

Suitability:

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years.
- Child between 91 days and 5 years can be insured provided either parent is getting insured under this Policy.
- There is no maximum cover ceasing age in this policy.
- The policy will be issued for a period 1/2 year.
- This policy can be issued to an individual and/or family.
- The family includes spouse, dependent children and dependent parents.
- The policy offers option of covering on individual sum insured basis - Easy Health Individual Health Insurance Plan and on family floater basis – Easy Health Family Floater Insurance Plan.
- Family Discount of 10% if 3 or more family members are covered under Easy Health Individual Health Insurance Plan.

Salient Features & Benefits:

- In-patient Treatment** - Covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for Room rent, boarding expenses, Nursing, Intensive care unit, Medical Practitioner(s), Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables, Diagnostic procedures, Cost of prosthetic & other devices or equipments if implanted internally during a Surgical Procedure.
- Pre-Hospitalisation** - The Medical Expenses incurred in 30 days immediately before the Insured Person was hospitalised. It can be increased to 60 days if claim is intimated 5 days before hospitalisation.
- Post-Hospitalisation** - The Medical Expenses incurred in the 60 days immediately after the Insured Person was discharged post Hospitalisation. It can be increased to 90 days if claim is intimated 5 days before hospitalisation.
- Day care procedures** - The Medical expenses for 140 Day care procedures which do not require 24 hours hospitalisation due to technological advancement.
- Domiciliary Treatment** - The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation.

Additional Benefits: (Subject to In-patient Sum Insured)

Note- Claims made in respect of any of the benefits below will be subject to the In-patient Sum Insured and will affect both the entitlement to a Cumulative bonus and a health check-up.

- Daily Cash for choosing Shared Accommodation** - Daily cash amount per day if the insured person is hospitalised in shared accommodation in a network hospital and hospitalisation exceeding 48 hrs.
- Organ Donor** - The Medical Expenses on harvesting the organ from the donor for organ transplantation.
- Emergency Ambulance** - Expenses Upto Rs. 2000 per hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital in case of an emergency or from one hospital to another if medical services required are not available.
- Daily Cash for accompanying an insured child** - Daily cash amount for 1 accompanying adult if insured child under 12 years is hospitalised and hospitalisation exceeds 72 hrs.
- Newborn baby** - Optional Coverage for newborn from birth (day 1 - 90) for In-patient treatment benefit, subject to acceptance of proposal and premium payment in full.

Additional Benefits: (Not Subject to In-patient Sum Insured)

Note- Claims made in respect of any of the benefits below will not be subject to the In-patient Sum Insured and will not affect either the entitlement to a Cumulative bonus and a health check-up.

- Maternity Expenses** - Medical Expenses for maternity including pre-natal and post-natal expenses after completion of the specified waiting period (Waiting period of 6 years in case of Easy Health Individual Health Insurance Plan and 4 years in case of Easy Health Family Health Insurance Plan)
- Outpatient Dental Treatment** - 50% of the reasonable costs of any necessary dental treatment taken from a Network dentist including Medical expenses for X-rays, Extractions, Amalgam / Composite Fillings, Root Canal Treatments and prescribed Drugs from 4th year onwards upto 1% of Sum Insured subject to a maximum of Rs 5,000.
- Spectacles, Contact Lenses, Hearing Aid** - 50% of the actual expenses incurred for either one pair of spectacles or contact lenses or a hearing aid every third year subject to a maximum of Rs 5000.
- E-Opinion in respect of a Critical Illness** - If an Insured Person suffers a Critical Illness during the Policy Period, then at the Insured Person's request We will arrange a second opinion from a Medical Practitioner selected by the Insured Person from Our panel.

Optional Benefit:

Critical Illness - We will pay the Insured person the sum insured as a lumpsum amount for the identified 8 critical illness subject to same have been diagnosed during the Policy Period and the Insured survives 30 days after the diagnosis. This benefit can be opted on payment of additional premium.

This benefit, if opted is applicable to all family members on individual Sum Insured basis equivalent to 50% or 100% of in-patient Sum Insured. This benefit will not be renewed beyond 70 years of age.

This benefit will lapse and no claim for this benefit will be paid if you have already made a claim for the same critical illness or claimed 3 times under this Policy or any other Easy Health policy issued by Us.

Critical Illness covered are Cancer of specified severity, Open Chest CABG, First Heart Attack of specified severity, Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms.

Sum Insured:

- Sum Insured from Rs. 100,000 to 1,000,000 can be opted upto 60 years of Age.
- Sum Insured from Rs. 100,000 to 200,000 can be opted from 61 to 65 years of Age.

Renewal Incentives:

- Cumulative Bonus: We will offer Cumulative Bonus of 10% of the Sum Insured for every claim free year accumulating up to 50%. In the event of a claim, the Cumulative bonus shall be reduced by 20% at the time of renewal.
- Health Checkup - 1% of the Sum Insured only once at the end of a block of every continuous 2/3/4 claim free years (As per variant opted) during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower).

Portability:

If You are insured continuously and without interruption under any other Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital and you want to shift to us on renewal, Easy Health policy offers you transfer of your accrued benefits and make due allowances for waiting periods etc to the extent of sum of previous sum insured and accrued cumulative bonus (if opted)and it shall not apply to any other additional increased sum insured.

Exclusions

- Waiting Periods: We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.
- 30 days Waiting Period: A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless:
 - The Insured Person has been insured under an Easy Health Policy continuously and without any break in the previous Policy Year, or
 - The Insured Person was insured continuously and without interruption for at least 1 year under another Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.
 - If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 5a Cumulative Bonus) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
- Specific Waiting Periods - The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Easy Health Policy continuously and without any break:
 - Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
 - Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.
 - However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under another Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.
 - If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 5a Cumulative Bonus) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
- Pre-existing Conditions will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Easy Health policy with us, but
 - 1) If the Insured Person is presently covered and has been continuously covered without any break under:
 - an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital , OR
 - any other similar health insurance plan from Us,then
 - The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
 - 2) The reduction in the waiting period specified above shall be applied subject to the following:
 - We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
 - We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentationWe shall considered only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver
- We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
 - War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
 - Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 - The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - Treatment of Obesity and any weight control program.
 - Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone

- therapy; sleep-apnoea.
- vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
 - viii) Save as and to the extent provided for under 3)a Maternity Expenses), pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a In-patient Treatment) only.
 - ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services
 - x) Save as and to the extent provided for under 3)b Out Patient Dental Treatment), dental treatment and surgery of any kind, unless requiring Hospitalisation
 - xi) Expenses for donor screening, or, save as and to the extent provided for in 2)b Organ Donor), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
 - xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
 - xiii) Treatment of nasal concha resection; circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
 - xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
 - xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens; measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
 - xvi) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
 - xvii) Any non allopathic treatment.
 - xviii) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim..
 - xix) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
 - xx) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
 - xxi) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
 - xxii) Save as and to the extent provided in 3)c Spectacles, Contact Lenses, Hearing Aid), the provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
 - xxiii) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
 - xxiv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
 - xxv) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 36 months prior to the commencement of his first being covered under an Easy Health Policy with Us.

Claim Procedure:

All claims under this policy will be processed and settled by specified Third Party Administrator (TPA) licensed by IRDA.

Intimation & Assistance - Please contact our designated TPA atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses -

- Our TPA must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to your designated TPA within 15 days of the occurrence of the Incident.
* Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, your designated TPA will send the cheque for the admissible amount, along with a settlement statement within 15 days.
- The cheque will be sent in the name of the proposer.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, your designated TPA must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization.
- TPA will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the

same shall be communicated to the hospital within 6 hours of receipt of documents.

- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim.

Terms of Renewal:

- We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the Policy poses a moral hazard.
- **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy.
- **Maximum Age** - There is no maximum cover ceasing age in this policy. For Additional benefit of Critical Illness maximum cover ceasing age in this policy would be 70 years.
- **Waiting Period** - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Easy Health Insurance Policy.
- **Renewal Premium** - Renewal premium are subject to change with prior approval from IRDA.
- **Sum Insured Enhancement** - Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured increases the sum insured one grid up, no fresh medicals shall be required. In cases where the sum insured increase is more than one grid up, the case shall be subject to medicals. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

Tax Benefit:

- The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Requirement:

- Completed proposal form

Pre- Acceptance Medical Test:

- Pre-Policy Checkup at our network may be required based upon the age and Sum Insured. We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Pre-policy check up Grid:

Without Critical Illness			
Age/ Sum Insured (Rs in Lacs)	Upto 2	> 2 to 5	> 5 to 10
18-45	Nil	Nil	ME, RUA, FBS, ECG
46-55	ME, FBS, ECG	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, CBC, ECG, TC
56-60	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, SGOT, TMT, HbA1c, Sr Creat, PSA (males), USG abd(females)
61-65	ME, RUA, FBS, CBC, Lipids, SGOT, TMT, Total Protiens, Sr Creat, PSA (males), USG abd(females)	NA	NA

With Critical Illness			
Age/ Sum Insured (Rs in Lacs)	Upto 2	> 2 to 5	> 5 to 10
18-45	Nil	Nil	ME, RUA, FBS, ECG,TC, CBC
46-55	ME, FBS, ECG	ME, RUA, FBS, CBC, TMT, Lipids	ME, RUA, FBS, CBC, TMT, HbA1c, SGOT, Sr Creat, Lipids, PSA (males),USG Abd(females)
56-60	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, Sr Creatinine	ME, RUA, FBS, CBC, Lipids, TMT, HbA1c, LFT, RFT, PSA (males), USG Abd (females)
61-65	NA	NA	NA

ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, TMT = Treadmill Test, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycoslated Hb, TC – Total Cholesterol

PREMIUM VARIANT

	Plan 1	Plan 2	Plan 3	Plan 4
Sum Insured in Rs.	400,000	500,000	750,000	1,000,000
Age Oldest Member	1A+1C	1A+1C	1A+1C	1A+1C
18-35	7,572	9,553	11,936	13,517
36-45	8,399	10,539	12,980	14,963
46-50	11,549	14,383	17,340	21,131
51-55	13,974	17,034	21,675	25,877
56-60	16,524	19,890	28,293	33,997
61-65*	27,003	31,729	38,429	47,463
66-70*	32,458	38,236	46,619	57,758
>70*	35,151	41,456	50,686	62,885
Age Oldest Member	1A+2C	1A+2C	1A+2C	1A+2C
18-35	9,870	11,056	13,594	15,148
36-45	10,499	12,139	14,778	16,706
46-50	14,257	19,675	24,300	28,334
51-55	16,484	20,713	25,893	30,561
56-60	18,479	23,810	29,763	35,411
61-65*	31,640	37,170	44,504	54,890
66-70*	36,979	43,538	52,520	64,968
>70*	39,616	46,690	56,500	69,986
Age Oldest Member	1A+3C	1A+3C	1A+3C	1A+3C
18-35	12,074	15,743	19,176	21,159
36-45	12,599	17,228	20,826	23,257
46-50	17,646	23,691	29,126	33,581
51-55	19,529	27,164	33,882	39,642
56-60	21,337	30,574	38,392	45,344
61-65*	35,592	41,769	49,562	60,975
66-70*	40,749	47,920	57,304	70,708
>70*	43,296	50,965	61,149	75,555

*A= Adult *C=Child • Service Tax to be charged as applicable. The rates are valid till further notifications
* Premium rates only for renewal

	Plan 1	Plan 2	Plan 3	Plan 4
Sum Insured in Rs.	400,000	500,000	750,000	1,000,000
Age Oldest Member	2A+0C	2A+0C	2A+0C	2A+0C
18-35	9,083	10,523	13,576	15,874
36-45	9,980	12,754	17,181	19,222
46-50	18,110	23,572	29,490	35,635
51-55	19,907	24,874	31,069	37,706
56-60	24,527	30,053	37,541	45,755
61-65*	34,144	39,960	48,985	60,276
66-70*	44,179	51,935	64,062	79,234
>70*	51,751	60,978	75,464	93,588
Age Oldest Member	2A+1 C	2A+1 C	2A+1 C	2A+1 C
18-35	11,288	13,434	16,995	19,492
36-45	12,075	15,093	18,817	21,944
46-50	20,648	24,769	30,862	36,743
51-55	22,641	27,168	33,972	40,788
56-60	26,980	31,697	39,693	47,930
61-65*	42,526	50,296	60,444	73,354
66-70*	52,904	62,375	76,129	93,711
>70*	60,814	71,689	88,055	109,123
Age Oldest Member	2A+2C	2A+2C	2A+2C	2A+2C
18-35	13,230	15,093	18,852	21,344
36-45	14,490	17,264	21,318	24,497
46-50	22,641	26,716	33,156	39,032
51-55	25,278	29,432	36,788	43,797
56-60	29,811	34,716	43,517	52,171
61-65*	46,105	54,483	65,034	78,994
66-70*	56,129	66,149	80,182	98,656
>70*	63,769	75,145	91,702	113,542

Additional premium for a child in a floater with more than 4 family members

Child > 4	1,801	2,075	2,371	2,517
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OPTIONAL CRITICAL ILLNESS RIDER (ON INDIVIDUAL SUM INSURED BASIS)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9
Sum Insured in Rs.	150,000	200,000	250,000	300,000	375,000	400,000	500,000	750,000	10,00,000
Age									
0-17	46	61	76	92	115	122	153	229	306
18-35	173	231	289	347	433	462	578	866	1,155
36-45	531	708	885	1,062	1,327	1,415	1,769	2,654	3,538
46-50	1,164	1,552	1,941	2,329	2,911	3,105	3,881	5,822	7,762
51-55	1,918	2,557	3,197	3,836	4,795	5,114	6,393	9,590	12,786
56-60	3,030	4,040	5,050	6,060	7,575	8,080	10,100	15,150	20,200
61-65*	4,517	6,022	7,528	9,033	11,292	12,044	15,055	22,583	30,111
66-70*	6,412	8,550	10,687	12,824	16,031	17,099	21,374	32,061	42,748

Service Tax to be charged as applicable • The rates are valid till further notification. * Premium rates only for renewal.

2 Year Premium

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance

For example: (1) Proposed Insured Age 33 years opting for Easy Health Family Standard (2A+0C) 2 year policy with Sum Insured of Rs 2 Lac.

Calculation – $4082 \times 2 \times (100 - 7.5)\% = \text{Rs. } 7551.70/-$ plus taxes.

(2) Proposed Insured Age 35 years opting for Easy Health Family Standard (2A+0C) 2 year policy with Sum Insured of Rs 2 Lac.

Calculation – $(4082+5040) \times (100 - 7.5)\% = \text{Rs. } 8437.85/-$ plus taxes.

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- The premium under floater coverage will be charged on the completed age of the oldest insured member.
- Premium rates are subject to change with prior approval from IRDA.

Discounts

1) Family Discount of 10% if 3 or more family members are covered under Easy Health Individual Health Insurance Plan

Loadings: We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).

We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that we will issue policy only after getting your consent.

Termination:

- You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	50.00%
		Upto 15 Months	37.50%
		Upto 18 Months	25.00%
		Exceeding 18 Months	Nil

- We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

Schedule of benefits-Easy Health Individual

Benefits	Easy Health Standard	Easy Health Exclusive		Easy Health Premium	
Sum Insured per Insured Person per Policy Year (Rs. In Lakh)	1.00, 2.00, 3.00, 4.00, 5.00	3.00, 4.00, 5.00	7.50	4.00, 5.00	7.50, 10.00
1 a) In-patient Treatment	Covered	Covered		Covered	
1 b) Pre-hospitalisation	Covered	Covered		Covered	
1 c) Post-hospitalisation	Covered	Covered		Covered	
1 d) Day-Care Procedures	Covered	Covered		Covered	
1 e) Domiciliary Treatment	Covered	Covered		Covered	
2 a) Daily cash for choosing shared accommodation	Rs. 500 per day, Maximum Rs.3,000	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800
2 b) Organ Donor	Covered	Covered		Covered	
2 c) Emergency Ambulance	Upto Rs.2,000 per hospitalisation	Upto Rs.2,000 per hospitalisation		Upto Rs.2,000 per hospitalisation	
2 d) Daily Cash for accompanying an insured child	Not Covered	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000
2 e) Newborn baby	Not Covered	Optional		Optional	
3 a) Maternity Expenses with waiting period of 6 years	Not Covered	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)
3 b) Out-patient Dental Treatment with waiting period of 3 years	Not Covered	Not Covered		Upto 1 % of Sum insured subject to a Maximum of Rs. 5,000	
3 c) Spectacles, Contact Lenses, Hearing Aid every third year	Not Covered	Not Covered		Upto Rs.5,000	
3 d) E-Opinion in respect of a Critical Illness	Not Covered	Not Covered		Covered	
4) Critical Illness	Not Covered	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of basic sum insured		Optional, if opted then the Critical Illness Sum Insured 50% or 100% of basic sum insured	
5) Health Check-up	Upto 1% of Sum Insured per Insured Person, only once at the end of a block of every continuous 4 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 3 claim free years		Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2 claim free years.	

Benefits under 3b), 3c), 3d) and 5) are subject to pre-authorisation by the TPA

Schedule of benefits-Easy Health Family

Benefits	Easy Health Standard	Easy Health Exclusive		Easy Health Premium	
Sum Insured per Policy Year (Rs. In Lakh)	2.00, 3.00, 4.00, 5.00	3.00, 4.00, 5.00	7.50	4.00, 5.00	7.50, 10.00
1 a) In-patient Treatment	Covered	Covered		Covered	
1 b) Pre-hospitalisation	Covered	Covered		Covered	
1 c) Post-hospitalisation	Covered	Covered		Covered	
1 d) Day-Care Procedures	Covered	Covered		Covered	
1 e) Domiciliary Treatment	Covered	Covered		Covered	
2 a) Daily cash for choosing shared accommodation	Rs.500 per day, Maximum Rs.3,000	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800
2 b) Organ Donor	Covered	Covered		Covered	
2 c) Emergency Ambulance	Upto Rs.2,000 per hospitalisation	Upto Rs.2,000 per hospitalisation		Upto Rs.2,000 per hospitalisation	
2 d) Daily cash for accompanying an insured child	Not Covered	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000
2 e) Newborn baby	Not Covered	Optional		Optional	
3 a) Maternity Expenses with waiting period of 4 years	Not Covered	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)
3 b) Outpatient Dental Treatment with waiting period 3 years	Not Covered	Not Covered		Upto 1 % of Sum insured subject to a Maximum of Rs. 5,000	
3 c) Spectacles, Contact Lenses, Hearing Aid every third year	Not Covered	Not Covered		Upto Rs.5,000	
3 d) E-Opinion in respect of a Critical Illness	Not Covered	Not Covered		Covered	
4) Critical Illness	Not Offered	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of basic sum insured		Optional, if opted then the Critical Illness Sum Insured 50% or 100% of basic sum insured	
5) Health Check-up	Upto 1% of Sum Insured per Policy, only once at the end of a block of every continuous 4 claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 3 claim free years		Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2 claim free years	

Benefits under 3b), 3c), 3d) and 5) are subject to pre-authorization by the TPA

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

Statutory Warning: Prohibition Of Rebates (under 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 prospectus or tables of the insurers. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred rupees.

Insurance is the subject matter of solicitation