

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>a. Daily Cash for Accompanying an Insured Child</p> <p>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>	<p>1. Daily Cash Benefit for days of admission and discharge</p> <p>Claims which have NOT been admitted under 1a).</p>
<p>b. Newborn baby</p> <p>Medical Expenses for any medically necessary treatment described at 1)a) 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.</p> <p>Under this benefit, Coverage for newborn baby will incept from the date, the premium has been received.</p> <p>The coverage is subject to the policy exclusions, terms and conditions.</p> <p>This Benefit is applicable if Maternity benefit is opted and We have accepted a maternity claim under this Policy.</p>	<p>1. Claims which have NOT been admitted under 3a) i.e. Maternity Expenses</p> <p>2. Claims other than those available in Section B-1, Section C-1,2,3</p>
<p>c. Recovery Benefit</p> <p>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</p> <p>This benefit is payable only once per Illness/Accident per Policy Year.</p>	<p>1. Claims which have NOT been admitted under 1a).</p>
<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"> <li>Necessary medical treatment not</li> </ul>	<p>1. Claims which have NOT been admitted under Inpatient Treatment or Day Care Procedures.</p> <p>2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.</p>

	<p>being available at the location where the Insured Person is situated at the time of Emergency;</p> <ul style="list-style-type: none"> <li>• The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary;</li> <li>• The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and</li> <li>• The air ambulance provider being registered in India.</li> </ul> <p>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</p>	
<b>3. Additional Benefit not related to Sum Insured:</b> 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><b>a. Maternity Expenses</b></p> <ol style="list-style-type: none"> <li>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</li> <li>ii. Medical Expenses for pre-natal and post-natal expenses per delivery or termination upto the amount stated in the Schedule of Benefits,</li> <li>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 2b), and</li> <li>iv. The Insured Person must have been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits.</li> </ol>	<ol style="list-style-type: none"> <li>1. Pre- and post-hospitalisation expenses under 1-b) and 1-c)</li> <li>2. Ectopic pregnancy under this benefit (although it shall be covered under 1a)</li> <li>3. Claim for Dependents other than Insured Person's spouse under this Policy.</li> </ol>
<b>4. Critical Illness (Optional benefit)</b> 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.		
4	<p><b>a. Critical Illness (Optional benefit)</b> We will pay the Critical Illness Sum</p>	<ol style="list-style-type: none"> <li>1. The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the</li> </ol>

<p>Insured as a lump sum in addition to Our payment under 1)a), provided that:</p> <ol style="list-style-type: none"> <li>The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and</li> <li>The Insured Person survives for at least 30 days following such diagnosis.</li> <li>“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. Note: Critical Illness <b>(Optional benefit)</b> is always provided on an individual Sum Insured basis irrespective of whether policy is issued on an individual or floater sum insured basis.</li> </ol>	<p>commencement of the Policy Period and the Insured Person has not previously been insured continuously and without interruption under an Easy Health Policy.</p> <ol style="list-style-type: none"> <li>The Insured Person has already made a claim for the same Critical Illness.</li> <li>A claim for this benefit has already been made 3 times under this Policy or any other Easy Health policy issued by Us.</li> </ol>
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## 5. Renewal Benefits:

### 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.

### 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)				
	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-300 days	Maximum Discount at the end of the year
5000 or below	0%	0%	0%	0%	0%
5001 to 8000	0.5%	0.5%	0.5%	0.5%	2%
8001 to 10000	1.25%	1.25%	1.25%	1.25%	5%
Above 10000	2%	2%	2%	2%	8%

### 2 Year Policy

Average Step target	Time Interval ((calculated from policy risk start date)								
	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	Maximum Discount at the end of 2 years
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 Check-up**

- a) If You have maintained an Easy Health Policy with Us for the period of time mentioned in the Schedule of Benefits without any break, then at the end of each block of continuous years (as mentioned in the Schedule of benefits) We will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a preventive health check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

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.

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

- b) In case of family floater in Standard Variant, if any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family.
- c) We will consider complete policy years for the eligibility of this benefit.

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.

**Section C. Exclusions & Waiting Period****1. Standard Waiting Period**

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

**i. 30-day waiting period – Code – Excl03**