

Easy Health - Prospectus

Suitability:

- a) This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years. The Minimum entry age for Adult Dependent: is 18 years and Maximum entry age is 65 years
- b) Child between 91 days and 5 years can be insured provided either parent is getting insured under this Policy.
- c) There is no maximum cover ceasing age on renewals of the subject policy.
- d) The policy will be issued for a period for 1 or 2 year(s) period, the sum insured & benefits will applicable on Policy Year basis.
- e) This policy can be issued to an individual and/or family.
- f) The family includes spouse, dependent children, dependent parents, parent-in-law, grandparents and grandchildren.
- g) A maximum of 6 members can be added in a single policy, whether on an Individual or Family floater basis.
- h) In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father, Father-in-law, Mother or Mother-in-law.
- i) In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, Father, Father-in-law, Mother or Mother-in-law.
- j) 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.
- k) In an individual policy, the Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.

Note:

Dependents means only the family members listed below:

- Your legally married spouse as long as she continues to be married to You;
- Your children/ Grandchildren Aged between 91 days and 25 years if they are unmarried and financially dependent with no independent source of income. Children Aged between 1 to 90 Days can be covered if Newborn Baby Benefit is added by payment of additional premium subject to policy terms and conditions.
- Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Easy Health Policy,
- Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Easy Health Policy
- Your Grandparents provided that the grandparent were below 65 years at his initial participation in the Easy Health Policy,

All Dependent parents, Parent in laws, Grand Parents must be financially dependent on You.

Basic Sum Insured: The sum insured would Range from Rs. 1 Lac to Rs. 50 Lacs

Critical Illness (Optional benefit) Sum Insured would be 50% or 100% of the Sum Insured subject to a minimum of Rs 1 Lac and maximum of Rs 10 Lacs.

Salient Features & Benefits:

Section I. Inpatient Benefits

The following benefits are available to all Insured Persons who suffer an Illness or Accident during the Policy Period which requires Hospitalisation on an Inpatient basis or treatment defined as a Day Care Procedure or treatment defined as Domiciliary Treatment. Any claims made under these benefits will impact eligibility for Cumulative Bonus, and Health Checkup. For benefit limits, please refer to the schedule of benefit.

	We will cover the medical expenses for:	In addition to the waiting periods and general exclusions We will also not cover expenses
1	<p>a. In-Patient Treatment</p> <p>This includes</p> <ul style="list-style-type: none"> • Hospital room rent or boarding; • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures. 	<p>1. If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long:</p> <ul style="list-style-type: none"> ■ Medical text books, ■ Standard treatment guidelines as stated in clinical establishment act of Government of India, ■ World Health Organisation (WHO) protocols, ■ Published guidelines by healthcare providers, ■ Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
	<p>b. Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the Hospitalisation (In-patient or Day Care or Domiciliary Treatment)</p> <p>c. Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 90 days after discharge from Hospitalisation(In-patient or Day Care or Domiciliary Treatment).</p>	<p>1. Claims which have NOT been admitted under Inpatient Treatment benefit, Day care Procedure benefit and Domiciliary Treatment benefit</p> <p>2. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place</p>
	<p>d. Day Care Procedures Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/Day Care Centre for stay less than 24 hours. Treatment normally taken on out-patient basis is not included in the scope of this definition.</p>	<p>1. Treatment that can be and is usually taken on an Out-Patient basis is not covered.</p> <p>2. Treatment NOT taken at a Hospital</p>

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<p>e. Domiciliary Treatment Medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ol style="list-style-type: none"> 1. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or, 2. The Patient takes treatment at home on account of non availability of room in a Hospital. Pre and Post Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before hospitalisation and 90 days after hospitalization respectively will be covered in case of domiciliary treatment. 	<ol style="list-style-type: none"> 1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable only if treatment period is greater than 3 days)
<p>f. Organ Donor: Medical and surgical expenses of the organ donor for harvesting the organ where an Insured Person is the recipient Important: Expenses incurred by an insured person while donating an organ is NOT covered.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment benefit for insured person 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
<p>g. Ambulance: Expenses incurred on transportation of Insured Person to a hospital for treatment in case of an emergency, subject to Rs. 2000 per Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment benefit and Day care Procedure benefit 2. Healthcare or ambulance service provider not registered with road traffic authority.
<p>h. Ayush Benefit Coverage upto Sum Insured only for Inpatient care expenses incurred on treatment taken under the below systems of medicine in an AYUSH Hospital</p> <ol style="list-style-type: none"> a. Ayurveda, b. Unani, c. Sidha, d. Homeopathy, e. Yoga & Naturopathy 	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under In-patient treatment 2. Hospitalisation for evaluation, Investigation only 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.
<p>i. Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of Benefits if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p>	<ol style="list-style-type: none"> 1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under Inpatient Treatment Benefit.
<p>Section II. Additional Benefits: The following benefits are available to all Insured Persons during the Policy Period. Any claims made under these benefits will be subject to In-patient Sum Insured and will impact eligibility for a Cumulative Bonus and Health Checkup These benefits are applicable based on the plan variant selected, as mentioned in the schedule of benefits.</p>	
<p>2 a. Daily Cash for Accompanying an Insured Child*# If the Insured Person Hospitalised is a child Aged 12 years or less, daily cash amount will be payable as mentioned in schedule of Benefits for 1 accompanying adult for each complete period of 24 hours if Hospitalisation exceeds 72 hours.</p>	<ol style="list-style-type: none"> 1. Daily Cash Benefit for days of admission and discharge Claims which have NOT been admitted under Inpatient Treatment Benefit.
<p>b. Newborn baby *# Medical Expenses for any medically necessary treatment described at Inpatient Treatment Benefit while the Insured Person (the Newborn baby) is Hospitalised during the Policy Period as an inpatient provided a proposal form is submitted for the insurance of the newborn baby within 90 days after the birth, and We have accepted the same and received the premium sought. Under this benefit, Coverage for newborn baby will incept from the date, the premium has been received. The coverage is subject to the policy exclusions, terms and conditions. This Benefit is applicable if Maternity benefit is opted and We have accepted a maternity claim under this Policy.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Maternity Expenses Benefit 2. Claims other than those available in Inpatient Treatment Benefit.
<p>c. Recovery Benefit*# Lumpsum amount will be payable as mentioned in schedule of Benefits if the Insured Person is Hospitalised as an inpatient beyond 10 consecutive and continuous days This benefit is payable only once per Illness/Accident per Policy Year.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment Benefit.

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<p>d. Emergency Air Ambulance Cover</p> <p>We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in d(i), for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to:</p> <ul style="list-style-type: none"> Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency; The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary; The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and The air ambulance provider being registered in India. d(i)The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lacs per hospitalization, whichever is lower; upto basic sum insured limit for a year 	<ol style="list-style-type: none"> Claims which have NOT been admitted under Inpatient Treatment or Day Care Procedures. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.
<p>Section III. Additional Benefit not related to Sum Insured: The following benefit is available to all Insured Persons during the Policy Period. Any claims made under these benefits will not be subject to In-patient Sum Insured and will not impact eligibility for a Cumulative Bonus and Health Checkup. These benefits are applicable based on the plan variant selected, as mentioned in the schedule of benefits.</p>	
<p>3 a. Maternity Expenses*#</p> <p>i. Medical Expenses for a delivery (including caesarean section) as mentioned in schedule of Benefits while Hospitalised or the lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person</p> <p>ii. Medical Expenses for pre-natal and post-natal expenses per delivery or termination upto the amount stated in the Schedule of Benefits,</p> <p>iii. Medical Expenses incurred for the medically necessary treatment of the new born baby upto the amount stated in the Schedule of Benefits unless the new born baby is covered under Newborn baby benefit, and</p> <p>iv. The Insured Person must have been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits.</p>	<ol style="list-style-type: none"> Pre- and post-hospitalisation expenses under Pre- hospitalisation and post-hospitalisation benefit. Ectopic pregnancy under this benefit (although it shall be covered under Inpatient Treatment Benefit. Claim for Dependents other than Insured Person's spouse under this Policy.
<p>Note: *# Benefits are covered under "Exclusive" Variant only</p>	
<p>Section IV. Critical Illness (Optional benefit)</p> <p>Any claims made under this benefit will not be subject to In-patient Sum Insured and will not impact eligibility for a Cumulative Bonus and Health Checkup. This benefit is optional and effective only if mentioned in the Schedule.</p>	
<p>4 a. Critical Illness (Optional benefit)</p> <p>We will pay the Critical Illness Sum Insured as a lump sum in addition to Our payment under Inpatient Treatment Benefit, provided that:</p> <p>i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and</p> <p>ii. The Insured Person survives for at least 30 days following such diagnosis.</p> <p>iii. "Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.</p> <p>Note: Critical Illness (Optional benefit) is always provided on an individual sum insured basis irrespective of whether policy is issued on a individual or floater sum insured basis.</p>	<ol style="list-style-type: none"> The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the commencement of the Policy Period and the Insured Person has not previously been insured continuously and without interruption under an Easy Health Policy. The Insured Person has already made a claim for the same Critical Illness. A claim for this benefit has already been made 3 times under this Policy or any other Easy Health policy issued by Us.

Section V. Renewal Incentives:

5.1 Cumulative Bonus:

- A 10% cumulative bonus will be applied on the Sum Insured for next policy year under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break. The maximum cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year.
- In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.
- If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 10% of the Sum Insured in that following Policy Year. There will be no impact on the Inpatient Sum Insured, only the

accrued cumulative bonus will be decreased.

- If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the no claim bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the no claim bonus to be carried forward for credit in the Policy would be the least no claim bonus amongst all the Insured Persons.
- Portability/Migration benefit will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), Portability/Migration benefit shall not apply to any other additional increased sum insured.
- In policies with a two year Policy Period, the application of above guidelines of Cumulative Bonus shall be post completion of each policy year.

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5.2 Stay Active-

We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by Us in the specified time interval (calculated from the policy risk start date) as per the grid below. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

This discount will be accrued at defined time intervals as given in table below. The discount will be cumulated and offered as discount on the renewal premium.

In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.

The discount grid would be as per the table below:

1 Year Policy

Average Step Target	Time Interval (calculated from policy risk start date)					Maximum Discount at the end of the year
	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-300 days		
5000 or below	0%	0%	0%	0%	0%	0%
5001 to 8000	0.5%	0.5%	0.5%	0.5%	0.5%	2%
8001 to 10000	1.25%	1.25%	1.25%	1.25%	1.25%	5%
Above 10000	2%	2%	2%	2%	2%	8%

2 Year Policy

Average Step target	Time Interval (calculated from policy risk start date)								Maximum Discount at the end of 2 years
	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-360 days	361-450 days	451-540 days	541-630 days	631-660 days	
5000 or below	0%	0%	0%	0%	0%	0%	0%	0%	0%
5001 to 8000	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	2%
8001 to 10000	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	5%
Above 10000	1%	1%	1%	1%	1%	1%	1%	1%	8%

The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. The average step count completed by an Insured member would be tracked on this mobile application.

We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

Illustration

Policy start date	1st Jan 2016
Policy Tenure	1 year

	Time Interval			
	Risk start date or date of download of mobile application -90 days	91 days-180 days	181 days-270 days	271- 300 days
average steps taken in the defined time period	8500	10000	5001	7500
Discount %applicable	1.25%	1.25%	0.5%	0.5%

Total discount applicable on renewal premium = 3.5%

5.3 Preventive Health Checkup –

Plan	Standard	Exclusive
Easy Health Individual	Upto 1% of Sum Insured per Insured Person upto Rs.5000, only once at the end of a block of every continuous four 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 three policy years
Easy Health Family	Upto 1% of Sum Insured per Policy upto Rs.5000, only once at the end of a block of every continuous four claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 5,000 per Policy, only once at the end of a block of every continuous three policy years

Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Note: If member has changed the plan in subsequent year and in the new plan the waiting period is less than previous plan then waiting period mentioned in the current plan would be applicable

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Special terms and conditions:

Waiting Period

All illnesses and treatments shall be covered subject to the waiting periods specified below:

i. 30-day waiting period: Code – Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

ii. Specified disease/procedure waiting period: Code – Excl02

- a) Expenses related to the treatment of the listed Conditions,

f) List of specific diseases/procedures: -

SI No	Organ / Organ System	Illness/diagnosis (irrespective of treatments medical or surgical)	Surgeries/procedures (irrespective of any illness/diagnosis other than cancers)
a.	ENT	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Nasal concha resection • Surgery for Turbinate hypertrophy • Nasal polypectomy
b.	Gynaecological	<ul style="list-style-type: none"> • Cysts, polyps including breast lumps • Polycystic ovarian disease • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus 	<ul style="list-style-type: none"> • Hysterectomy
c.	Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Osteoporosis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk 	<ul style="list-style-type: none"> • Joint replacement surgeries
d.	Gastrointestinal	<ul style="list-style-type: none"> • Cholecystitis • Cholelithiasis • Pancreatitis • Fissure/fistula in anus, hemorrhoids, pilonidal sinus • Ulcer and erosion of stomach and duodenum • Gastro Esophageal Reflux Disorder (GERD) • All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded) • Perineal Abscesses • Perianal Abscesses • Rectal Prolapse 	<ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia
e.	Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. • Benign Hyperplasia of prostate • Varicocele 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/Rectocele
f.	Eye	<ul style="list-style-type: none"> • Cataract · Retinal detachment · Glaucoma 	<ul style="list-style-type: none"> • NIL
g.	Others	<ul style="list-style-type: none"> • NIL 	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> • Benign tumors of Non infectious etiologye.eg. cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> • NIL

- surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident or underlying cause is cancer(s).
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability/migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

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iii. Pre-Existing Diseases: Code – Excl01

- a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the insured person is continuously covered without any break as defined under the portability/migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by insurer.

General exclusions

We will not pay for any claim which is caused by, arising from or attributable to:

Non-Medical Exclusions	<ul style="list-style-type: none"> 1) Breach of law: Code – Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 2) Hazardous or Adventure sports: Code – Excl09 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. 3) Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (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. 4) Intentional self injury or attempted suicide while sane or insane. 5) Any Insured Person’s participation or involvement in naval, military or air force operation.
Medical Exclusions	<ul style="list-style-type: none"> 6) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12 7) Obesity/ Weight Control: Code – Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: <ul style="list-style-type: none"> i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI); <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnoea iv. Uncontrolled Type2 Diabetes 8) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries: Code – Excl15 9) Cosmetic or plastic cardioSurgery: Code- Excl08 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. 10) Change-of-Gender treatments: Code – Excl07 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. 11) 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. Code – Excl16 12) Investigation & Evaluation: Code – Excl04 <ul style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 13) Rest Cure, rehabilitation and respite care: Code – Excl05 Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

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	<p>a. 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.</p> <p>b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>14) Treatments received in health spas, 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. Code – Excl13</p> <p>15) 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. Code – Excl14</p> <p>16) Maternity (except to the extent provided for under 3.2(Benefit structure-Maternity expenses)):Code – Excl</p> <ul style="list-style-type: none"> • Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; • Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. <p>17) Sterility and Infertility: Code – Excl17</p> <ul style="list-style-type: none"> a. Expenses related to sterility and infertility. This includes: b. Any type of contraception, sterilization c. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI d. Gestational Surrogacy e. Reversal of sterilization <p>18) Excluded Providers: Code – Excl11</p> <p>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 or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>19) Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia</p> <p>20) Treatment availed outside India.</p> <p>21) Treatment at a healthcare facility that is not a Hospital</p> <p>22) Circumcisions (unless necessitated by illness or injury and forming part of treatment)</p> <p>23) Any Non allopathic treatment except to the extent of coverage provided for under 'Ayush benefit'.</p> <p>24) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization.</p> <p>25) Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment)</p> <p>26) 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</p> <p>27) Sleep apnoea.</p> <p>28) Congenital external diseases, defects or anomalies</p> <p>29) Expenses incurred by the insured on organ donation</p> <p>30) 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 treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p> <p>31) Dental treatment and surgery of any kind, unless requiring Hospitalisation</p> <p>32) Any non medical expenses mentioned in Annexure I of policy terms & conditions</p> <p>33) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</p> <p>34) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p> <p>35) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.</p> <p>36) Drugs or treatments which are not supported by a prescription.</p> <p>37) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.</p> <p>38) Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zoledronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion</p>
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Claim Procedure:

All claims under this policy will be processed and settled by HDFC ERGO General Insurance Limited. At network centers claims would be settled on cashless basis and on reimbursement basis in non network centers

a) **Intimation & Assistance** - Please contact HDFC ERGO General Insurance Limited at least 48 hrs prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO General Insurance Limited within 24 hours of the event.

b) **Procedure for Reimbursement of Medical Expenses** –

- HDFC ERGO General Insurance Limited 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 HDFC ERGO General Insurance Limited 15 days of the occurrence of the Incident. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured
- * Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, HDFC ERGO General Insurance Limited will send the deficiency letter within 7 days of receipt of the claim documents.
 - On receipt of the complete set of claim documents, HDFC ERGO General Insurance Limited will send admissible amount, along with a settlement statement within 30 days.
 - The payment will be made in the name of the Policyholder.

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

c) **Claim Procedure to avail Cashless facility** -

- For any emergency Hospitalisation, HDFC ERGO General Insurance Limited must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO General Insurance Limited at least 48 hours prior to the hospitalization.
- HDFC ERGO General Insurance Limited 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 empaneled hospitals.
- Please refer to the list of empaneled 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:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavour to give notice for **Renewal**. However, the Company is not under obligation to give any notice for **Renewal**.
- **Renewal** shall not be denied on the ground that the **Insured Person** had made a claim or claims in the preceding policy years.
- Request for **Renewal** along with requisite premium shall be received by the Company before the end of the policy period.

- At the end of the policy period, the **Policy** shall terminate and can be renewed within the **Grace Period** of 30 days to maintain continuity of benefits without **Break in Policy**. Coverage is not available during the **Grace Period**.

- No loading shall apply on renewals based on individual claims experience.

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.

- Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break.

Pre- Acceptance Medical Test:

- Pre-Policy Checkup at our network may be required based upon the age and Sum Insured. We will reimburse 100% 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.

Loadings & Discounts

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 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7 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 and additional premium (if any). Please visit our nearest branch to refer our underwriting guidelines if required.

- 1) Family Discount of 5% if 2 members are covered and 10% if 3 or more family members are covered under Easy Health Individual Health Insurance Plan
- 2) 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance as a single premium.

Examples

- a. Proposed Insured Age 33 years opting for Easy Health Individual Standard 2 year policy in Tier-2 with Sum Insured of Rs 2 Lac.

Calculation – $6472 \times 2 \times 92.5\% = \text{Rs. } 11,973.2/-$ plus taxes.

- b. Proposed Insured Age 35 years opting for Easy Health Individual Standard 2 year in Tier-2 policy with Sum Insured of Rs 2 Lac.

Calculation – $(6472 + 7325) \times 92.5\% = \text{Rs. } 12,762.25/-$ plus taxes.

- c. Example for Family discount and 2 year advance premium discount

Proposed Insured aged 32 years opting for a 2 year Standard individual policy covering himself, spouse and child for a sum insured of 5 Lacs each in a Tier-2 city

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Premium calculation

Insured person	Age	Sum Insured	Premium (ex tax)
Self	32	5 Lacs	18244
Spouse	31	5 Lacs	18244
Child	6	5 Lacs	14010
Total premium (ex tax)			50,498
2 year discount of 7.5%			3787.35
Premium after 2 year discount			46,710.65
10% family discount			4671
Total premium payable (ex tax)			42,040

Termination (Other than Free Look period)

- The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed 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	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

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**.

- The Company may cancel the policy at any time on grounds of misrepresentation 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 misrepresentation, non-disclosure of material facts or fraud.

Portability

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Migration

The **Insured Person** will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for **Migration** of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on **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, the **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of fifteen days from date of receipt of the policy document 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

- 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
- where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover **or**
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Non-disclosure or Misrepresentation

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule; and
- the claim under such Policy if any, shall be rejected/repudiated forthwith.
 - We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;

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- a) Permanently exclude the disease/condition and continue with the Policy
- b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
- c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

Dishonest or Fraudulent Claim

If any claim made by the **Insured Person**, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the **Insured Person** or anyone acting on his/her behalf to obtain any benefit under this **Policy**, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the **Insurer**.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- b) the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the **Policy** benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the **Insurer**.

Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

Complete Discharge

Any payment to the **Policyholder**, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, 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 effected.

Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Nomination:

The **Policyholder** is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the **Policyholder**. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the **Policyholder**, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

Payment Facility:

- Online
- Cheque/ Cash/ Credit Card/Demand Draft Payment
- Electronic Clearing System

Renewability

- There shall be no cover ceasing age on renewal.

Tax Benefit:

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

Requirement:

- Completed proposal form

This Policy is subject to regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulations 2017.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Premium Payment in Instalments

If the **Insured Person** has opted for payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the **Policy**):

- a. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

- b. During such **Grace Period**, coverage will not be available from the due date of installment premium till the date of receipt of premium by **Company**
- c. The **Insured Person** will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated **Grace Period**
- d. No interest will be charged If the installment premium is not paid on due date
- e. In case of installment premium due not received within the **Grace Period**, the **Policy** will get cancelled
- f. In the event of a claim, all subsequent premium installments shall immediately become due and payable

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g. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the **Policy**.

Instalment premium payment through Auto Debit/ECS Facility

- If Option of Premium payment by instalment is opted through auto Debit/ECS facility, Electronic Clearing Service (ECS) Mandate form needs to be completely filled & signed by the **Insured Person**.
- The Premium amount which would be auto debited & frequency of instalment should be duly filled in the ECS Mandate form.
- New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan / coverages / revision in premium.

d. The **Company** should be informed at least 15 days prior to the due date of instalment premium if the **Insured Person** wishes to discontinue the ECS facility.

Non-payment of premium on due date as opted by the **Insured Person** in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the **Policy**.

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.

Schedule of Benefits

Easy Health Individual

	Standard	Exclusive		
Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	1.00, 1.50, 2.00, 2.50, 3.00, 4.00, 5.00, 7.5, 10.00, 15.00	3.00, 4.00, 5.00	7.50, 10.00	15.00, 20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered	Covered		
1 b) Pre-hospitalization	Covered	Covered		
1 c) Post-hospitalization	Covered	Covered		
1 d) Day Care Procedures	Covered	Covered		
1 e) Domiciliary Treatment	Covered	Covered		
1 f) Organ Donor	Covered	Covered		
1 g) Emergency Ambulance	Upto Rs. 2000 perhospitalisation	Upto Rs. 2000 perhospitalisation		
1 h) Ayush Benefit	Covered upto Sum Insured	Covered upto Sum Insured		Covered upto Sum Insured
1 i) 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. 1000 per day, Maximum Rs. 6,000
2 a) 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. 800 per day, Maximum Rs. 24,000
2 b) Newborn baby	Not Covered	Additional Benefit on payment of additional premium		
2 c) Recovery Benefit	Not Covered	Not Covered		Rs. 10,000
2 d) Emergency Air Ambulance	Not covered	Not covered		Upto Rs. 2.5 Lacs per hospitalisation
3 a) Maternity Expenses	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) [Waiting Period of 6 years]	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) [Waiting Period of 6 years]	Normal Delivery Rs. 30,000* Caesarean Delivery Rs. 50,000* (*Including Pre/Post Natal limit of Rs. 5,000 and New Born limit of Rs. 5,000) [Waiting Period of 4 Years]
4 Critical Illness (Optional benefit)	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured subject to minimum of Rs. 100,000 upto a maximum of Rs. 10 Lacs	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured		Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured upto a maximum of Rs. 10 Lacs
5.1. Cumulative Bonus	Additional 10% of Base Sum Insured on continuous renewal for each claim free year subject to maximum 100% of Base Sum Insured. Reduced by 10% of Base Sum Insured in event of a claim each year			
5.2. Stay Active	Upto 8% discount on renewal premium subject to insured member achieving the average number of steps in each time interval prescribed in the grid by either walking or running regularly to keep fit. Dependent children covered will not be considered for calculation of average steps.			
5.3 Health Checkup	Upto 1% of Sum Insured per Insured Person upto Rs.5000, only once at the end of a block of every continuous four 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 three policy years		
Benefits under 5.1,5.2,5.3 are subject to pre-authorisation by the HDFC ERGO General Insurance Limited				

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Easy Health Family

	Standard	Exclusive		
Sum Insured per Policy per Policy Year (Rs. in Lakh)	2.00, 3.00, 4.00, 5.00, 7.5, 10.00, 15.00	3.00, 4.00, 5.00	7.50, 10.00	15.00, 20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered	Covered		
1 b) Pre-hospitalization	Covered	Covered		
1 c) Post-hospitalization	Covered	Covered		
1 d) Day Care Procedures	Covered	Covered		
1 e) Domiciliary Treatment	Covered	Covered		
1 f) Organ Donor	Covered	Covered		
1 g) Emergency Ambulance	Upto Rs. 2000 perhospitalisation	Upto Rs. 2000 perhospitalisation		
1 h) Ayush Benefit	Covered upto Sum Insured	Covered upto Sum Insured		Covered upto Sum Insured
1 i) 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. 1000 per day, Maximum Rs. 6,000
2 a) 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. 800 per day, Maximum Rs. 24,000
2 b) Newborn baby	Not Covered	Additional Benefit on payment of additional premium		
2 c) Recovery Benefit	Not Covered	Not Covered		Rs. 10,000
2 d) Emergency Air ambulance	Not covered	Not Covered		Upto Rs. 2.5 Lacs per hospitalisation
3 a) Maternity Expenses	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) [Waiting Period 4 years]	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) [Waiting Period 4 years]	Normal Delivery Rs. 30,000* Caesarean Delivery Rs. 50,000* (*Including Pre/Post Natal limit of Rs. 5,000 and New Born limit of Rs. 5,000) [Waiting Period of 3 Years]
4 Critical Illness (Optional benefit)	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured subject to minimum of Rs. 100,000 upto a maximum of Rs. 10 Lacs	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured		Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured upto a maximum of Rs 10 Lacs
5.1. Cumulative bonus	Additional 10% of Base Sum Insured on continuous renewal for each claim free year subject to maximum 100% of Base Sum Insured. Reduced by 10% of Base Sum Insured in event of a claim each year. In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.			
5.2. Stay Active	Upto 8% discount on renewal premium subject to insured member achieving the average number of steps in each time interval prescribed in the grid by either walking or running regularly to keep fit. In a floater policy it would be an average of all adult members covered. Dependent children covered will not be considered for calculation of average steps.			
5.3. Health Checkup	Upto 1% of Sum Insured per Policy upto Rs. 5000, only once at the end of a block of every continuous four 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 three policy years.		
Benefits under 5.1,5.2,5.3 are subject to pre-authorization by the HDFC ERGO General Insurance Limited				

Premium rates:

- The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:

- Tier 1 : Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara
- Tier 2 : Rest of India- All other cities

PI Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

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Standard Plan:

Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Easy Health Standard Plan - Gross Premium (Excl. GST) - One Individual Policy

Age Band	Sum Insured									
	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
0 - 17	5,132	5,930	6,242	6,528	6,872	7,465	7,915	8,105	8,723	9,212
18 - 35	6,796	7,870	8,285	8,820	9,284	10,151	10,308	10,992	11,423	13,691
36 - 45	8,744	8,907	9,376	9,981	10,506	11,488	11,665	12,596	13,185	15,803
46 - 50	12,588	13,029	13,715	14,599	15,367	16,806	17,064	18,624	19,620	23,516
51 - 55	15,446	16,476	17,343	18,459	19,430	21,247	21,576	23,745	25,131	30,121
56 - 60	17,544	21,270	22,389	23,830	25,085	27,430	27,855	30,964	32,957	39,502
61 - 65	19,433	24,552	25,844	26,788	28,197	30,410	31,916	35,870	40,304	48,308
66 - 70 *	25,029	32,008	33,693	36,960	38,906	41,961	44,038	49,724	56,011	67,135
71 - 75 *	30,236	38,669	40,705	44,654	47,004	50,694	53,203	60,459	68,341	81,914
76 - 80 *	36,284	46,403	48,845	53,584	56,404	60,832	63,844	73,073	82,917	99,384
> 80 *	41,726	53,362	56,171	61,622	64,865	69,957	73,421	85,156	97,305	1,16,631

Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult Policy

Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	12,344	13,833	15,126	15,359	16,378	17,020	20,400
36 - 45	13,970	15,655	17,117	17,381	18,768	19,646	23,547
46 - 50	20,436	22,897	25,041	25,426	27,750	29,233	35,039
51 - 55	24,280	27,202	29,746	30,206	33,243	35,183	42,169
56 - 60	29,106	32,610	35,658	36,211	40,253	42,844	51,353
61 - 65	32,822	35,811	38,620	40,534	45,555	51,186	61,351
66 - 70 *	40,431	46,687	50,353	52,846	59,668	67,213	80,562
71 - 75 *	45,996	53,114	57,284	60,119	68,319	77,225	92,563
76 - 80 *	55,195	63,737	68,741	72,144	82,572	93,696	1,12,304
> 80 *	62,349	72,001	77,652	81,497	94,523	1,08,009	1,29,460

Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult 1 Child Policy

Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	14,167	15,876	17,359	17,626	18,796	19,533	23,412
36 - 45	16,032	17,966	19,645	19,948	21,540	22,547	27,023
46 - 50	23,453	26,278	28,738	29,180	31,848	33,550	40,213
51 - 55	28,095	31,477	34,421	34,952	38,467	40,712	48,796
56 - 60	33,136	37,125	40,596	41,225	45,827	48,776	58,463
61 - 65	37,474	40,886	44,094	46,279	52,012	58,441	70,046
66 - 70 *	44,811	51,745	55,808	58,571	66,133	74,495	89,290
71 - 75 *	50,067	57,815	62,353	65,440	74,365	84,059	1,00,754
76 - 80 *	58,614	67,685	72,999	76,613	87,687	99,500	1,19,261
> 80 *	66,281	76,541	82,549	86,637	1,00,484	1,14,820	1,37,624

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Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult 2 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	15,741	17,640	19,288	19,585	20,885	21,703	26,014
36 - 45	17,814	19,962	21,827	22,164	23,933	25,052	30,026
46 - 50	26,059	29,198	31,931	32,422	35,386	37,277	44,681
51 - 55	31,217	34,975	38,245	38,836	42,741	45,236	54,218
56 - 60	37,166	41,641	45,533	46,239	51,401	54,709	65,573
61 - 65	41,868	45,680	49,264	51,705	58,110	65,293	78,258
66 - 70 *	48,854	56,413	60,843	63,856	72,099	81,216	97,346
71 - 75 *	52,916	61,105	65,902	69,164	78,597	88,843	1,06,488
76 - 80 *	61,544	71,069	76,649	80,443	92,072	1,04,475	1,25,224
> 80 *	70,213	81,082	87,446	91,776	1,06,445	1,21,632	1,45,789

Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult 3 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	17,149	19,218	21,013	21,337	22,753	23,645	28,341
36 - 45	19,408	21,748	23,780	24,147	26,074	27,294	32,713
46 - 50	28,390	31,810	34,788	35,323	38,552	40,613	48,679
51 - 55	33,819	37,889	41,433	42,072	46,303	49,005	58,736
56 - 60	40,524	45,403	49,648	50,417	56,045	59,652	71,499
61 - 65	45,744	49,910	53,825	56,492	63,490	71,338	85,505
66 - 70 *	52,224	60,304	65,040	68,259	77,072	86,817	1,04,059
71 - 75 *	55,358	63,925	68,943	72,356	82,225	92,943	1,11,403
76 - 80 *	64,475	74,454	80,299	84,274	96,456	1,09,450	1,31,187
> 80 *	73,022	84,325	90,944	95,447	1,10,703	1,26,497	1,51,620

Easy Health Standard Plan - Gross Premium (Excl. GST) - 1 Adult 1 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	10,107	11,326	12,385	12,576	13,410	13,936	16,703
36 - 45	11,438	12,818	14,016	14,232	15,367	16,086	19,280
46 - 50	16,732	18,748	20,503	20,818	22,722	23,936	28,690
51 - 55	21,158	23,705	25,922	26,322	28,969	30,660	36,748
56 - 60	26,419	29,600	32,367	32,868	36,538	38,889	46,612
61 - 65	30,496	33,273	35,883	37,661	42,327	47,559	57,003
66 - 70 *	37,062	42,796	46,157	48,442	54,696	61,612	73,849
71 - 75 *	43,554	50,294	54,242	56,927	64,692	73,125	87,648
76 - 80 *	52,264	60,353	65,091	68,313	78,188	88,721	1,06,341
> 80 *	60,103	69,406	74,854	78,561	91,117	1,04,117	1,24,795

Easy Health - Prospectus

Easy Health Standard Plan - Gross Premium (Excl. GST) - 1 Adult 2 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	11,681	13,090	14,313	14,534	15,499	16,106	19,305
36 - 45	13,220	14,814	16,198	16,448	17,761	18,591	22,282
46 - 50	19,338	21,668	23,696	24,060	26,260	27,664	33,158
51 - 55	24,280	27,202	29,746	30,206	33,243	35,183	42,169
56 - 60	30,001	33,614	36,756	37,325	41,492	44,162	52,933
61 - 65	34,114	37,221	40,141	42,130	47,349	53,202	63,766
66 - 70 *	40,431	46,687	50,353	52,846	59,668	67,213	80,562
71 - 75 *	46,403	53,584	57,791	60,651	68,924	77,908	93,382
76 - 80 *	55,195	63,737	68,741	72,144	82,572	93,696	1,12,304
> 80 *	63,473	73,298	79,052	82,966	96,226	1,09,955	1,31,793

Easy Health Standard Plan - Gross Premium (Excl. GST) - 1 Adult 3 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	13,090	14,669	16,039	16,286	17,367	18,048	21,632
36 - 45	14,814	16,600	18,151	18,431	19,902	20,833	24,969
46 - 50	21,670	24,280	26,553	26,961	29,426	30,999	37,156
51 - 55	26,881	30,117	32,934	33,442	36,805	38,953	46,688
56 - 60	33,136	37,125	40,596	41,225	45,827	48,776	58,463
61 - 65	37,474	40,886	44,094	46,279	52,012	58,441	70,046
66 - 70 *	43,464	50,188	54,130	56,809	64,144	72,254	86,604
71 - 75 *	48,846	56,405	60,832	63,844	72,551	82,009	98,297
76 - 80 *	58,614	67,685	72,999	76,613	87,687	99,500	1,19,261
> 80 *	66,843	77,190	83,249	87,371	1,01,336	1,15,793	1,38,791

Easy Health Standard Plan - Gross Premium (Excl. GST) - Additional Child							
Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
Premium	3,129	3,409	3,783	3,911	4,082	4,333	5,037

*Only for Renewal Purposes

Tier 2 (Rest Of India)

Easy Health Standard Plan - Gross Premium (Excl. GST) - One Individual Policy										
Age Band	Sum Insured									
	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
0 - 17	3,719	4,633	4,877	5,440	5,726	6,606	7,005	7,110	7,261	8,559
18 - 35	4,924	6,149	6,472	7,350	7,737	8,983	9,122	9,642	10,020	11,814
36 - 45	6,336	6,959	7,325	8,318	8,755	10,166	10,323	11,049	11,566	13,636
46 - 50	9,122	10,179	10,715	12,166	12,806	14,872	15,101	16,337	17,210	20,289
51 - 55	11,193	12,872	13,549	15,382	16,192	18,803	19,093	20,829	22,045	25,990
56 - 60	12,713	16,617	17,491	19,859	20,904	24,274	24,650	27,162	28,910	34,083
61 - 65	14,082	19,181	20,191	22,323	23,498	26,911	28,245	31,465	35,355	42,376
66 - 70 *	18,137	25,006	26,322	30,800	32,421	37,134	38,972	43,617	49,133	58,890
71 - 75 *	21,910	30,210	31,800	37,211	39,170	44,862	47,082	53,035	59,948	71,855
76 - 80 *	26,293	36,252	38,160	44,653	47,004	53,834	56,499	64,099	72,734	87,178
> 80 *	30,236	41,689	43,883	51,352	54,055	61,909	64,974	74,698	85,356	1,02,309

Easy Health - Prospectus

Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	9,644	11,528	13,385	13,592	14,367	14,930	17,603
36 - 45	10,914	13,045	15,148	15,382	16,464	17,234	20,317
46 - 50	15,965	19,081	22,160	22,500	24,342	25,643	30,230
51 - 55	18,969	22,669	26,324	26,731	29,161	30,863	36,386
56 - 60	22,739	27,175	31,556	32,045	35,310	37,582	44,308
61 - 65	25,642	29,842	34,177	35,871	39,961	44,900	53,817
66 - 70 *	31,587	38,906	44,560	46,766	52,341	58,959	70,668
71 - 75 *	35,935	44,262	50,694	53,203	59,929	67,741	81,196
76 - 80 *	43,121	53,114	60,832	63,844	72,432	82,189	98,511
> 80 *	48,710	60,001	68,719	72,122	82,915	94,745	1,13,563

Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult 1 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	11,068	13,230	15,362	15,599	16,488	17,134	20,202
36 - 45	12,525	14,972	17,385	17,653	18,894	19,778	23,317
46 - 50	18,323	21,898	25,432	25,823	27,937	29,430	34,693
51 - 55	21,950	26,231	30,461	30,931	33,743	35,712	42,104
56 - 60	25,887	30,938	35,926	36,482	40,199	42,786	50,443
61 - 65	29,277	34,072	39,021	40,955	45,624	51,264	61,445
66 - 70 *	35,009	43,121	49,388	51,833	58,011	65,346	78,324
71 - 75 *	39,115	48,179	55,180	57,911	65,233	73,736	88,381
76 - 80 *	45,792	56,404	64,601	67,799	76,919	87,281	1,04,614
> 80 *	51,782	63,784	73,053	76,670	88,144	1,00,720	1,20,724

Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult 2 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	12,297	14,700	17,069	17,332	18,320	19,038	22,446
36 - 45	13,917	16,635	19,316	19,614	20,994	21,976	25,908
46 - 50	20,358	24,332	28,258	28,692	31,041	32,699	38,548
51 - 55	24,388	29,145	33,846	34,368	37,492	39,681	46,782
56 - 60	29,036	34,701	40,295	40,919	45,088	47,990	56,578
61 - 65	32,709	38,067	43,596	45,756	50,973	57,274	68,649
66 - 70 *	38,167	47,011	53,844	56,509	63,245	71,242	85,390
71 - 75 *	41,341	50,921	58,320	61,207	68,945	77,932	93,411
76 - 80 *	48,082	59,225	67,831	71,189	80,765	91,645	1,09,845
> 80 *	54,854	67,568	77,386	81,218	93,373	1,06,695	1,27,886

Easy Health - Prospectus

Easy Health Standard Plan - Gross Premium (Excl. GST) - 2 Adult 3 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	13,398	16,015	18,596	18,882	19,959	20,741	24,454
36 - 45	15,162	18,124	21,045	21,369	22,872	23,942	28,226
46 - 50	22,180	26,509	30,786	31,259	33,818	35,625	41,997
51 - 55	26,421	31,574	36,666	37,232	40,617	42,987	50,681
56 - 60	31,659	37,836	43,936	44,617	49,162	52,326	61,690
61 - 65	35,738	41,591	47,633	49,993	55,693	62,578	75,005
66 - 70 *	40,800	50,253	57,557	60,407	67,607	76,155	91,279
71 - 75 *	43,249	53,271	61,012	64,032	72,127	81,529	97,723
76 - 80 *	50,371	62,045	71,061	74,579	84,611	96,009	1,15,075
> 80 *	57,048	70,271	80,482	84,467	97,108	1,10,962	1,33,001

Easy Health Standard Plan - Gross Premium (Excl. GST) - 1 Adult 1 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	7,896	9,439	10,960	11,129	11,763	12,224	14,413
36 - 45	8,936	10,682	12,403	12,594	13,480	14,111	16,636
46 - 50	13,072	15,623	18,144	18,423	19,931	20,996	24,752
51 - 55	16,530	19,754	22,940	23,294	25,412	26,895	31,708
56 - 60	20,640	24,667	28,643	29,087	32,051	34,113	40,218
61 - 65	23,825	27,728	31,755	33,329	37,129	41,718	50,003
66 - 70 *	28,955	35,664	40,847	42,869	47,979	54,046	64,779
71 - 75 *	34,027	41,912	48,002	50,378	56,747	64,144	76,885
76 - 80 *	40,831	50,294	57,602	60,454	68,586	77,825	93,281
> 80 *	46,955	57,838	66,243	69,523	79,927	91,331	1,09,470

Easy Health Standard Plan - Gross Premium (Excl. GST) - 1 Adult 2 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	9,126	10,909	12,667	12,862	13,595	14,128	16,657
36 - 45	10,328	12,345	14,335	14,556	15,580	16,308	19,226
46 - 50	15,108	18,057	20,970	21,292	23,035	24,266	28,607
51 - 55	18,969	22,669	26,324	26,731	29,161	30,863	36,386
56 - 60	23,439	28,011	32,527	33,031	36,396	38,739	45,671
61 - 65	26,652	31,017	35,523	37,283	41,534	46,668	55,936
66 - 70 *	31,587	38,906	44,560	46,766	52,341	58,959	70,668
71 - 75 *	36,253	44,654	51,142	53,674	60,459	68,341	81,915
76 - 80 *	43,121	53,114	60,832	63,844	72,432	82,189	98,511
> 80 *	49,588	61,082	69,957	73,421	84,409	96,452	1,15,609

Easy Health - Prospectus

Easy Health Standard Plan - Gross Premium (Excl. GST) - 1 Adult 3 Child Policy							
Age Band	Sum Insured						
	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
18 - 35	10,226	12,224	14,194	14,413	15,234	15,832	18,666
36 - 45	11,573	13,833	16,063	16,311	17,458	18,275	21,544
46 - 50	16,930	20,234	23,498	23,860	25,813	27,192	32,056
51 - 55	21,001	25,097	29,145	29,595	32,285	34,169	40,285
56 - 60	25,887	30,938	35,926	36,482	40,199	42,786	50,443
61 - 65	29,277	34,072	39,021	40,955	45,624	51,264	61,445
66 - 70 *	33,956	41,824	47,902	50,274	56,266	63,381	75,968
71 - 75 *	38,161	47,004	53,834	56,499	63,642	71,938	86,226
76 - 80 *	45,792	56,404	64,601	67,799	76,919	87,281	1,04,614
> 80 *	52,221	64,325	73,672	77,320	88,891	1,01,573	1,21,747

Easy Health Standard Plan - Gross Premium (Excl. GST) - Additional Child							
Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000
Premium	2,466	2,907	3,422	3,630	3,870	4,160	4,837

*Only for Renewal Purposes

Exclusive Plan

Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - One Individual Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0 - 17	7,284	7,913	8,390	8,591	9,247	9,903	10,959	11,899	15,342
18 - 35	9,841	10,760	10,926	11,651	12,108	14,718	16,289	17,685	22,804
36 - 45	11,137	12,177	12,365	13,352	13,977	16,988	18,801	20,414	26,323
46 - 50	16,289	17,814	18,088	19,742	20,797	25,280	27,977	30,376	39,168
51 - 55	19,625	21,460	21,791	23,983	25,382	30,874	34,169	37,098	47,838
56 - 60	25,336	27,704	28,133	31,274	33,287	40,490	44,812	48,652	62,735
61 - 65	28,479	30,714	32,236	36,229	40,707	49,515	54,800	59,497	76,720
66 - 70 *	39,295	42,381	44,479	50,221	56,571	68,813	76,158	82,685	1,06,620
71 - 75 *	47,474	51,201	53,735	61,064	69,024	83,962	92,923	1,00,887	1,30,092
76 - 80 *	56,968	61,441	64,482	73,804	83,746	1,01,869	1,12,741	1,22,404	1,57,837
> 80 *	65,514	70,657	74,155	86,008	98,279	1,19,547	1,32,304	1,43,645	1,85,226

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	14,663	16,033	16,280	17,361	18,041	21,930	24,270	26,351	33,979
36 - 45	16,594	18,144	18,424	19,895	20,825	25,313	28,014	30,416	39,221
46 - 50	24,271	26,543	26,951	29,415	30,987	37,667	41,686	45,260	58,360
51 - 55	27,474	30,044	30,508	33,576	35,535	43,224	47,837	51,938	66,973
56 - 60	32,936	36,015	36,573	40,656	43,272	52,637	58,255	63,247	81,556
61 - 65	36,169	39,006	40,939	46,011	51,698	62,884	69,596	75,561	97,434
66 - 70 *	47,154	50,857	53,374	60,265	67,885	82,576	91,389	99,222	1,27,944
71 - 75 *	53,646	57,857	60,721	69,002	77,997	94,877	1,05,003	1,14,002	1,47,003
76 - 80 *	64,374	69,428	72,865	83,398	94,633	1,15,112	1,27,397	1,38,317	1,78,355
> 80 *	72,721	78,429	82,312	95,469	1,09,089	1,32,697	1,46,857	1,59,445	2,05,601

Easy Health - Prospectus

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult 1 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	16,828	18,400	18,684	19,924	20,705	25,168	27,853	30,242	38,996
36 - 45	19,044	20,823	21,144	22,832	23,900	29,050	32,150	34,907	45,012
46 - 50	27,855	30,462	30,930	33,758	35,563	43,229	47,841	51,943	66,977
51 - 55	31,792	34,765	35,302	38,852	41,119	50,016	55,354	60,099	77,497
56 - 60	37,497	41,002	41,637	46,285	49,264	59,925	66,321	72,005	92,848
61 - 65	41,295	44,535	46,742	52,532	59,025	71,797	79,460	86,271	1,11,244
66 - 70 *	52,262	56,366	59,157	66,794	75,240	91,522	1,01,289	1,09,972	1,41,805
71 - 75 *	58,393	62,977	66,094	75,109	84,900	1,03,273	1,14,295	1,24,091	1,60,013
76 - 80 *	68,362	73,729	77,379	88,564	1,00,495	1,22,243	1,35,289	1,46,885	1,89,404
> 80 *	77,307	83,375	87,503	1,01,489	1,15,969	1,41,065	1,56,118	1,69,501	2,18,567

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult 2 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	18,698	20,445	20,760	22,138	23,005	27,965	30,948	33,602	43,328
36 - 45	21,160	23,137	23,494	25,369	26,555	32,278	35,722	38,786	50,013
46 - 50	30,950	33,847	34,367	37,509	39,514	48,032	53,157	57,714	74,419
51 - 55	35,324	38,628	39,224	43,169	45,688	55,573	61,505	66,777	86,108
56 - 60	42,057	45,988	46,701	51,915	55,256	67,213	74,387	80,762	1,04,141
61 - 65	46,137	49,756	52,222	58,691	65,946	80,215	88,776	96,385	1,24,286
66 - 70 *	56,978	61,452	64,494	72,820	82,028	99,779	1,10,428	1,19,894	1,54,599
71 - 75 *	61,716	66,561	69,855	79,383	89,731	1,09,150	1,20,799	1,31,153	1,69,119
76 - 80 *	71,780	77,415	81,248	92,992	1,05,520	1,28,355	1,42,053	1,54,229	1,98,874
> 80 *	81,893	88,321	92,694	1,07,510	1,22,848	1,49,433	1,65,380	1,79,556	2,31,533

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult 3 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	20,371	22,274	22,617	24,118	25,064	30,467	33,717	36,609	47,205
36 - 45	23,053	25,207	25,596	27,639	28,931	35,166	38,918	42,256	54,488
46 - 50	33,719	36,875	37,442	40,866	43,049	52,330	57,913	62,878	81,078
51 - 55	38,268	41,847	42,493	46,766	49,495	60,204	66,630	72,342	93,283
56 - 60	45,857	50,144	50,921	56,606	60,249	73,286	81,109	88,060	1,13,551
61 - 65	50,409	54,363	57,057	64,125	72,052	87,642	96,996	1,05,310	1,35,794
66 - 70 *	60,907	65,690	68,942	77,843	87,685	1,06,661	1,18,044	1,28,162	1,65,261
71 - 75 *	64,565	69,633	73,080	83,047	93,873	1,14,188	1,26,375	1,37,206	1,76,924
76 - 80 *	75,198	81,102	85,117	97,421	1,10,544	1,34,467	1,48,818	1,61,573	2,08,344
> 80 *	85,168	91,854	96,402	1,11,810	1,27,762	1,55,411	1,71,995	1,86,738	2,40,794

Easy Health - Prospectus

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 1 Adult 1 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	12,006	13,128	13,330	14,215	14,772	17,956	19,872	21,576	27,821
36 - 45	13,587	14,856	15,085	16,289	17,051	20,726	22,937	24,905	32,114
46 - 50	19,873	21,733	22,067	24,085	25,372	30,842	34,132	37,059	47,785
51 - 55	23,942	26,181	26,585	29,259	30,966	37,666	41,686	45,260	58,362
56 - 60	29,896	32,691	33,197	36,903	39,278	47,778	52,878	57,409	74,028
61 - 65	33,606	36,242	38,038	42,750	48,035	58,428	64,664	70,207	90,529
66 - 70 *	43,224	46,619	48,927	55,243	62,228	75,695	83,773	90,954	1,17,282
71 - 75 *	50,797	54,785	57,496	65,339	73,856	89,839	99,427	1,07,949	1,39,198
76 - 80 *	60,956	65,742	68,996	78,970	89,608	1,09,000	1,20,633	1,30,972	1,68,885
> 80 *	70,100	75,603	79,346	92,028	1,05,158	1,27,915	1,41,565	1,53,700	1,98,192

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 1 Adult 2 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	13,876	15,172	15,406	16,428	17,072	20,753	22,967	24,936	32,154
36 - 45	15,703	17,170	17,435	18,826	19,707	23,954	26,510	28,783	37,115
46 - 50	22,968	25,118	25,504	27,836	29,324	35,645	39,448	42,830	55,227
51 - 55	27,474	30,044	30,508	33,576	35,535	43,224	47,837	51,938	66,973
56 - 60	33,950	37,123	37,698	41,907	44,604	54,256	60,047	65,193	84,065
61 - 65	37,593	40,542	42,551	47,822	53,734	65,360	72,336	78,536	1,01,270
66 - 70 *	47,154	50,857	53,374	60,265	67,885	82,576	91,389	99,222	1,27,944
71 - 75 *	54,120	58,369	61,258	69,613	78,687	95,717	1,05,932	1,15,011	1,48,304
76 - 80 *	64,374	69,428	72,865	83,398	94,633	1,15,112	1,27,397	1,38,317	1,78,355
> 80 *	74,031	79,842	83,796	97,189	1,11,055	1,35,088	1,49,503	1,62,318	2,09,305

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 1 Adult 3 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	15,549	17,001	17,263	18,409	19,131	23,255	25,736	27,943	36,031
36 - 45	17,596	19,240	19,537	21,096	22,083	26,842	29,706	32,254	41,590
46 - 50	25,737	28,146	28,579	31,192	32,859	39,943	44,204	47,994	61,885
51 - 55	30,418	33,263	33,777	37,173	39,343	47,855	52,962	57,502	74,148
56 - 60	37,497	41,002	41,637	46,285	49,264	59,925	66,321	72,005	92,848
61 - 65	41,295	44,535	46,742	52,532	59,025	71,797	79,460	86,271	1,11,244
66 - 70 *	50,690	54,671	57,378	64,785	72,977	88,769	98,243	1,06,664	1,37,540
71 - 75 *	56,969	61,441	64,482	73,277	82,829	1,00,754	1,11,507	1,21,064	1,56,110
76 - 80 *	68,362	73,729	77,379	88,564	1,00,495	1,22,243	1,35,289	1,46,885	1,89,404
> 80 *	77,962	84,082	88,245	1,02,349	1,16,951	1,42,261	1,57,441	1,70,937	2,20,419

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - Additional Child									
Sum Insured	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Premium	3,656	4,123	4,553	4,643	4,743	5,191	5,613	5,998	7,425

*Only for Renewal Purposes

Easy Health - Prospectus

Tier 2 (Rest Of India)

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - One Individual Policy

Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0 - 17	6,070	7,003	7,425	7,536	7,696	9,201	10,184	11,056	14,257
18 - 35	8,201	9,523	9,669	10,221	10,621	12,700	14,056	15,260	19,678
36 - 45	9,281	10,776	10,943	11,712	12,260	14,658	16,223	17,613	22,712
46 - 50	13,574	15,765	16,007	17,317	18,243	21,810	24,137	26,207	33,793
51 - 55	16,354	18,991	19,284	21,037	22,265	26,640	29,483	32,010	41,275
56 - 60	21,113	24,517	24,897	27,433	29,199	34,935	38,664	41,977	54,129
61 - 65	23,733	27,180	28,527	31,780	35,708	43,435	48,071	52,191	67,299
66 - 70 *	32,746	37,505	39,362	44,053	49,624	60,362	66,804	72,530	93,526
71 - 75 *	39,562	45,310	47,553	53,565	60,547	73,651	81,511	88,498	1,14,115
76 - 80 *	47,474	54,372	57,064	64,740	73,461	89,358	98,894	1,07,371	1,38,452
> 80 *	54,595	62,528	65,624	75,445	86,209	1,04,866	1,16,057	1,26,005	1,62,480

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult Policy

Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	12,219	14,189	14,407	15,229	15,826	18,923	20,943	22,738	29,320
36 - 45	13,828	16,057	16,304	17,451	18,268	21,841	24,172	26,244	33,841
46 - 50	20,226	23,490	23,850	25,803	27,182	32,497	35,965	39,048	50,351
51 - 55	22,895	26,588	26,998	29,452	31,171	37,296	41,276	44,814	57,785
56 - 60	27,447	31,872	32,366	35,663	37,958	45,416	50,263	54,571	70,368
61 - 65	30,141	34,519	36,229	40,360	45,349	55,163	61,050	66,283	85,469
66 - 70 *	39,295	45,006	47,234	52,864	59,549	72,435	80,165	87,036	1,12,231
71 - 75 *	44,705	51,201	53,735	60,528	68,419	83,226	92,108	1,00,003	1,28,950
76 - 80 *	53,645	61,441	64,482	73,156	83,011	1,00,974	1,11,750	1,21,329	1,56,450
> 80 *	60,601	69,406	72,843	83,744	95,692	1,16,402	1,28,823	1,39,866	1,80,353

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult 1 Child Policy

Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	14,023	16,283	16,534	17,477	18,162	21,717	24,035	26,095	33,649
36 - 45	15,870	18,428	18,712	20,028	20,965	25,066	27,742	30,119	38,838
46 - 50	23,212	26,958	27,372	29,613	31,195	37,295	41,275	44,813	57,785
51 - 55	26,493	30,766	31,241	34,081	36,070	43,156	47,762	51,856	66,866
56 - 60	31,247	36,285	36,847	40,601	43,214	51,704	57,223	62,127	80,111
61 - 65	34,413	39,411	41,364	46,081	51,777	62,981	69,702	75,677	97,583
66 - 70 *	43,552	49,882	52,351	58,591	66,000	80,282	88,849	96,465	1,24,389
71 - 75 *	48,661	55,732	58,490	65,885	74,473	90,591	1,00,259	1,08,853	1,40,361
76 - 80 *	56,968	65,247	68,477	77,688	88,153	1,07,229	1,18,673	1,28,845	1,66,142
> 80 *	64,422	73,783	77,437	89,026	1,01,727	1,23,742	1,36,947	1,48,686	1,91,727

Easy Health - Prospectus

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult 2 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	15,582	18,093	18,372	19,419	20,180	24,130	26,706	28,994	37,387
36 - 45	17,633	20,475	20,791	22,253	23,294	27,851	30,824	33,465	43,153
46 - 50	25,792	29,953	30,413	32,903	34,661	41,439	45,861	49,793	64,206
51 - 55	29,437	34,184	34,712	37,867	40,077	47,952	53,069	57,618	74,295
56 - 60	35,048	40,698	41,328	45,539	48,470	57,992	64,182	69,682	89,855
61 - 65	38,447	44,032	46,214	51,483	57,847	70,365	77,874	84,549	1,09,024
66 - 70 *	47,481	54,382	57,074	63,878	71,955	87,525	96,866	1,05,168	1,35,612
71 - 75 *	51,430	58,903	61,819	69,634	78,712	95,747	1,05,965	1,15,047	1,48,349
76 - 80 *	59,817	68,509	71,901	81,572	92,561	1,12,591	1,24,607	1,35,288	1,74,449
> 80 *	68,244	78,160	82,030	94,307	1,07,762	1,31,083	1,45,071	1,57,507	2,03,100

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 2 Adult 3 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	16,976	19,712	20,015	21,156	21,986	26,289	29,095	31,589	40,733
36 - 45	19,211	22,307	22,651	24,245	25,378	30,343	33,582	36,460	47,014
46 - 50	28,099	32,633	33,135	35,847	37,763	45,147	49,964	54,248	69,951
51 - 55	31,890	37,033	37,605	41,023	43,417	51,948	57,491	62,419	80,487
56 - 60	38,214	44,375	45,063	49,654	52,850	63,232	69,982	75,979	97,974
61 - 65	42,007	48,109	50,493	56,250	63,203	76,880	85,085	92,378	1,19,118
66 - 70 *	50,756	58,133	61,011	68,283	76,917	93,561	1,03,546	1,12,421	1,44,965
71 - 75 *	53,804	61,622	64,672	72,848	82,345	1,00,166	1,10,855	1,20,357	1,55,196
76 - 80 *	62,665	71,771	75,324	85,457	96,969	1,17,952	1,30,540	1,41,730	1,82,756
> 80 *	70,974	81,287	85,311	98,079	1,12,072	1,36,326	1,50,874	1,63,807	2,11,224

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 1 Adult 1 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	10,005	11,617	11,796	12,469	12,958	15,494	17,148	18,617	24,007
36 - 45	11,322	13,147	13,350	14,289	14,957	17,883	19,792	21,488	27,709
46 - 50	16,561	19,233	19,529	21,127	22,256	26,608	29,448	31,972	41,227
51 - 55	19,952	23,169	23,527	25,666	27,164	32,501	35,969	39,052	50,356
56 - 60	24,913	28,930	29,378	32,371	34,454	41,223	45,623	49,533	63,873
61 - 65	28,005	32,073	33,662	37,500	42,136	51,254	56,723	61,585	79,412
66 - 70 *	36,020	41,255	43,298	48,459	54,586	66,398	73,484	79,783	1,02,878
71 - 75 *	42,331	48,482	50,882	57,315	64,786	78,807	87,217	94,693	1,22,103
76 - 80 *	50,797	58,178	61,058	69,272	78,603	95,613	1,05,817	1,14,887	1,48,143
> 80 *	58,417	66,905	70,218	80,727	92,244	1,12,207	1,24,181	1,34,826	1,73,854

Easy Health - Prospectus

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 1 Adult 2 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	11,563	13,427	13,634	14,411	14,976	17,907	19,818	21,517	27,745
36 - 45	13,086	15,195	15,429	16,514	17,287	20,668	22,875	24,835	32,024
46 - 50	19,140	22,228	22,570	24,417	25,722	30,752	34,034	36,951	47,648
51 - 55	22,895	26,588	26,998	29,452	31,171	37,296	41,276	44,814	57,785
56 - 60	28,291	32,852	33,361	36,760	39,126	46,813	51,810	56,250	72,533
61 - 65	31,327	35,878	37,656	41,949	47,135	57,334	63,453	68,892	88,834
66 - 70 *	39,295	45,006	47,234	52,864	59,549	72,435	80,165	87,036	1,12,231
71 - 75 *	45,100	51,654	54,211	61,064	69,024	83,962	92,923	1,00,888	1,30,091
76 - 80 *	53,645	61,441	64,482	73,156	83,011	1,00,974	1,11,750	1,21,329	1,56,450
> 80 *	61,692	70,657	74,155	85,253	97,416	1,18,499	1,31,144	1,42,386	1,83,603

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - 1 Adult 3 Child Policy									
Age Band	Sum Insured								
	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
18 - 35	12,957	15,046	15,277	16,148	16,781	20,066	22,208	24,111	31,091
36 - 45	14,663	17,027	17,289	18,505	19,371	23,160	25,633	27,829	35,885
46 - 50	21,448	24,908	25,291	27,361	28,824	34,460	38,137	41,406	53,392
51 - 55	25,348	29,436	29,891	32,608	34,511	41,292	45,698	49,615	63,977
56 - 60	31,247	36,285	36,847	40,601	43,214	51,704	57,223	62,127	80,111
61 - 65	34,413	39,411	41,364	46,081	51,777	62,981	69,702	75,677	97,583
66 - 70 *	42,242	48,381	50,777	56,829	64,015	77,867	86,177	93,564	1,20,648
71 - 75 *	47,474	54,372	57,064	64,278	72,657	88,381	97,813	1,06,198	1,36,938
76 - 80 *	56,968	65,247	68,477	77,688	88,153	1,07,229	1,18,673	1,28,845	1,66,142
> 80 *	64,968	74,408	78,093	89,780	1,02,589	1,24,791	1,38,108	1,49,946	1,93,351

Easy Health Exclusive Plan - Gross Premium (Excl. GST) - Additional Child									
Sum Insured	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Premium	3,168	3,729	4,229	4,362	4,567	5,142	5,559	5,940	7,355

*Only for Renewal Purposes

Critical Illness (Optional benefit)

Optional Benefit - Critical Illness (On Individual basis only) - Gross Premium Excluding Tax										
Age Band	Sum Insured									
	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,75,000	4,00,000	5,00,000	7,50,000	10,00,000
0-17	31	46	61	76	92	115	122	153	229	306
18-35	116	173	231	289	347	433	462	578	866	1,155
36-45	354	531	708	885	1,062	1,327	1,415	1,769	2,654	3,538
46-50	776	1,164	1,552	1,941	2,329	2,911	3,105	3,881	5,822	7,762
51-55	1,279	1,918	2,557	3,197	3,836	4,795	5,114	6,393	9,590	12,786
56-60	2,020	3,030	4,040	5,050	6,060	7,575	8,080	10,100	15,150	20,200
61-65	3,011	4,517	6,022	7,528	9,033	11,292	12,044	15,055	22,583	30,111
66-70	4,982	7,473	9,964	12,455	14,946	18,683	19,928	24,911	37,366	49,821
>70	10,976	16,463	21,951	27,439	32,927	41,159	43,902	54,878	82,317	1,09,756

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Annexure I

List I – Items for which coverage is not available in the policy

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

Easy Health - Prospectus

List II – Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	Glucometer& Strips
18	URINE BAG