



**K Bank Health Care Plus**

**UIN: UNIHLIP15002V011415**

**Premium Chart:**

**Without GST**

Plan A - Health Section Coverage for Self, Spouse, 2 dependent children								
Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	914	1005	1097	1188	1371	1645	1737	1911
100,000	1767	1944	2120	2297	2651	3181	3357	3693
150,000	2587	2846	3104	3363	3881	4657	4915	5407
200,000	3328	3661	3994	4326	4992	5990	6323	6955
250,000	3985	4384	4782	5181	5978	7173	7572	8329
300,000	4643	5107	5572	6036	6965	8357	8822	9704
350,000	5217	5739	6260	6782	7826	9391	9912	10903
400,000	5792	6371	6950	7530	8688	10426	11005	12106
450,000	6369	7006	7643	8280	9554	11464	12101	13311
500,000	6943	7637	8332	9026	10415	12497	13192	14511

Plan B - Health Section Coverage for Self, Spouse, 2 dependent children, 2 dependent Parents								
Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	1543	1697	1852	2006	2315	2777	2932	3225
100,000	2986	3285	3583	3882	4479	5375	5673	6240
150,000	4373	4810	5248	5685	6560	7871	8309	9140
200,000	5622	6184	6746	7309	8433	10120	10682	11750
250,000	6733	7406	8080	8753	10100	12119	12793	14072
300,000	7844	8628	9413	10197	11766	14119	14904	16394
350,000	8816	9698	10579	11461	13224	15869	16750	18425
400,000	9786	10765	11743	12722	14679	17615	18593	20452
450,000	10761	11837	12913	13989	16142	19370	20446	22491
500,000	11731	12904	14077	15250	17597	21116	22289	24518



**With GST**

Plan A - Health Section Coverage for Self, Spouse, 2 dependent children								
Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	1079	1186	1294	1402	1618	1941	2050	2255
100,000	2085	2294	2502	2710	3128	3754	3961	4358
150,000	3053	3358	3663	3968	4580	5495	5800	6380
200,000	3927	4320	4713	5105	5891	7068	7461	8207
250,000	4702	5173	5643	6114	7054	8464	8935	9828
300,000	5479	6026	6575	7122	8219	9861	10410	11451
350,000	6156	6772	7387	8003	9235	11081	11696	12866
400,000	6835	7518	8201	8885	10252	12303	12986	14285
450,000	7515	8267	9019	9770	11274	13528	14279	15707
500,000	8193	9012	9832	10651	12290	14746	15567	17123

Plan B - Health Section Coverage for Self, Spouse, 2 dependent children								
Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	1821	2002	2185	2367	2732	3277	3460	3806
100,000	3523	3876	4228	4581	5285	6343	6694	7363
150,000	5160	5676	6193	6708	7741	9288	9805	10785
200,000	6634	7297	7960	8625	9951	11942	12605	13865
250,000	7945	8739	9534	10329	11918	14300	15096	16605
300,000	9256	10181	11107	12032	13884	16660	17587	19345
350,000	10403	11444	12483	13524	15604	18725	19765	21742
400,000	11547	12703	13857	15012	17321	20786	21940	24133
450,000	12698	13968	15237	16507	19048	22857	24126	26539
500,000	13843	15227	16611	17995	20764	24917	26301	28931