



**MAKE HEALTHCARE
EASY & STRESS-FREE
WITH HDFC ERGO.**

Easy Health Family Plan



Family Health Insurance Plan with attractive benefits

Staying healthy and saving money are now just a walk away.

Make every step count with “**Stay Active**” benefit and earn up to 8% discount on renewal premium.

With our ‘**Stay Active**’ you and your family can now walk your way to healthier and happier life.

With Stay Active and other uncomplicated benefits, the Easy Health Insurance Plan not only helps you stay healthy but also financially protects you in illness. The Easy Health Plan comes in three variants with multiple sum insured options to choose from to suit your requirements.



HOW DOES A FAMILY FLOATER POLICY WORK?

Suppose Mr. Kumar, his wife and their son are covered for Rs. 1 Lakh each, under a regular Health Insurance Plan. They would have then paid a premium for 3 policies of ₹ 1 Lakh each. In an unforeseen situation, if the medical bill for hospitalisation of their son amounts to ₹ 1.8 Lakh, the regular policy would cover only up to ₹ 1 Lakh, while the remaining amount of ₹ 80,000 would have been paid by Mr. Kumar even though there is no claim on the other two policies. But if Mr. & Mrs. Kumar opt for an Easy Health Family Insurance Plan under any variant, the cover of ₹ 3 Lakh would be shared among the entire Kumar family.

This means, the family individually and together, enjoy an insurance cover of up to Rs. 3 Lakh (total claim made by the family to be of ₹ 3 Lakh). Hence for a similar situation as above, Mr. Kumar would benefit while claiming the complete ₹ 1.8 Lakh under the Family Floater Policy.

The Easy Health Family Plan is available in 3 variants: Standard, Exclusive and Premium. The cover amount ranges from ₹ 2,00,000 to ₹ 50,00,000 based on the product variant.

The plan provides for in-patient hospitalisation expenses and is designed to cover expenses such as: diagnostic procedures, boarding and lodging, the intensive care unit, operation theatre, anesthesia, blood, oxygen, surgical appliances, cost of prosthetic and other devices or equipment (if implanted internally during a surgical procedure), medicines, drugs and consumables, nursing and medical practitioner charges as per the policy schedule.



FEATURES & BENEFITS

Schedule of benefits of Easy Health product variants are depicted in the chart below:

Benefits	Standard		Exclusive		Premium		
Sum Insured per Policy per Policy Year (₹ in Lakh)	2.00, 3.00, 4.00, 5.00, 7.5, 10, 15	3.00, 4.00, 5.00	7.50, 10.00	15.00, 20.00, 25.00, 50.00	4.00, 5.00	7.50, 10.00	15.00, 20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered						
1 b) Pre -hospitalisation	Covered						
1 c) Post -hospitalisation	Covered						
1 d) Day Care Procedures	Covered						
1 e) Domiciliary Treatment	Covered						
1 f) Organ Donor	Covered						
1 g) Ambulance Cover	Up to ₹ 2000 per hospitalisation						
1 h) Ayush Benefit	Covered						
1 i) Daily Cash for choosing Shared Accommodation	₹ 500 / day, maximum Rs.3,000	₹ 500 / day, maximum Rs.3,000	₹ 800 / day, maximum Rs.4,800	₹ 1000 / day, maximum Rs.6,000	₹ 500 / day, maximum Rs.3,000	₹ 800 / day, maximum Rs.4,800	₹ 1000 / day, maximum Rs.6,000
2 a) Daily Cash for accompanying an insured child	Not Covered	₹ 300 / day, maximum ₹ 9,000	₹ 500 / day, maximum ₹ 15,000	₹ 800 / day, maximum ₹ 24,000	₹ 300 / day, maximum ₹ 9,000	₹ 500 / day, maximum ₹ 15,000	₹ 800 / day, maximum ₹ 24,000
2 b) Newborn baby	Not Covered	Additional Benefit on payment of additional premium			Additional Benefit on payment of additional premium		
Benefits	Standard		Exclusive		Premium		
2 c) Recovery Benefit	Not Covered	Not Covered		₹ 10,000 (>10 days of hospitalisation)	Not Covered		₹ 10,000 (>10 days of hospitalisation)
2 d) Emergency Air Ambulance	Not Covered	Not Covered		Up to ₹ 2.5 Lacs / hospitalisation	Not Covered		Up to ₹ 2.5 Lacs / hospitalisation
3 a) Maternity Expenses	Not Covered	Normal Delivery ₹ 15,000* Caesarean Delivery ₹ 25,000* (*Including Pre/Post Natal limit of ₹ 1,500 and New Born limit of ₹ 2,000) [Waiting Period 4 years]	Normal Delivery ₹ 25,000* Caesarean Delivery ₹ 40,000* (*Including Pre/Post Natal limit of ₹ 2,500 and New Born limit of ₹ 3,500) [Waiting Period 4 years]	Normal Delivery ₹ 30,000* Caesarean Delivery ₹ 50,000* (*Including Pre/Post Natal limit of ₹ 5,000 and New Born limit of ₹ 5,000) [Waiting Period of 3 Years]	Normal Delivery ₹ 15,000* Caesarean Delivery ₹ 25,000* (*Including Pre/Post Natal limit of ₹ 1,500 and New Born limit of ₹ 2,000) [Waiting Period 4 years]	Normal Delivery ₹ 25,000* Caesarean Delivery ₹ 40,000* (*Including Pre/Post Natal limit of ₹ 2,500 and New Born limit of ₹ 3,500) [Waiting Period 4 years]	Normal Delivery ₹ 30,000* Caesarean Delivery ₹ 50,000* (*Including Pre/Post Natal limit of ₹ 5,000 and New Born limit of ₹ 5,000) [Waiting Period of 3 Years]
3 b) Outpatient Dental Treatment Waiting Period 3 years	Not Covered	Not Covered		Up to 1% of Sum insured subject to a Maximum of ₹ 5,000	Up to 1% of Sum insured subject to a Maximum of ₹ 5,000		Up to 1% of Sum insured subject to a Maximum of ₹ 10,000
3 c) Spectacles, Contact Lenses, Hearing Aid Every 3 rd Year	Not Covered	Not Covered		Up to ₹ 5,000	Up to ₹ 5,000		Up to ₹ 10,000
3 d) E-Opinion in respect of a Critical Illness	Not Covered	Not Covered		Covered			
4 Critical Illness Rider	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured subject to minimum of ₹ 100,000	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 up to a maximum of ₹ 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 up to a maximum of ₹ 10 Lacs
5 Health Checkup	Up to 1% of Sum Insured per Policy up to ₹ 5,000, only once at the end of a block of every continuous four claim free years	Up to 1% of Sum Insured / Policy subject to a Maximum of ₹ 5,000 / Insured Person, only once at the end of a block of every continuous three policy years.		Up to 1% of Sum Insured / Policy subject to a Maximum of ₹ 5,000 / Insured Person, only once at the end of a block of every continuous two policy years.			
Benefits under 3b), 3c), 3d) and 5) are subject to pre-authorization by HDFC ERGO General Insurance Company Limited.							



POINTS TO REMEMBER

- Easy Health Insurance Plan will offer cover to persons from the age of 5 years onwards. A dependent child can be covered from the 91 day if either parent is covered under this policy and the maximum age at entry is 65 years. There is no maximum cover ceasing age in this policy.
- The cover will be valid for a period of 1 or 2 year(s) as opted. An additional 7.5% discount is offered on premium for opting a 2 year policy.
- An individual and/or his family members namely spouse, dependent children, dependent parents, parent-in-law, grandparents and grandchildren are eligible for buying this cover.
- The cover will be provided on a floater sum insured basis.
- Please note that your premium at renewal may change due to a change in your age, location or changes in the applicable tax rate.
- A maximum of 6 members can be added in a single policy. 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 and either set of Parents or Grandparents or Parents in law.

OTHER BENEFITS



Pre-hospitalisation: The medical expenses that you incur due to illness during the 60 days immediately before you are hospitalised.



Post-hospitalisation: The medical expenses you incur in the 90 days immediately after you are discharged from hospital.



Day Care procedures: The medical expenses for all day-care procedures, which do not require 24 hours hospitalisation due to technological advancement, are covered.



AYUSH benefit: The Medical expenses for for only Inpatient care treatment taken under Ayurveda, Unani, Sidha Homeopathy, Yoga & Naturopathy.



Cumulative bonus: You get a Cumulative Bonus (CB) of 10% for every claim-free year accumulating up to 100% (in the event of a claim, CB will be reduced by 10% of SI on the next renewal).



Portability: If you are insured with some other company's health insurance and you want to shift to us on renewal, you can. Our Portability Policy is customer friendly and aims to achieve the transfer of most of the accrued benefits and makes due allowances for waiting periods etc.



Additional cover for critical illness (optional): You can opt for an additional cover for Critical Illness which covers for Cancer of specified severity, Open Chest CABG, Myocardial Infarction (First heart attack of specific severity), Kidney failure requiring regular dialysis, Major organ/bone marrow transplant, Multiple sclerosis with persisting symptoms, Permanent paralysis of limbs and Stroke resulting in permanent symptoms. This is an optional benefit and can be opted as per your need. The sum insured for Critical Illness can be either 50% or 100% of your basic sum insured subject to a minimum of Rs 1 Lac and maximum of Rs. 10 Lacs.



Cashless hospitalisation: Easy Health enables to you get treated on a cashless basis across 13,000+ healthcare providers* all over India.



Quick turnaround time: You don't have to worry about pre-authorization with us.



Easy upgrade: This health plan comes with an easy upgrade option. You can upgrade your cover to the next slab at the time of your policy renewal.



Tax benefits: With the Easy Health Family Health Insurance Plan you can presently avail tax benefits for the premium amount under Section 80D of the Income Tax Act. (Tax benefits are subject to changes in Tax Laws)



Modern treatment methods: Our customer deserves the best and the latest medical treatment. Now we cover modern treatment methods like robotic surgeries, stem cell therapy, oral chemotherapy etc. Refer Annexure I for modern treatment methods being covered (if taken as in-patient or domiciliary hospitalisation or day care treatment basis)



Extended coverage: We would now be covering treatment of genetic disorders, injury or illness associated with hazardous activities, neurodegenerative disorders like parkinson, alzheimer, peritoneal dialysis.

Refer Annexure II for conditions or treatments which will be covered now.



DISCOUNTS

- 1) 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance as a single premium.
- 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 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.

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) and in a floater policy it would be applied on premium applicable on policy.

The discount provided would be as per the table below:

Average Step Count	Renewal Discount
5,000 or below	0%
5,001 to 8,000	2%
8,001 to 10,000	5%
Above 10,000	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.



EXCLUSIONS

- All treatments within the first 30 days of cover except any accidental injury
- Any preexisting condition will be covered after a waiting period of 3 years
- Congenital external diseases, cosmetic surgery
- Abuse of intoxicant or hallucinogenic substances like intoxicating drugs and alcohol
- Hospitalisation due to war or an act of war or due to a nuclear, chemical or biological weapon and radiation of any kind
- Pregnancy, dental treatment, external aids and appliances unless covered under the specific Easy Health Floater Insurance Plan
- 2 years waiting period for specific diseases like cataract, hernia, joint replacement surgeries, surgery of hydrocele etc
- Items of personal comfort and convenience
- Experimental, investigative and unproven treatment devices and pharmacological regimens.

Please refer to the Policy Wording for the complete list of exclusions



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.
- **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy.
- **Maximum Age** - There is no maximum cover ceasing age on renewal in this policy.
- **Waiting Period** - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Easy Health Insurance Policy.
- Renewal premium are subject to change with prior approval from IRDAI. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated at least 3 months in advance.
- In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc; provided the policy has been maintained without a break.
- 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 as per portability/migration guidelines issued by IRDAI.



BUYING PROCEDURE

- Fill the application form stating your personal information and health profile. Ensure that the information given in the form is complete and accurate.
- Handover the application form and the premium amount in your preferred mode of payment along with necessary documents to the company representative.
- Pre-policy check, if applicable due to age, health declaration and cover opted will be organized at a network center near you. On acceptance of your policy we would reimburse up to 100% of cost incurred by you to conduct these tests. In case your proposal is declined, no reimbursement will be provided.
- Based on the details, we may accept or revise our offer to give you an optimal plan as per your profile. This will be done with your consent. In case we do not accept your policy we will inform you with a proper reason. In case of acceptance, the final policy document and kit will be sent to you.

ANNEXURE I: Modern Treatment Methods covered now

S.No	Additional Procedures covered
1	Oral chemotherapy
2	Stem cell therapy
3	Deep Brain stimulation
4	Uterine Artery Embolization & HIFU
5	Immunotherapy- Monoclonal Antibody to be given as injection
6	Stereotactic radio surgeries
7	Robotic surgeries
8	Intra vitreal injections
9	Bronchical Thermoplasty
10	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
11	IONM - (Intra Operative Monitoring) Neuro
12	Balloon Sinuplasty

ANNEXURE II: Conditions and Treatments covered now

S.No.	Additional treatments/conditions covered
1	Injury or illness due to participation in hazardous activities pursued for adventure purposes
2	Treatment for correction of eye sight due to refractive error beyond +/- 7.5 dioptries
3	Genetic diseases or disorders
4	Neurodegenerative disorders like Parkinson's, Alzheimer's
5	Any mental illness, stress or psychological disorders
6	Peritoneal dialysis
7	Expenses related to any admission primarily for enteral feedings
8	Obesity/Weight control treatment (if specified conditions are met)
9	Post Hospitalisation expenses for Domiciliary treatment
10	Age Related Macular Degeneration (ARMD)
11	Expenses on Artificial life maintenance (including life support machine use) up to the vegetative state, irrespective of whether such treatment results in recovery of restoration of previous state of health or not

DISCLAIMER >

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

STATUTORY WARNING >

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

