

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co. Ltd.



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As unique as its name, the Arogya Sanjeevani Policy is a highly beneficial and affordable health insurance policy from STAR Health Insurance. This policy has been created to cover the most essential clinical aspects required in the process of recovery for an individual. The policy covers anyone between 3 months and 65 years with a variable sum insured up to 5 lakhs. Arogya Sanjeevani Policy comes with several advantages such as covering all day care procedures, lifelong renewals, cumulative bonus, Cataract treatment and Ayush Treatment up to the limit of sum insured.

Get Arogya Sanjeevani Policy, now.

☆ Eligibility

- ★ Any person aged between 3 Months and 65 years can take this insurance. Thereafter only renewals will be accepted without capping on the exit age
- ★ Lifelong Renewal

☆ Policy Term

1 Year

☆ Sum Insured Basis

Individual and Floater Basis.

☆ Sum Insured Options

1 lakh, 1.5 lakhs, 2 lakhs, 2.5 lakhs, 3 lakhs, 3.5 lakhs, 4 lakhs, 4.5 lakhs, 5 lakhs

☆ Pre-acceptance medical screening

Persons above 50 years of age will have to undergo pre-acceptance health screening at the company's nominated centres

☆ Day Care Procedures

All Day Care Procedures are covered.

☆ Benefits

- a) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the Sum insured subject to maximum of Rs.5000/- per day.
- b) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses. (Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)

- c) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.
- d) The following procedures will be covered (wherever medically indicated) as an inpatient in a hospital up to 50% of Sum Insured.

List of Procedures	Limits per policy period
A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 50% of the sum insured
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. BronchicalThermoplasty	
J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	
K. ION M - (antra Operative Neuro Monitoring)	
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	

☆ Pre-Hospitalization

Medical expenses incurred upto 30 days prior to the date of admission.

☆ Post Hospitalization

Medical expenses incurred upto a period of 60 days after discharge from the hospital.

☆ Cataract

The expenses incurred on treatment of Cataract shall be covered up to 25% of Sum insured or Rs.40,000/- whichever is lower, per each eye in one policy year.

☆ Ayush Treatment

The medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

☆ Cumulative Bonus

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

Notes:

- In case where the policy is on individual basis, the CB shall be added and available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
- CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons
- In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
- If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

☆ Waiting Period

- First 30 days for illness/disease (Other than accident)
- 48 Months waiting period for pre existing diseases
- 24/48 Months Specific Waiting Period

★ 24 Months waiting period

- Benign ENT disorders
- Tonsillectomy

- 3) Adenoidectomy
- 4) Mastoidectomy
- 5) Tympanoplasty
- 6) Hysterectomy
- 7) All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
- 8) Benign prostate hypertrophy
- 9) Cataract and age related eye ailments
- 10) Gastric/ Duodenal Ulcer
- 11) Gout and Rheumatism
- 12) Hernia of all types
- 13) Hydrocele
- 14) Non Infective Arthritis
- 15) Piles, Fissures and Fistula in anus
- 16) Pilonidal sinus, Sinusitis and related disorders
- 17) Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
- 18) Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
- 19) Varicose Veins and Varicose Ulcers
- 20) Internal Congenital Anomalies

★ **48 Months waiting period**

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

☆ **Exclusions**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation

- 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

2. Rest Cure, rehabilitation and respite care

- a) 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.

3. Obesity / Weight Control

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

4. Change-of-Gender treatments

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery

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.

6. Hazardous or Adventure sports

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.

7. Breach of law

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. Excluded Providers

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

10. **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.
11. **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
12. **Refractive Error**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
13. **Unproven Treatments**
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.
14. **Sterility and Infertility**
Expenses related to sterility and infertility. This includes:
 - (i) Any type of sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICS1
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
15. **Maternity Expenses**
 - 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.
16. **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.
17. **Nuclear, chemical or biological 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.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment

19. Treatment taken outside the geographical limits of India

20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

☆ **Renewals**

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

☆ **Premium Payment in Instalments**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy).

- i. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.
- ii. During such grace period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under — "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged if the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

☆ **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 the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy 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 the Company 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, 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;

☆ Endorsements (Changes in Policy)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

☆ Claim Procedure

Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- iv. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- v. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder

Sl.No.	Type	Reimbursement
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

☆ Co-payment

Each and every claim under the Policy shall be subject to a co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

☆ Cancellation

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

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Year
Up to 30 days	75%
31 to 90 days	50%
3 to 6 months	25%
6 to 12 months	NIL

- b) 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 the Insured person under the Policy.
- c) The Company 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.

☆ Automatic Expiry

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

- i. 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.
- ii. 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.
- iii. 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.

☆ **Portability**

The Insured Person will have the option to port the Policy to other insurers as per extant 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 as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as Under:

- i. The waiting periods specified in the policy 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

☆ **Migration**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in the policy 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

☆ **Modification of Term Policy**

The Company, with prior approval of IRDA1, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

☆ **Tax Benefits**

Payments of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961.

☆ **The Company**

Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.

☆ **Star Advantages**

- ★ No Third Party Administrator, direct in-house claims settlement.
- ★ Faster and hassle-free claim settlement
- ★ Cashless facility wherever possible in network hospitals.

☆ **Prohibition of Rebates:**

(Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co. Ltd.

Unique Identification No.: SHAHLIP20182V011920

The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding sale

Or

Visit our website www.starhealth.in

“IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS. PUBLIC RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL, NUMBER.”

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STAR HEALTH AND ALLIED INSURANCE CO LTD

**REGD & CORPORATE OFFICE: 1, New Tank Street,
Valluvar Kottam High Road, Nungambakkam, Chennai 600 034.**

Insurance is the subject matter of solicitation

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co. Ltd.								Premium Chart Excluding GST		
Family Size	Age in years	Sum Insured in Rs.								
		1 lakh	1.5 lakhs	2 lakhs	2.5 lakhs	3 lakhs	3.5 lakhs	4 lakhs	4.5 lakhs	5 lakhs
Individual	3m-35	2,985	3,100	3,210	3,330	3,455	3,645	3,835	4,005	4,170
	36-45	3,880	4,030	4,175	4,330	4,490	4,740	4,985	5,205	5,420
	46-50	5,435	5,640	5,845	6,065	6,285	6,635	6,980	7,285	7,590
	51-55	7,065	7,330	7,595	7,885	8,170	8,625	9,075	9,470	9,865
	56-60	9,185	9,530	9,875	10,250	10,620	11,210	11,800	12,315	12,825
	61-65	11,940	12,390	12,840	13,325	13,805	14,575	15,340	16,005	16,675
	66-70	15,525	16,105	16,690	17,320	17,950	18,945	19,940	20,810	21,675
	71-75	20,180	20,940	21,700	22,515	23,330	24,630	25,925	27,050	28,180
	76-80	26,235	27,220	28,210	29,270	30,330	32,015	33,700	35,165	36,635
	Above 80	34,105	35,390	36,670	38,050	39,430	41,620	43,815	45,715	47,620

Arogya Sanjeevani Policy, Star Health and Allied Insurance Co. Ltd.								Premium Chart Excluding GST		
Family Size	Age in years	Sum Insured in Rs.								
		1 lakh	1.5 lakhs	2 lakhs	2.5 lakhs	3 lakhs	3.5 lakhs	4 lakhs	4.5 lakhs	5 lakhs
2A A-Adult	Up to 35	4,480	4,650	4,815	5,000	5,180	5,465	5,755	6,005	6,255
	36-45	5,825	6,040	6,260	6,495	6,735	7,105	7,480	7,805	8,130
	46-50	8,155	8,460	8,765	9,095	9,425	9,950	10,475	10,930	11,385
	51-55	10,600	10,995	11,395	11,825	12,255	12,935	13,615	14,205	14,800
	56-60	13,780	14,295	14,815	15,370	15,930	16,815	17,700	18,470	19,240
	61-65	17,910	18,585	19,260	19,985	20,710	21,860	23,010	24,010	25,010
	66-70	23,285	24,160	25,035	25,980	26,920	28,415	29,915	31,215	32,515
	71-75	30,270	31,410	32,550	33,775	35,000	36,945	38,885	40,580	42,270
	76-80	39,350	40,830	42,315	43,905	45,500	48,025	50,555	52,750	54,950
	Above 80	51,155	53,080	55,005	57,075	59,145	62,435	65,720	68,575	71,435
C-Child	1st C	1,430	1,485	1,540	1,600	1,655	1,750	1,840	1,920	2,000
	2nd C	1,290	1,340	1,385	1,440	1,490	1,575	1,655	1,730	1,800
	3rd C and beyond	1,160	1,205	1,245	1,295	1,340	1,415	1,490	1,555	1,620
Each Parent / Parent-in-law	Up to 60	7,350	7,625	7,900	8,200	8,495	8,970	9,440	9,850	10,260
	61-70	10,985	11,400	11,810	12,255	12,700	13,405	14,115	14,725	15,340
	Above 70	18,565	19,265	19,965	20,715	21,465	22,660	23,850	24,890	25,925
Rural discount: 20% of the above premium										