000	145	165	235	310	480	735	770	945	1,260	1,515	1,665	1,830	2,015	2,115
500,000	200,000	400	460	650	860	1,330	2,025	2,120	2,610	3,480	4,175	4,595	5,055	5,560	5,835
500,000	300,000	330	385	540	715	1,105	1,680	1,760	2,170	2,890	3,470	3,815	4,200	4,620	4,850
500,000	500,000	250	290	410	540	835	1,275	1,335	1,645	2,190	2,630	2,895	3,185	3,500	3,675
500,000	700,000	160	185	260	345	535	815	855	1,050	1,400	1,680	1,845	2,030	2,235	2,345
500,000	1,000,000	120	140	195	260	400	610	640	785	1,050	1,260	1,385	1,525	1,675	1,760
500,000	1,500,000	90	105	145	195	300	455	480	590	785	945	1,040	1,145	1,255	1,320
500,000	2,000,000	70	80	110	145	225	345	360	445	590	710	780	855	945	990
500,000	2,500,000	50	60	85	110	170	255	270	330	445	530	585	645	705	740
1,000,000	200,000	530	610	865	1,140	1,765	2,690	2,820	3,470	4,625	5,550	6,105	6,715	7,390	7,755
1,000,000	300,000	440	510	720	945	1,465	2,235	2,340	2,880	3,845	4,610	5,070	5,580	6,135	6,445
1,000,000	500,000	335	385	545	720	1,110	1,695	1,775	2,185	2,915	3,495	3,845	4,230	4,655	4,885
1,000,000	700,000	215	245	350	460	710	1,080	1,135	1,395	1,860	2,230	2,455	2,700	2,970	3,120
1,000,000	1,000,000	160	185	260	345	530	810	850	1,045	1,395	1,675	1,840	2,025	2,230	2,340
1,000,000	1,500,000	120	140	195	260	400	610	640	785	1,045	1,255	1,380	1,520	1,670	1,755
1,000,000	2,000,000	90	105	145	195	300	455	480	590	785	940	1,035	1,140	1,255	1,315

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
1,000,000	2,500,000	70	80	110	145	225	340	360	440	590	705	775	855	940	985
1,000,000	3,000,000	50	60	85	110	170	255	270	330	440	530	585	640	705	740
1,500,000	200,000	615	710	1,005	1,325	2,050	3,120	3,270	4,025	5,370	6,440	7,085	7,795	8,575	9,005
1,500,000	300,000	510	590	835	1,100	1,700	2,590	2,720	3,345	4,460	5,350	5,885	6,475	7,125	7,480
1,500,000	500,000	460	530	750	990	1,530	2,335	2,445	3,010	4,015	4,815	5,300	5,830	6,410	6,730
1,500,000	700,000	415	480	675	890	1,380	2,100	2,200	2,710	3,615	4,335	4,770	5,245	5,770	6,060
1,500,000	1,000,000	310	360	505	670	1,035	1,575	1,650	2,030	2,710	3,250	3,575	3,935	4,325	4,545
1,500,000	1,500,000	235	270	380	500	775	1,180	1,240	1,525	2,030	2,440	2,680	2,950	3,245	3,410
1,500,000	2,000,000	175	200	285	375	580	885	930	1,145	1,525	1,830	2,010	2,215	2,435	2,555
1,500,000	2,500,000	130	150	215	280	435	665	695	855	1,145	1,370	1,510	1,660	1,825	1,915
1,500,000	3,000,000	100	115	160	210	325	500	520	645	855	1,030	1,130	1,245	1,370	1,440
2,000,000	200,000	745	860	1,215	1,600	2,480	3,780	3,960	4,875	6,500	7,800	8,580	9,435	10,380	10,900
2,000,000	300,000	620	715	1,010	1,330	2,060	3,140	3,290	4,050	5,400	6,480	7,125	7,840	8,625	9,055
2,000,000	500,000	555	645	910	1,200	1,855	2,825	2,960	3,645	4,860	5,830	6,415	7,055	7,760	8,150
2,000,000	700,000	500	580	820	1,080	1,670	2,540	2,665	3,280	4,375	5,250	5,775	6,350	6,985	7,335
2,000,000	1,000,000	375	435	615	810	1,250	1,905	2,000	2,460	3,280	3,935	4,330	4,765	5,240	5,500
2,000,000	1,500,000	280	325	460	605	940	1,430	1,500	1,845	2,460	2,950	3,245	3,570	3,930	4,125
2,000,000	2,000,000	210	245	345	455	705	1,070	1,125	1,385	1,845	2,215	2,435	2,680	2,945	3,095
2,000,000	2,500,000	160	185	260	340	530	805	845	1,040	1,385	1,660	1,825	2,010	2,210	2,320
2,000,000	3,000,000	120	135	195	255	395	605	630	780	1,040	1,245	1,370	1,505	1,660	1,740
2,500,000	300,000	790	910	1,285	1,690	2,620	3,990	4,185	5,145	6,865	8,235	9,060	9,965	10,960	11,510
2,500,000	500,000	710	815	1,155	1,525	2,360	3,590	3,765	4,630	6,175	7,410	8,155	8,970	9,865	10,360
2,500,000	700,000	640	735	1,040	1,370	2,120	3,230	3,390	4,170	5,560	6,670	7,340	8,070	8,880	9,325
2,500,000	1,000,000	480	550	780	1,030	1,590	2,425	2,540	3,125	4,170	5,005	5,505	6,055	6,660	6,990
2,500,000	1,500,000	360	415	585	770	1,195	1,820	1,905	2,345	3,125	3,755	4,130	4,540	4,995	5,245
2,500,000	2,000,000	270	310	440	580	895	1,365	1,430	1,760	2,345	2,815	3,095	3,405	3,745	3,935
2,500,000	2,500,000	200	235	330	435	670	1,020	1,070	1,320	1,760	2,110	2,320	2,555	2,810	2,950
2,500,000	3,000,000	150	175	245	325	505	765	805	990	1,320	1,585	1,740	1,915	2,105	2,215
3,000,000	500,000	900	1,040	1,470	1,935	3,000	4,565	4,785	5,890	7,850	9,420	10,365	11,400	12,540	13,170
3,000,000	700,000	810	935	1,325	1,740	2,700	4,105	4,305	5,300	7,065	8,480	9,330	10,260	11,285	11,850
3,000,000	1,000,000	610	700	990	1,305	2,025	3,080	3,230	3,975	5,300	6,360	6,995	7,695	8,465	8,890
3,000,000	1,500,000	455	525	745	980	1,515	2,310	2,425	2,980	3,975	4,770	5,245	5,770	6,350	6,665
3,000,000	2,000,000	340	395	560	735	1,140	1,735	1,815	2,235	2,980	3,580	3,935	4,330	4,760	5,000
3,000,000	2,500,000	255	295	420	550	855	1,300	1,365	1,675	2,235	2,685	2,950	3,245	3,570	3,750

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
3,000,000	3,000,000	190	220	315	415	640	975	1,020	1,255	1,675	2,010	2,215	2,435	2,680	2,810
4,000,000	500,000	925	1,065	1,505	1,985	3,070	4,680	4,905	6,035	8,050	9,660	10,625	11,685	12,855	13,495
4,000,000	700,000	830	960	1,355	1,785	2,765	4,210	4,415	5,430	7,245	8,690	9,560	10,520	11,570	12,150
4,000,000	1,000,000	625	720	1,015	1,340	2,075	3,160	3,310	4,075	5,435	6,520	7,170	7,890	8,675	9,110
4,000,000	1,500,000	470	540	765	1,005	1,555	2,370	2,485	3,055	4,075	4,890	5,380	5,915	6,510	6,835
4,000,000	2,000,000	350	405	570	755	1,165	1,775	1,860	2,290	3,055	3,665	4,035	4,435	4,880	5,125
4,000,000	2,500,000	265	305	430	565	875	1,330	1,395	1,720	2,290	2,750	3,025	3,330	3,660	3,845
4,000,000	3,000,000	195	230	320	425	655	1,000	1,050	1,290	1,720	2,065	2,270	2,495	2,745	2,885
5,000,000	500,000	945	1,090	1,545	2,035	3,150	4,795	5,030	6,185	8,250	9,900	10,890	11,980	13,175	13,835
5,000,000	700,000	850	985	1,390	1,830	2,835	4,315	4,525	5,565	7,425	8,910	9,800	10,780	11,860	12,450
5,000,000	1,000,000	640	735	1,040	1,375	2,125	3,235	3,395	4,175	5,570	6,680	7,350	8,085	8,895	9,340
5,000,000	1,500,000	480	555	780	1,030	1,595	2,430	2,545	3,130	4,175	5,010	5,515	6,065	6,670	7,005
5,000,000	2,000,000	360	415	585	770	1,195	1,820	1,910	2,350	3,130	3,760	4,135	4,550	5,005	5,255
5,000,000	2,500,000	270	310	440	580	895	1,365	1,430	1,760	2,350	2,820	3,100	3,410	3,750	3,940
5,000,000	3,000,000	200	235	330	435	675	1,025	1,075	1,320	1,760	2,115	2,325	2,560	2,815	2,955
7,500,000	700,000	905	1,045	1,475	1,945	3,010	4,585	4,810	5,915	7,890	9,465	10,415	11,455	12,600	13,230
7,500,000	1,000,000	680	785	1,105	1,460	2,260	3,440	3,605	4,435	5,915	7,100	7,810	8,590	9,450	9,920
7,500,000	1,500,000	510	585	830	1,095	1,695	2,580	2,705	3,325	4,435	5,325	5,855	6,445	7,085	7,440
7,500,000	2,000,000	380	440	625	820	1,270	1,935	2,030	2,495	3,330	3,995	4,395	4,830	5,315	5,580
7,500,000	2,500,000	285	330	465	615	955	1,450	1,520	1,870	2,495	2,995	3,295	3,625	3,985	4,185
7,500,000	3,000,000	215	250	350	460	715	1,090	1,140	1,405	1,870	2,245	2,470	2,720	2,990	3,140
10,000,000	1,000,000	720	830	1,175	1,550	2,400	3,655	3,830	4,715	6,285	7,545	8,300	9,130	10,040	10,540
10,000,000	1,500,000	540	625	880	1,160	1,800	2,740	2,875	3,535	4,715	5,660	6,225	6,845	7,530	7,905
10,000,000	2,000,000	405	470	660	870	1,350	2,055	2,155	2,650	3,535	4,245	4,665	5,135	5,650	5,930
10,000,000	2,500,000	305	350	495	655	1,010	1,540	1,615	1,990	2,650	3,185	3,500	3,850	4,235	4,450
10,000,000	3,000,000	230	265	370	490	760	1,155	1,210	1,490	1,990	2,385	2,625	2,890	3,175	3,335

Super Top-Up Individual Basis (Monthly Premium)

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
300,000	200,000	111	128	180	237	368	560	587	722	963	1,156	1,271	1,399	1,538	1,615
300,000	300,000	92	106	150	197	305	465	488	600	800	960	1,056	1,162	1,278	1,342
300,000	500,000	70	80	114	150	232	353	370	455	607	728	801	881	969	1,017
300,000	700,000	44	51	72	95	148	225	236	290	387	465	511	562	618	649
400,000	200,000	121	139	197	259	401	611	641	788	1,051	1,261	1,387	1,526	1,679	1,763

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
400,000	300,000	100	116	163	215	333	508	532	655	873	1,048	1,152	1,268	1,395	1,464
400,000	500,000	76	88	124	163	253	385	403	496	662	794	874	961	1,057	1,110
400,000	700,000	48	56	79	104	161	246	258	317	423	507	558	614	675	709
500,000	200,000	134	154	218	288	445	678	711	874	1,166	1,400	1,539	1,693	1,863	1,956
500,000	300,000	111	128	181	239	370	563	590	726	969	1,163	1,279	1,407	1,547	1,625
500,000	500,000	84	97	137	181	280	427	448	551	735	881	970	1,067	1,173	1,232
500,000	700,000	54	62	88	116	179	273	286	352	469	563	619	681	749	786
500,000	1,000,000	40	47	66	87	134	204	214	264	352	422	464	511	562	590
500,000	1,500,000	30	35	49	65	101	153	161	198	264	316	348	383	421	442
500,000	2,000,000	23	26	37	49	76	115	121	148	198	237	261	287	316	332
500,000	2,500,000	17	20	28	37	57	86	90	111	148	178	196	215	237	249
1,000,000	200,000	178	205	290	382	592	901	945	1,162	1,550	1,860	2,046	2,251	2,476	2,599
1,000,000	300,000	148	170	241	317	492	748	785	965	1,288	1,545	1,700	1,870	2,057	2,159
1,000,000	500,000	112	129	183	241	373	567	595	732	976	1,171	1,288	1,417	1,559	1,637
1,000,000	700,000	72	83	117	154	238	362	380	467	623	748	823	905	995	1,045
1,000,000	1,000,000	54	62	87	115	178	272	285	350	467	561	617	679	746	784
1,000,000	1,500,000	40	46	66	86	134	204	214	263	350	421	463	509	560	588
1,000,000	2,000,000	30	35	49	65	100	153	160	197	263	315	347	382	420	441
1,000,000	2,500,000	23	26	37	49	75	115	120	148	197	237	260	286	315	331
1,000,000	3,000,000	17	20	28	36	56	86	90	111	148	177	195	215	236	248
1,500,000	200,000	206	238	337	444	687	1,046	1,096	1,349	1,799	2,159	2,375	2,612	2,873	3,017
1,500,000	300,000	171	198	280	368	570	869	911	1,121	1,494	1,793	1,973	2,170	2,387	2,506
1,500,000	500,000	154	178	252	332	513	782	820	1,009	1,345	1,614	1,775	1,953	2,148	2,256
1,500,000	700,000	139	160	227	298	462	704	738	908	1,210	1,453	1,598	1,758	1,933	2,030
1,500,000	1,000,000	104	120	170	224	347	528	553	681	908	1,089	1,198	1,318	1,450	1,522
1,500,000	1,500,000	78	90	127	168	260	396	415	511	681	817	899	989	1,088	1,142
1,500,000	2,000,000	59	68	96	126	195	297	311	383	511	613	674	741	816	856
1,500,000	2,500,000	44	51	72	94	146	223	233	287	383	460	506	556	612	642
1,500,000	3,000,000	33	38	54	71	110	167	175	215	287	345	379	417	459	482
2,000,000	200,000	250	288	408	537	831	1,266	1,327	1,633	2,178	2,613	2,875	3,162	3,478	3,652
2,000,000	300,000	208	239	339	446	691	1,052	1,103	1,357	1,809	2,171	2,388	2,627	2,890	3,034
2,000,000	500,000	187	216	305	401	622	946	992	1,221	1,628	1,954	2,149	2,364	2,601	2,731
2,000,000	700,000	168	194	274	361	559	852	893	1,099	1,465	1,759	1,934	2,128	2,341	2,458
2,000,000	1,000,000	126	145	206	271	420	639	670	824	1,099	1,319	1,451	1,596	1,755	1,843

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
2,000,000	1,500,000	95	109	154	203	315	479	502	618	824	989	1,088	1,197	1,317	1,382
2,000,000	2,000,000	71	82	116	152	236	359	377	464	618	742	816	898	987	1,037
2,000,000	2,500,000	53	61	87	114	177	270	283	348	464	556	612	673	741	778
2,000,000	3,000,000	40	46	65	86	133	202	212	261	348	417	459	505	555	583
2,500,000	300,000	264	304	430	567	878	1,337	1,402	1,724	2,300	2,760	3,036	3,339	3,673	3,857
2,500,000	500,000	237	274	387	510	790	1,203	1,261	1,552	2,070	2,484	2,732	3,005	3,306	3,471
2,500,000	700,000	214	246	349	459	711	1,083	1,135	1,397	1,863	2,235	2,459	2,705	2,975	3,124
2,500,000	1,000,000	160	185	261	344	533	812	852	1,048	1,397	1,677	1,844	2,029	2,231	2,343
2,500,000	1,500,000	120	139	196	258	400	609	639	786	1,048	1,257	1,383	1,521	1,674	1,757
2,500,000	2,000,000	90	104	147	194	300	457	479	589	786	943	1,037	1,141	1,255	1,318
2,500,000	2,500,000	68	78	110	145	225	343	359	442	589	707	778	856	941	988
2,500,000	3,000,000	51	58	83	109	169	257	269	331	442	531	584	642	706	741
3,000,000	500,000	302	348	492	649	1,004	1,529	1,604	1,973	2,631	3,157	3,473	3,820	4,202	4,413
3,000,000	700,000	272	313	443	584	904	1,376	1,443	1,776	2,368	2,842	3,126	3,438	3,782	3,971
3,000,000	1,000,000	204	235	332	438	678	1,032	1,082	1,332	1,776	2,131	2,344	2,579	2,837	2,978
3,000,000	1,500,000	153	176	249	328	508	774	812	999	1,332	1,598	1,758	1,934	2,127	2,234
3,000,000	2,000,000	115	132	187	246	381	581	609	749	999	1,199	1,319	1,451	1,596	1,675
3,000,000	2,500,000	86	99	140	185	286	435	457	562	749	899	989	1,088	1,197	1,257
3,000,000	3,000,000	64	74	105	139	214	327	342	421	562	674	742	816	898	942
4,000,000	500,000	309	357	505	665	1,030	1,568	1,644	2,022	2,697	3,236	3,560	3,916	4,307	4,523
4,000,000	700,000	278	321	454	598	927	1,411	1,479	1,820	2,427	2,913	3,204	3,524	3,877	4,070
4,000,000	1,000,000	209	241	341	449	695	1,058	1,109	1,365	1,820	2,184	2,403	2,643	2,908	3,053
4,000,000	1,500,000	157	181	256	337	521	794	832	1,024	1,365	1,638	1,802	1,982	2,181	2,290
4,000,000	2,000,000	117	136	192	252	391	595	624	768	1,024	1,229	1,352	1,487	1,636	1,717
4,000,000	2,500,000	88	102	144	189	293	446	468	576	768	922	1,014	1,115	1,227	1,288
4,000,000	3,000,000	66	76	108	142	220	335	351	432	576	691	760	836	920	966
5,000,000	500,000	317	366	517	682	1,055	1,607	1,685	2,073	2,764	3,317	3,649	4,014	4,415	4,636
5,000,000	700,000	285	329	466	613	950	1,446	1,516	1,865	2,488	2,985	3,284	3,612	3,974	4,172
5,000,000	1,000,000	214	247	349	460	712	1,085	1,137	1,399	1,866	2,239	2,463	2,709	2,980	3,129
5,000,000	1,500,000	161	185	262	345	534	813	853	1,049	1,399	1,679	1,847	2,032	2,235	2,347
5,000,000	2,000,000	120	139	196	259	401	610	640	787	1,050	1,259	1,385	1,524	1,676	1,760
5,000,000	2,500,000	90	104	147	194	301	458	480	590	787	945	1,039	1,143	1,257	1,320
5,000,000	3,000,000	68	78	111	146	225	343	360	443	590	708	779	857	943	990
7,500,000	700,000	303	350	495	652	1,009	1,536	1,611	1,982	2,643	3,172	3,489	3,838	4,222	4,433

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
7,500,000	1,000,000	227	262	371	489	757	1,152	1,208	1,487	1,983	2,379	2,617	2,879	3,167	3,325
7,500,000	1,500,000	171	197	278	367	568	864	906	1,115	1,487	1,784	1,963	2,159	2,375	2,494
7,500,000	2,000,000	128	148	209	275	426	648	680	836	1,115	1,338	1,472	1,619	1,781	1,870
7,500,000	2,500,000	96	111	157	206	319	486	510	627	836	1,004	1,104	1,214	1,336	1,403
7,500,000	3,000,000	72	83	117	155	239	365	382	470	627	753	828	911	1,002	1,052
10,000,000	1,000,000	242	279	394	519	804	1,224	1,284	1,579	2,106	2,528	2,780	3,059	3,364	3,533
10,000,000	1,500,000	181	209	296	390	603	918	963	1,185	1,580	1,896	2,085	2,294	2,523	2,649
10,000,000	2,000,000	136	157	222	292	452	689	722	888	1,185	1,422	1,564	1,720	1,892	1,987
10,000,000	2,500,000	102	118	166	219	339	517	542	666	889	1,066	1,173	1,290	1,419	1,490
10,000,000	3,000,000	76	88	125	164	254	387	406	500	667	800	880	968	1,065	1,118

Super Top-Up Individual Basis (2 Year Policy)

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
300,000	200,000	2,500	2,885	4,075	5,370	8,315	12,660	13,270	16,330	21,775	26,135	28,745	31,620	34,785	36,520
300,000	300,000	2,075	2,395	3,385	4,460	6,905	10,515	11,025	13,565	18,090	21,710	23,880	26,270	28,895	30,340
300,000	500,000	1,575	1,815	2,565	3,380	5,235	7,970	8,360	10,285	13,715	16,460	18,105	19,915	21,905	23,000
300,000	700,000	1,005	1,160	1,640	2,160	3,345	5,090	5,335	6,565	8,755	10,505	11,555	12,710	13,985	14,685
400,000	200,000	2,725	3,145	4,450	5,860	9,070	13,810	14,480	17,815	23,760	28,515	31,365	34,500	37,955	39,850
400,000	300,000	2,265	2,610	3,695	4,865	7,535	11,475	12,030	14,800	19,740	23,690	26,055	28,660	31,530	33,105
400,000	500,000	1,720	1,980	2,800	3,690	5,715	8,700	9,120	11,220	14,965	17,960	19,755	21,730	23,905	25,100
400,000	700,000	1,095	1,265	1,790	2,355	3,645	5,555	5,825	7,165	9,555	11,465	12,610	13,870	15,260	16,020
500,000	200,000	3,025	3,490	4,935	6,500	10,065	15,325	16,070	19,770	26,370	31,640	34,805	38,285	42,115	44,220
500,000	300,000	2,515	2,900	4,100	5,400	8,365	12,730	13,350	16,425	21,905	26,285	28,915	31,805	34,985	36,735
500,000	500,000	1,905	2,195	3,110	4,095	6,340	9,650	10,120	12,450	16,605	19,930	21,920	24,115	26,525	27,850
500,000	700,000	1,215	1,400	1,985	2,615	4,045	6,160	6,460	7,950	10,600	12,720	13,995	15,395	16,930	17,780
500,000	1,000,000	910	1,055	1,485	1,960	3,035	4,620	4,845	5,960	7,950	9,540	10,495	11,545	12,700	13,335
500,000	1,500,000	685	790	1,115	1,470	2,275	3,465	3,635	4,470	5,960	7,155	7,870	8,655	9,525	10,000
500,000	2,000,000	515	590	840	1,105	1,710	2,600	2,725	3,355	4,475	5,365	5,905	6,495	7,145	7,500
500,000	2,500,000	385	445	630	830	1,280	1,950	2,045	2,515	3,355	4,025	4,425	4,870	5,355	5,625
1,000,000	200,000	4,020	4,640	6,560	8,640	13,380	20,365	21,360	26,275	35,045	42,050	46,255	50,880	55,970	58,770
1,000,000	300,000	3,340	3,855	5,450	7,175	11,115	16,920	17,740	21,830	29,110	34,930	38,425	42,270	46,495	48,820
1,000,000	500,000	2,530	2,920	4,130	5,440	8,425	12,830	13,450	16,550	22,070	26,485	29,130	32,045	35,250	37,015

Sum Insured	Deductible	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	>101
1,000,000	700,000	1,615	1,865	2,635	3,475	5,380	8,190	8,585	10,565	14,090	16,905	18,595	20,455	22,500	23,625
1,000,000	1,000,000	1,210	1,400	1,980	2,605	4,035	6,140	6,440	7,925	10,565	12,680	13,945	15,340	16,875	17,720
1,000,000	1,500,000	910	1,050	1,485	1,955	3,025	4,605	4,830	5,945	7,925	9,510	10,460	11,505	12,660	13,290
1,000,000	2,000,000	685	785	1,115	1,465	2,270	3,455	3,620	4,455	5,945	7,130	7,845	8,630	9,495	9,970
1,000,000	2,500,000	510	590	835	1,100	1,700	2,590	2,715	3,345	4,460	5,350	5,885	6,470	7,120	7,475
1,000,000	3,000,000	385	440	625	825	1,275	1,945	2,040	2,505	3,345	4,010	4,415	4,855	5,340	5,605
1,500,000	200,000	4,665	5,385	7,610	10,030	15,525	23,640	24,790	30,495	40,670	48,805	53,690	59,055	64,960	68,210
1,500,000	300,000	3,875	4,470	6,325	8,330	12,900	19,640	20,590	25,335	33,785	40,545	44,600	49,600	53,965	56,665
1,500,000	500,000	3,490	4,025	5,690	7,500	11,610	17,675	18,535	22,800	30,410	36,490	40,140	44,155	48,570	50,995
1,500,000	700,000	3,140	3,620	5,125	6,750	10,445	15,905	16,680	20,520	27,370	32,840	36,125	39,735	43,710	45,895
1,500,000	1,000,000	2,355	2,715	3,840	5,060	7,835	11,930	12,510	15,390	20,525	24,630	27,095	29,805	32,785	34,420
1,500,000	1,500,000	1,765	2,040	2,880	3,795	5,875	8,950	9,385	11,545	15,395	18,475	20,320	22,350	24,590	25,815
1,500,000	2,000,000	1,325	1,530	2,160	2,845	4,405	6,710	7,035	8,655	11,545	13,855	15,240	16,765	18,440	19,365
1,500,000	2,500,000	995	1,145	1,620	2,135	3,305	5,035	5,280	6,495	8,660	10,390	11,430	12,575	13,830	14,525
1,500,000	3,000,000	745	860	1,215	1,600	2,480	3,775	3,955	4,870	6,495	7,795	8,570	9,430	10,375	10,890
2,000,000	200,000	5,650	6,515	9,215	12,140	18,800	28,620	30,010	36,920	49,240	59,085	64,995	71,495	78,645	82,575
2,000,000	300,000	4,690	5,415	7,655	10,085	15,615	23,775	24,930	30,675	40,905	49,085	53,995	59,395	65,335	68,600
2,000,000	500,000	4,225	4,875	6,890	9,075	14,055	21,395	22,440	27,605	36,815	44,175	48,595	53,455	58,800	61,740
2,000,000	700,000	3,800	4,385	6,205	8,170	12,650	19,260	20,190	24,845	33,135	39,760	43,735	48,110	52,920	55,565
2,000,000	1,000,000	2,850	3,290	4,650	6,125	9,485	14,445	15,145	18,635	24,850	29,820	32,800	36,080	39,690	41,675
2,000,000	1,500,000	2,140	2,465	3,490	4,595	7,115	10,835	11,360	13,975	18,635	22,365	24,600	27,060	29,765	31,255
2,000,000	2,000,000	1,605	1,850	2,615	3,445	5,335	8,125	8,520	10,480	13,980	16,775	18,450	20,295	22,325	23,440
2,000,000	2,500,000	1,200	1,390	1,960	2,585	4,000	6,095	6,390	7,860	10,485	12,580	13,840	15,225	16,745	17,580
2,000,000	3,000,000	900	1,040	1,470	1,940	3,000	4,570	4,790	5,895	7,865	9,435	10,380	11,415	12,560	13,185
2,500,000	300,000	5,965	6,880	9,730	12,820	19,850	30,225	31,690	38,990	51,995	62,395	68,635	75,500	83,050	87,205
2,500,000	500,000	5,370	6,195	8,760	11,540	17,865	27,200	28,520	35,090	46,795	56,155	61,775	67,950	74,745	78,480
2,500,000	700,000	4,830	5,575	7,885	10,385	16,080	24,480	25,670	31,580	42,120	50,540	55,595	61,155	67,270	70,635
2,500,000	1,000,000	3,625	4,180	5,910	7,790	12,060	18,360	19,250	23,685	31,590	37,905	41,695	45,865	50,450	52,975
2,500,000	1,500,000	2,720	3,135	4,435	5,840	9,045	13,770	14,440	17,765	23,690	28,430	31,270	34,400	37,840	39,730
2,500,000	2,000,000	2,040	2,350	3,325	4,380	6,785	10,325	10,830	13,325	17,770	21,325	23,455	25,800	28,380	29,800
2,500,000	2,500,000	1,530	1,765	2,495	3,285	5,090	7,745	8,120	9,990	13,325	15,990	17,590	19,350	21,285	22,350
2,500,000	3,000,000	1,145	1,320	1,870	2,465	3,815	5,810	6,090	7,495	9,995	11,995	13,195	14,515	15,965	16,760
3,000,000	500,000	6,825	7,870	11,135	14,665	22,710	34,575	36,255	44,605	59,490	71,385	78,525	86,375	95,015	99,765
3,000,000	700,000	6,145	7,085	10,020	13,200	20,440	31,120	32,630	40,145	53,540	64,245	70,670	77,735	85,510	89,790