

- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 28. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

Def. 29. **Migration** means the right accorded to individual health insurance policyholders (including all members under family cover and members of group health insurance policy) to transfer the credits gained for pre-existing conditions and time-bound exclusions, with the same insurer.

Def. 30. **Network Provider** means Hospital enlisted by an insurer or a TPA or jointly by an insurer and a TPA to provide medical services to an insured by a cashless facility.

Def. 31. **New Born Baby** means baby born during the Policy Period and is aged up to 90 days.

Def. 32. **Non Network Provider** means any Hospital, day care centre or other provider that is not part of the Network

Def. 33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Def. 34. **OPD** treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient

Def. 35. **Portability** means the right accorded to individual health insurance policyholders (including all members under family cover) to transfer the credits gained for pre-existing conditions and time-bound exclusions, from one insurer to another insurer.

Def. 36. **Pre-existing Disease** means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Def. 37. **Pre- Hospitalisation Medical Expenses** means the medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Def. 38. **Post-Hospitalisation Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

- Def. 39. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 40. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- Def. 41. **Room Rent** means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.
- Def. 42. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all waiting periods.
- Def. 43. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 44. **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 45. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 46. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the coverage for bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

2. Specific Definitions

- Def. 1. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
- Def. 4. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 5. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Contribution means essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

- Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 7. **Dependents** means only the family members listed below:
- i) Your legally married spouse as long as she continues to be married to You;
 - ii) 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.
 - iii) 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,
 - iv) 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
 - v) 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.
- Def. 8. **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources 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.
- Def. 9. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Year.
- Def. 10. **Insured Person means** You and the persons named in the Schedule.
- Def. 11. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Def. 12. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure 1 and the Schedule (as the same may be amended from time to time).
- Def. 13. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 14. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 15. **Shared accommodation** means a Hospital room with two or more patient beds.
- Def. 16. **Single occupancy or any higher accommodation type** means a Hospital room with only one patient bed.
- Def. 17. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year.
- Def. 18. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 19. **We/Our/Us** means the HDFC ERGO General Insurance Limited.

Def. 20. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section B. Benefits

IMPORTANT: Any claims made under these benefits will impact eligibility for Cumulative Bonus, and Health Checkup.

We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section C-1,2,3 In addition to the waiting periods (Section C-1) and general exclusions (Section C-2&3), We will also not cover expenses
<p>1. Inpatient Benefits: This section of benefits is applicable when</p> <ul style="list-style-type: none"> An insured suffers an Accident or Illness, which is covered under this Policy Hospitalisation is necessary & is done for treatment OR Day care treatment is necessary and is done OR Domiciliary treatment is necessary and is done 	
<p>1 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) Anesthesia Blood Oxygen Operation theatre Surgical appliances; Medicines, drugs & consumables; Diagnostic procedures. 	<p>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 Medical Expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the Hospital (Inpatient or Day Care or Domiciliary treatment)</p> <p>c. Post-Hospitalization Medical Expenses for consultations, investigations and medicines incurred upto 90 days after discharge from Hospitalisation (Inpatient or Day Care or Domiciliary treatment).</p>	<p>1. Claims which have NOT been admitted under 1a), 1d) and 1e)</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</p> <p>Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a</p>	<p>1. Treatment that can be and is usually taken on an Out-Patient basis is not covered</p> <p>2. Treatment a NOT taken at a Hospital</p>

	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.	
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: 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.	1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than 3 days)
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.	1. Claims which have NOT been admitted under 1a) for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
g. Ambulance:	Expenses incurred on a transportation of Insured Person to a Hospital for treatment in case of an emergency, subject to Rs. 2000 per Hospitalisation.	1. Claims which have NOT been admitted under 1a) and 1d) 2. Healthcare or ambulance service provider not registered with road traffic authority.
h. Ayush Benefit	Expenses incurred on treatment taken under Ayurveda, Unani, Sidha and Homeopathy in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health subject to amounts specified in the Schedule of Benefits	1. Claims which have not been admitted under 1a) 2. Hospitalisation for evaluation, Investigation only 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.
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.	1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under 1a).
2) Additional Benefits: The following benefits are available to all Insured Persons during the Policy Period.		