



The Apollo Hospitals Group, Asia's largest healthcare provider and Munich Health, world leaders in health insurance, come together to make quality healthcare easy and accessible. Simple language, clear policies, transparent procedures and innovative products, making health insurance the way it ought to be.

**We know healthcare. We know insurance.**



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#### Disclaimer >

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

#### Statutory Warning >

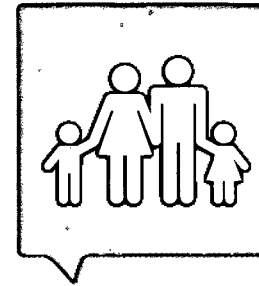
Prohibition Of Rebates (under section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the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

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• Corporate Identity Number: U66030AP2006PLC051760

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## EASY HEALTH FAMILY HEALTH INSURANCE PLAN



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**EASY HEALTH FAMILY HEALTH INSURANCE PLAN**

Easy Health Plan will help protect you against spiraling medical costs and also guide your family on the path of wellness, hence, its truly a double protection of prevention and cover. It is a broad cover for treatment against illnesses and accidents requiring in-patient hospitalization and also features an optional Critical Illnesses cover.

**HOW DOES A FAMILY FLOATER POLICY WORK?**

Suppose Mr. Kumar, his wife and their son are covered for Rs. 1Lakh each, under a regular Health Insurance Plan. They would have then paid a premium for 3 policies of Rs. 1 Lakh each. In an unforeseen situation, if the medical bill for hospitalization of their son amounts to

Rs. 1.8 Lakh, the regular policy would cover only up to Rs. 1 Lakh, while the remaining amount of Rs. 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 Rs. 3 Lakh would be shared among the entire Kumar family. Which means, the family individually and together, enjoy an insurance cover of upto Rs. 3 Lakh (total claim made by the family to be of Rs. 3 Lakh). Hence for a similar situation as above, Mr. Kumar would benefit while claiming the complete Rs. 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 Rs. 2,00,000 to Rs. 50,00,000 based on the product variant.

The plan provides for in-patient hospitalization 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.

**POINTS TO REMEMBER**

1. Easy Health Insurance Plan will offer cover to persons from the age of 5 years onwards. A dependent child can be covered from the 91st day if either parent is covered under this policy. There is no maximum cover ceasing age in this policy.
2. 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 years policy.
3. An individual and/or his family members namely spouse, dependent children, dependent parents, parent-in-law, grandparents and grand children are eligible for buying this cover.
4. The cover will be provided on a floater sum insured basis.
5. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
6. Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
7. 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, Father, Father-in-law, Mother or Mother-in-law, grandparents.

**FEATURES AND BENEFITS**

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

	Standard		Exclusive		Premium		
Sum Insured per Policy per Policy Year (Rs. in Lakh)	2.00, 3.00, 4.00, 5.00	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	Covered			Covered		
1 b) Pre-hospitalisation	Covered	Covered			Covered		
1 c) Post-hospitalisation	Covered	Covered			Covered		
1 d) Day Care Procedures	Covered	Covered			Covered		
1 e) Domiciliary Treatment	Covered	Covered			Covered		

	Standard	Exclusive			Premium		
1 f) Organ Donor	Covered	Covered			Covered		
1 g) Emergency Ambulance	Upto Rs.2000 per hospitalisation	Upto Rs.2000 per hospitalisation			Upto Rs.2000 per hospitalisation		
1 h) Ayush Benefit	Upto Rs 20,000	Upto Rs 25,000	Upto Rs 50,000	Upto Rs 25,000	Upto Rs 50,000	Upto Rs 50,000	Upto Rs 50,000
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	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	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			Additional Benefit on payment of additional premium		
2 c) Recovery Benefit	Not Covered	Not Covered	Rs 10,000 (> 10 days of hospitalisation)	Not Covered	Rs 10,000 (> 10 days of hospitalisation)	Not Covered	Rs 10,000 (> 10 days of 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]	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]
3 b) Outpatient Dental Treatment Waiting Period 3 years	Not Covered	Not Covered			Upto 1% of Sum insured subject to a Maximum of Rs.5,000	Upto 1% of Sum insured subject to a Maximum of Rs.10,000	Upto 1% of Sum insured subject to a Maximum of Rs.10,000
3 c) Spectacles, Contact Lenses, Hearing Aid Every Third Year	Not Covered	Not Covered			Upto Rs.5,000	Upto Rs.10,000	Upto Rs.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 Rs 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 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	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 Health Checkup		Upto 1% of Sum Insured per Policy, 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.		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 two policy years.		

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

**EXCLUSIONS**

- All treatments within the first 30 days of cover except any accidental injury
  - Any pre-existing condition will be covered after a waiting period of 3 years
  - Expenses arising from HIV or AIDS and related diseases
  - Congenital diseases, mental disorder or insanity, cosmetic surgery and weight control treatments
  - 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 Family Health 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**

- We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the Policy poses a moral hazard then the Policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be), or We may modify the Policy In case a claim is made under such Policy, it shall be rejected/repudiated and all benefits payable under such Policy shall be forfeited with respect to such claim.
- 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 IRDA. 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 atleast 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.

**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 will be organized, at a network center near you. On acceptance of your policy, 50% of the total cost incurred by you to conduct these tests will be borne by us. In case your proposal is declined the cost of pre policy check will be deducted from the refundable premium.
- 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.



**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 enlisted 144 day-care procedures, which do not require 24 hours hospitalisation due to technological advancement, are covered.

**Ayush Benefit**

The Medical expenses for in-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy.

**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 make 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, coronary artery (bypass) surgery, first heart attack (myocardial infarction), kidney failure (end-stage renal disease), major organ transplantation, multiple sclerosis, paralysis and stroke. 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.

**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)

**VALUE ADDED SERVICES**

We offer you a range of value-added services to promote your well-being, prevent illness as well as make hospitalisation stress-free for you and your family.

**Healthline**

Just ring us and quote your customer ID to reach our experts and avail their help in primary consultation, health-related counselling, individual referrals, health information, nutrition and diet. The services on the Healthline would be available at no extra cost to the customers. They will be constantly augmented to cover further areas of health and well-being to include personalised health and wellness solutions.

**Cashless Hospitalization**

In addition to reimbursement of claims at all hospitals, the Easy Health Insurance Plan is valid on a cashless basis in over 4000 hospitals listed in the guide book to be sent along with the policy and is updated periodically on our website [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com) You need to obtain a pre-authorization for all planned admissions atleast 48 hours prior to actual admission or regularize any 'emergency' admission within 24 hours post the admission. The details of the process and the documentation requirements are given in the guide book sent along with the policy.

**Health Risk Assessment**

Every Apollo Munich Health Insurance customer will be provided with an access to a health risk assessment tool, which helps to profile each member's health status through our website. Upon assessment, members will be offered personalized wellness recommendations on diet, lifestyle and nutrition regimen.