

# Edelweiss Health Top Up Insurance

## Rate Chart

Edelweiss General Insurance Company Limited

## 1. Office Rate

### Top Up

(in INR)

Sum Insured/Deductible (in lacs)	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
1	2,074	-	-	-	-	-	-	-	-	-
2	2,305	2,074	-	-	-	-	-	-	-	-
3	2,561	2,305	2,074	1,510	-	-	-	-	-	-
4	2,789	2,510	2,259	1,785	1,575	1,380	-	-	-	-
5	3,004	2,703	2,433	1,965	1,745	1,525	1,275	1,130	965	850
6	3,128	2,815	2,533	2,040	1,810	1,585	1,325	1,175	1,005	890
7	3,173	2,856	2,570	2,145	1,905	1,670	1,395	1,240	1,060	940
8	3,362	3,026	2,723	2,275	2,025	1,775	1,480	1,320	1,130	1,000
9	3,519	3,167	2,850	2,390	2,130	1,870	1,560	1,390	1,190	1,050
10	3,662	3,296	2,966	2,485	2,220	1,950	1,625	1,445	1,235	1,090
15	-	4,650	-	3,365	-	2,640	-	1,950	-	1,470
20	-	5,618	-	3,950	-	3,100	-	2,285	-	1,720

Sum insured/Deductible (in lacs)	5.5	6	6.5	7	7.5	8	8.5	9	10	15
1	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-	-
9	950	855	760	675	590	510	-	-	-	-
10	990	890	795	700	615	530	455	385	-	-
15	-	1,205	-	950	830	-	-	-	300	-
20	-	1,410	-	1,110	970	-	-	-	345	315

### Super Top Up

(in INR)

Sum Insured/Deductible (in lacs)	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
1	2,183	-	-	-	-	-	-	-	-	-
2	2,426	2,183	-	-	-	-	-	-	-	-
3	2,695	2,426	2,183	1,965	-	-	-	-	-	-
4	2,936	2,642	2,378	2,140	1,900	1,670	-	-	-	-
5	3,162	2,846	2,561	2,305	2,050	1,805	1,440	1,275	1,090	960
6	3,292	2,963	2,667	2,400	2,140	1,880	1,505	1,335	1,140	1,010

7	3,340	3,006	2,706	2,435	2,175	1,915	1,530	1,360	1,165	1,030
8	3,539	3,185	2,867	2,580	2,305	2,030	1,625	1,450	1,240	1,095
9	3,704	3,333	3,000	2,700	2,415	2,130	1,790	1,605	1,385	1,230
10	3,855	3,469	3,122	2,810	2,515	2,220	1,860	1,665	1,435	1,275
15	-	4,895	-	3,965	-	3,135	-	2,350	-	1,795
20	-	5,914	-	4,790	-	3,790	-	2,820	-	2,150
25	-	7,877	-	6,380	-	5,045	-	3,735	-	2,830
50	-	-	-	-	-	-	-	-	-	3,235
75	-	-	-	-	-	-	-	-	-	-
100	-	-	-	-	-	-	-	-	-	3,605
150	-	-	-	-	-	-	-	-	-	-
250	-	-	-	-	-	-	-	-	-	-
500	-	-	-	-	-	-	-	-	-	-

Sum Insured/ Deductible (in lacs)	5.5	6	6.5	7	7.5	8	8.5	9	10	15
1	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-	-
9	1,120	1,015	915	815	725	640	-	-	-	-
10	1,165	1,055	950	850	750	660	575	500	-	-
15	-	1,495	-	-	1,065	-	-	-	460	-
20	-	1,785	-	-	1,260	-	-	-	520	485
25	-	2,340	-	-	1,640	-	-	-	645	605
50	-	-	-	-	1,865	-	-	-	720	685
75	-	-	-	-	1,965	-	-	-	760	-
100	-	-	-	-	2,070	-	-	-	795	-
150	-	-	-	-	2,430	-	-	-	920	-
250	-	-	-	-	2,685	-	-	-	1,010	-
500	-	-	-	-	2,945	-	-	-	1,095	-

Sum Insured/ Deductible (in lacs)	20	25	30	35	40	45	50	60	70	80	90	100
25	420	-	-	-	-	-	-	-	-	-	-	-
50	465	419	377	339	305	275	-	-	-	-	-	-
75	490	-	397	-	321	-	260	234	-	-	-	-
100	510	-	413	-	335	-	271	244	220	198	178	-
150	580	-	470	-	381	-	308	277	250	225	202	182
250	635	-	514	-	417	-	337	304	273	246	221	199

500	685	-	555	-	449	-	364	328	295	265	239	215
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## Age Relativity Factors

Age Bands	Relativity
0-25	0.70
26-30	0.70
31-35	0.70
36-40	0.80
41-45	1.00
46-50	1.10
51-55	1.50
56-60	2.10
61-65	5.00
66-70	5.50
71-75	6.00
76-85	6.50
>85	7.00

## Optional Covers

### 2.1. 241 Optional Cover

50% of annual Base premium and Optional cover premium together.

### 2.2. Pre-existing Waiting Period Waiver/Reduction

The loadings to be applied are as follows:

Waiver Period (Years)	Loading (% of Base Premium)
1	9%
2	13%
3	15%

### 2.3. Base Policy Co-Pay Support

Premium = Office Rate\*Limit Selceted\*Utilisation % as below Table

Age Band	Office Rate (% of the limit selected)
0 to 25	5.60%
26-30	5.09%
31-35	5.99%
36-40	7.32%
41-45	9.09%
46-50	11.29%
51-55	13.91%

56-60	16.96%
61-65	20.42%
66-70	24.30%
71-75	28.59%
76-85	34.27%
>85	35.26%

Co-payment Limit Slabs	Utilisation %
Upto 60000	100%
60001-70000	95%
70001-80000	90%
80001-90000	85%
90001-100000	80%
100001-125000	75%
125001-200000	70%

## 2.4. Base Policy Higher Room Rent Support

Office Rate – 8.69% of the limit selected multiplied by the utilisation% as per below table.

Premium = Office Rate\*Sum Insured\*Utilisation % as per deductible and plan

### Top Up

Sum Insured Band	Utilization %	
	Deductible (<= 10 lacs)	Deductible (>10 lacs)
1000-5000	100%	90.00%
5001-10000	100%	80.00%
10001-15000	100%	70.00%
15001-20000	100%	60.00%
20001-30000	100%	50.00%
30001-40000	100%	40.00%
40001-50000	100%	30.00%

### Super Top Up

Sum Insured Band	Utilization %	
	Deductible (<= 10 lacs)	Deductible (>10 lacs)
1000-5000	100%	90.00%
5001-10000	100%	80.00%
10001-15000	100%	70.00%
15001-20000	100%	60.00%
20001-30000	100%	50.00%
30001-40000	100%	40.00%
40001-50000	100%	30.00%
50001 to 100000	100%	20.00%
100001 to 200000	90%	10.00%

## 2.5. Maternity

Top Up – INR 680 for 50,000 SI Limit

Super Top Up

(in INR)

Sum Insured	50,000	75,000	1,00,000	1,50,000
Office Premium	680	935	1,030	1,130

### Deductible Discount

Deductible amount	50,000	75,000	1,00,000	1,50,000
5,000	2.68%	2.24%	2.10%	1.75%
6,000	2.95%	2.39%	2.21%	1.82%
7,000	3.25%	2.55%	2.32%	1.90%
8,000	3.59%	2.72%	2.43%	1.97%
9,000	3.95%	2.90%	2.55%	2.05%
10,000	4.35%	3.09%	2.68%	2.13%
11,000	4.80%	3.30%	2.81%	2.22%
12,000	5.29%	3.52%	2.95%	2.31%
13,000	5.83%	3.75%	3.10%	2.40%
14,000	6.42%	4.01%	3.25%	2.50%
15,000	7.07%	4.27%	3.42%	2.60%
16,000	7.79%	4.56%	3.59%	2.70%
17,000	8.59%	4.86%	3.76%	2.81%
18,000	9.46%	5.19%	3.95%	2.92%
19,000	10.43%	5.53%	4.15%	3.04%
20,000	11.49%	5.90%	4.35%	3.16%
21,000	12.66%	6.30%	4.57%	3.29%
22,000	13.95%	6.72%	4.80%	3.42%
23,000	15.37%	7.17%	5.04%	3.56%
24,000	16.94%	7.65%	5.29%	3.70%
25,000	18.67%	8.16%	5.55%	3.85%
26,000	NA	8.70%	5.83%	4.00%
27,000	NA	9.28%	6.12%	4.17%
28,000	NA	9.91%	6.42%	4.33%
29,000	NA	10.57%	6.74%	4.51%
30,000	NA	11.27%	7.07%	4.69%
31,000	NA	12.03%	7.43%	4.88%
32,000	NA	12.83%	7.79%	5.07%
33,000	NA	13.69%	8.18%	5.27%
34,000	NA	14.60%	8.59%	5.49%
35,000	NA	15.58%	9.02%	5.71%
36,000	NA	16.62%	9.46%	5.94%
37,000	NA	17.73%	9.93%	6.17%

38,000	NA	18.91%	10.43%	6.42%
39,000	NA	NA	10.95%	6.68%
40,000	NA	NA	11.49%	6.95%
41,000	NA	NA	12.06%	7.23%
42,000	NA	NA	12.66%	7.52%
43,000	NA	NA	13.29%	7.82%
44,000	NA	NA	13.95%	8.13%
45,000	NA	NA	14.65%	8.46%
46,000	NA	NA	15.37%	8.80%
47,000	NA	NA	16.14%	9.15%
48,000	NA	NA	16.94%	9.52%
49,000	NA	NA	17.78%	9.90%
50,000	NA	NA	18.67%	10.30%

## 2.6. Hospital Cash

Age Band	Office Rate/day (% of the limit selected)
0 - 25	5.60%
26 - 30	5.10%
31 - 35	6.00%
36 - 40	7.30%
41 - 45	9.10%
46 - 50	11.30%
51 - 55	13.90%
56 - 60	17.00%
61-65	20.40%
66-70	24.30%
71-75	28.60%
76-85	34.30%
>85	35.30%

### Deductible Discount

Deductible (days)	No. of Days									
	1	2	3	4	5	6	7	8	9	10
1	0%	50%	30%	25%	20%	15%	10%	10%	10%	10%
2			65%	50%	40%	30%	25%	25%	20%	20%
3				75%	60%	50%	40%	35%	30%	30%
4					80%	65%	55%	50%	40%	40%
5						80%	70%	60%	55%	50%

## 2.7. Assistance Services

Domestic – INR 3.25 per month per member

Worldwide- INR 4.5 per month per member

## 2.8. Organ Donor

Sum Insured Band/ SI Limit Opted	Office Rate (% of the limit selected)			
	10% to 20%	20% to 30%	30% to 40%	40% to 50%
1 lac to 25 lacs	0.07%	0.07%	0.07%	0.07%
50 lacs to 1 Cr.	0.06%	0.06%	0.06%	0.05%
>1 cr.	0.06%	0.06%	0.05%	0.05%

## 2.9. Emergency Ambulance

(in INR)

Age Band/ Sum Insured Limit	Office Premium			
	1500	2000	2500	3000
0 to 25	5.00	6.00	7.00	9.00
26-30	12.00	16.00	20.00	23.00
31-35	14.00	18.00	23.00	27.00
36-40	17.00	22.00	28.00	33.00
41-45	21.00	28.00	35.00	41.00
46-50	26.00	34.00	43.00	51.00
51-55	34.00	45.00	56.00	68.00
56-60	51.00	68.00	85.00	102.00
61-65	62.00	82.00	103.00	123.00
66-70	73.00	98.00	122.00	146.00
71-75	86.00	115.00	143.00	172.00
76-85	103.00	138.00	172.00	206.00
>85	106.00	142.00	177.00	212.00



## 2.10. New Born Care

Option 1 – Sum Insured

Top Up – Office Premium

(in INR)

Sum Insured/ Deductible (in lacs)	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
1	1,186	-	-	-	-	-	-	-	-	-
2	1,318	1,186	-	-	-	-	-	-	-	-
3	1,465	1,318	1,186	825	-	-	-	-	-	-
4	1,548	1,393	1,254	940	785	645	-	-	-	-
5	1,628	1,465	1,318	1,005	845	695	535	450	355	295
6	1,656	1,491	1,342	1,020	855	700	540	455	360	300
7	1,642	1,478	1,330	1,045	875	720	555	465	370	305
8	1,705	1,534	1,381	1,085	910	750	575	485	385	320
9	1,755	1,580	1,422	1,115	940	770	595	500	395	330
10	1,796	1,616	1,455	1,140	960	790	605	510	405	335
15	-	2,139	-	1,450	-	1,005	-	640	-	420
20	-	2,499	-	1,635	-	1,130	-	720	-	470

Sum Insured/ Deductible (in lacs)	5.5	6	6.5	7	7.5	8	8.5	9	10	15
1	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-	-
9	285	240	200	165	135	110	-	-	-	-
10	290	245	205	165	135	110	85	65	-	-
15	-	305	-	210	170	-	-	-	35	-
20	-	340	-	230	190	-	-	-	40	25

Super Top Up – Office Premium

(in INR)

Sum Insured/ Deductible (in lacs)	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
1	1,249	-	-	-	-	-	-	-	-	-
2	1,388	1,249	-	-	-	-	-	-	-	-
3	1,542	1,388	1,249	1,124	-	-	-	-	-	-
4	1,630	1,467	1,320	1,188	990	813	-	-	-	-
5	1,713	1,542	1,388	1,249	1,045	860	664	555	442	367

6	1,743	1,569	1,412	1,271	1,065	875	673	565	449	373
7	1,728	1,556	1,400	1,260	1,056	868	668	561	446	370
8	1,794	1,615	1,453	1,308	1,098	904	695	583	463	385
9	1,848	1,663	1,497	1,347	1,132	931	715	601	478	396
10	1,890	1,701	1,531	1,378	1,159	954	731	615	488	404
15	-	2,252	-	1,824	-	1,263	-	808	-	527
20	-	2,631	-	2,131	-	1,474	-	939	-	611
25	-	3,444	-	2,790	-	1,929	-	1,227	-	798
50	-	-	-	-	-	-	-	-	-	906
75	-	-	-	-	-	-	-	-	-	-
100	-	-	-	-	-	-	-	-	-	1,013
150	-	-	-	-	-	-	-	-	-	-
250	-	-	-	-	-	-	-	-	-	-
500	-	-	-	-	-	-	-	-	-	-

Sum Insured/ Deductible (in lacs)	5.5	6	6.5	7	7.5	8	8.5	9	10	15
1										-
2										-
3										-
4										-
5										-
6										-
7										-
8										-
9	341	288	240	197	160	128	-	-	-	-
10	348	294	245	201	163	130	101	76	-	-
15	-	383	-	-	211	-	-	-	40	-
20	-	444	-	-	244	-	-	-	46	32
25	-	581	-	-	319	-	-	-	60	42
50	-	-	-	-	362	-	-	-	68	47
75	-	-	-	-	383	-	-	-	72	-
100	-	-	-	-	404	-	-	-	76	-
150	-	-	-	-	479	-	-	-	90	-
250	-	-	-	-	532	-	-	-	100	-
500	-	-	-	-	585	-	-	-	110	-

Sum Insured/ Deductible (in lacs)	20	25	30	35	40	45	50	60	70	80	90	100
25	16	-	-	-	-	-	-	-	-	-	-	-
50	18	16	15	13	12	11	-	-	-	-	-	-
75	19	-	16	-	13	-	10	9	-	-	-	-
100	20	-	17	-	14	-	11	10	9	8	7	-
150	23	-	19	-	15	-	12	11	10	9	8	7

250	26	-	21	-	17	-	14	12	11	10	9	8
500	29	-	23	-	19	-	15	14	12	11	10	9

### Option 2 – Maternity Sum Insured

Top Up – INR 620

Super Top Up

(in INR)

Sum Insured (In lacs)	Office Premium
0.50	620
0.75	715
1.00	810
2.50	1,140

## 2.11. Vaccination cover

Limit Selected	Office Rate (% of the limit selected)
Upto 10000	83.0%
10001 to 20000	79.0%
20001 to 30000	74.0%
30001 to 40000	70.0%
40001 to 50000	66.0%

## 2.12. Double Sum Insured for Critical Illness

Premium = Per mile rate\*Sum Insured\*2

Office Rate for sum Insured upto 10 lacs					(per mile)
Age Band	9	12	15	18	25
0 - 25	0.63	0.64	0.65	0.68	0.72
26 - 30	1.26	1.27	1.30	1.31	1.41
31 - 35	2.28	2.31	2.38	2.42	2.59
36 - 40	2.88	2.95	3.03	3.14	3.37
41 - 45	5.81	6.02	6.26	6.53	6.98
46 - 50	11.22	11.68	12.16	12.71	13.61
51 - 55	17.63	18.49	19.40	20.44	21.87
56 - 60	29.66	31.06	32.77	34.50	36.92
61 – 65	45.12	47.21	49.84	52.46	56.14
66-70	63.52	67.18	70.94	75.41	80.84
71-75	108.40	115.22	122.15	130.45	139.84
76-85	169.96	182.11	194.30	208.99	224.05
>85	290.04	312.34	334.59	361.51	387.56

Office Rate for sum Insured more than 10 lacs					(per mile)
Age Band	9	12	15	18	25
0 - 25	0.53	0.54	0.55	0.57	0.61
26 - 30	1.07	1.08	1.11	1.12	1.20
31 - 35	1.93	1.97	2.02	2.06	2.20
36 - 40	2.45	2.50	2.58	2.67	2.86
41 - 45	4.93	5.12	5.32	5.55	5.94
46 - 50	9.54	9.93	10.33	10.81	11.56
51 - 55	14.98	15.71	16.49	17.37	18.59
56 - 60	25.21	26.40	27.85	29.33	31.38
61 - 65	38.35	40.13	42.36	44.59	47.72
66-70	53.99	57.10	60.30	64.10	68.71
71-75	92.14	97.94	103.83	110.88	118.86
76-85	144.47	154.79	165.16	177.64	190.44
>85	246.53	265.49	284.40	307.28	329.43

## 2.13. Recharge and Restoration

### Top Up

Sum Insured (in Lacs)	Loading for Recharge	Loading for Restoration
1	22.50%	21.50%
2	19.50%	19.00%
3	15.50%	14.50%
4	12.00%	11.50%
5	9.50%	9.00%
6	8.00%	7.50%
7	6.50%	6.00%
8	6.00%	5.00%
9	4.50%	4.00%
10	4.00%	3.50%
15	2.00%	1.50%
20	1.50%	1.00%

### Super Top Up

Sum Insured (in Lacs)	Recharge Rate (% of Base Premium)	Restoration Rate (% of Base Premium)
1	22.50%	21.50%

2	19.50%	19.00%
3	15.50%	14.50%
4	12.00%	11.50%
5	9.50%	9.00%
6	8.00%	7.50%
7	6.50%	6.00%
8	6.00%	5.00%
9	4.50%	4.00%
10	4.00%	3.50%
15	2.00%	1.50%
20	1.50%	1.00%
25	1.00%	0.80%
50	1.00%	0.50%
75	0.50%	0.50%
100	0.50%	0.50%
150	0.50%	0.50%
250	0.50%	0.50%
500	0.50%	0.50%

## 2.14. Dental OPD Cover

Premium = Office Rate\* Limit Selected\*Member discount

Office Rate = 80%

### Member Discount

Sum Insured Band/ No. Of members	1	2	3	4	>=5
1000-10000	0%	0%	0%	0%	0%
10001-20000	20%	10%	5%	0%	0%
20001-30000	30%	20%	15%	10%	5%
30001-40000	40%	30%	25%	20%	15%
40001-50000	50%	40%	35%	30%	25%

## 2.15. Worldwide Coverage

- 3.5 times of the premium for covers where sum insured is linked to policy sum insured.
- 100% utilisation will be assumed for covers where utilisation % has been defined as per sum insured limit selected.

### Maternity

### Top Up

Office Premium - INR 680

### Super Top Up

(in INR)

Sum Insured (In lacs)	Office Premium
0.50	680
0.75	1,015
1.00	1,355
2.50	2,030

### New Born Care

#### Top Up

Office Premium - INR 2,065

#### Super Top Up

(in INR)

Sum Insured (In lacs)	Office Premium
0.50	2,065
0.75	3,100
1.00	4,130
2.50	6,195

Deductible discount % will remain same as defined in Section 2.5.

## 2.16. Voluntary Co-payment

A discount of 5% and 10% on total premium (except fixed Benefit covers and Maternity cover) will be given for a voluntary co-payment of 10% or 20% respectively.

## 3. Discounts/Loadings

### Discounts

#### 3.1. Family discount

A discount of 5% on total premium will be given if two or more family members are covered under the same policy under the individual policy option. This is based on expected expense savings.

#### 3.2. Online Discount

A discount of 15% on total premium will be given considering the savings on commission.

#### 3.3. Edelweiss group employee discount

A 5% discount on the premium if he/she is an employee of Edelweiss Group. This is based on expected expense savings.

#### 3.4. Long Term Discount

A discount of 7.5% and 10% on total premium will be given if a policyholder chooses to pay upfront premium for 2 years and 3 years respectively.

### 3.5. Renewal Discount

A discount of 5% will be given on each continuous renewal of policy irrespective of whether insured has made claim in past (Not Applicable if customer has opted for 241 Optional Cover in his first renewal but in second and subsequent renewals, the insured will get this discount)

### 3.6. Loyalty discount

A discount of 5% will be given to insured who is having any active policy with Edelweiss General Insurance Company.

### 3.7. Edelweiss Customer discount

A discount of 5% shall be given to any proposer who has a valid and existing Unique Customer Identification Number as issued by the Edelweiss Group. Edelweiss Customer discount shall only be given to the proposer when (a) the person is verified customer of the Edelweiss Group as defined on the date when the proposal is made and (b) it is sold through direct sales mode only and not through the intermediaries

### 3.8. Family Floater discount

Age Band	Discount
0-25	65%
26-50	50%
51-60	40%
61-75	35%
>75	25%

### 3.9. Maximum Discount

The maximum total per policy discount after considering all the discounts (excluding voluntary co-payment discount and family floater discount) will be as per the table below:

Policy Term	Maximum discount available
1 year	20%
2 years	25%
3 years	30%

Tania Chakrabarti  
Appointed Actuary