

IOB Health Care Plus

(exclusive of tax)

1. Base Cover

Plan A – Health Section Coverage for Self, Spouse, 2 dependent children

Age Band	50K	1 Lac	1.5 Lacs	2 Lacs	2.5 Lacs	3 Lacs	3.5 Lacs	4 Lacs	4.5 Lacs	5 Lacs	7.5 Lacs	10 Lacs	12.5 Lacs	15 Lacs
0-25	1,160	2,240	3,320	4,150	4,980	5,820	6,650	7,060	7,890	8,310	9,970	10,380	11,220	12,050
26-35	1,400	2,690	3,990	4,980	5,980	6,980	7,980	8,470	9,470	9,970	11,960	12,460	13,460	14,460
36-45	1,720	3,320	4,920	6,150	7,380	8,620	9,850	10,460	11,690	12,310	14,770	15,380	16,620	17,850
46-55	2,130	4,110	6,090	7,620	9,140	10,660	12,180	12,950	14,470	15,230	18,280	19,040	20,560	22,080
56-65	2,840	5,480	8,120	10,150	12,180	14,220	16,250	17,260	19,290	20,310	24,370	25,380	27,420	29,450
66-70	5,170	9,970	14,770	18,460	22,150	25,850	29,540	31,380	35,080	36,920	44,310	46,150	49,850	53,540
71-80	6,750	13,020	19,290	24,120	28,940	33,760	38,580	41,000	45,820	48,230	57,880	60,290	65,110	69,930
> 80	7,540	14,540	21,540	26,920	32,310	37,690	43,080	45,770	51,150	53,850	64,620	67,310	72,690	78,080

Plan B – Health Section Coverage for Self, Spouse, 2 dependent children and 2 dependent parents

Age Band	50K	1 Lac	1.5 Lacs	2 Lacs	2.5 Lacs	3 Lacs	3.5 Lacs	4 Lacs	4.5 Lacs	5 Lacs	7.5 Lacs	10 Lacs	12.5 Lacs	15 Lacs
0-25	1,980	3,810	5,650	7,060	8,470	9,890	11,300	12,000	13,420	14,120	16,950	17,650	19,070	20,480
26-35	2,370	4,580	6,780	8,470	10,170	11,860	13,560	14,410	16,100	16,950	20,340	21,180	22,880	24,570
36-45	2,930	5,650	8,370	10,460	12,550	14,650	16,740	17,780	19,880	20,920	25,110	26,150	28,250	30,340
46-55	3,620	6,990	10,360	12,950	15,540	18,120	20,710	22,010	24,600	25,890	31,070	32,370	34,950	37,540
56-65	4,830	9,320	13,810	17,260	20,710	24,170	27,620	29,340	32,800	34,520	41,430	43,150	46,610	50,060
66-70	8,790	16,950	25,110	31,380	37,660	43,940	50,220	53,350	59,630	62,770	75,320	78,460	84,740	91,020
71-80	11,480	22,140	32,800	41,000	49,200	57,390	65,590	69,690	77,890	81,990	98,390	1,02,490	1,10,690	1,18,890
> 80	12,820	24,720	36,620	45,770	54,920	64,080	73,230	77,810	86,960	91,540	1,09,850	1,14,420	1,23,580	1,32,730

2. Optional Cover

Office Premium is 0.46 Per Mille