

MAKE EVERY STEP COUNT.

Enjoy Stay Active benefit with
Easy Health Family
Health Insurance Plan.

SAVE
8%

SAVE
5%

SAVE
2%

Introducing **EASY HEALTH**

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 upto 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. 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.

This 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.



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 (Rs. 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	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
1 i) Daily Cash for choosing Shared Accommodation	Rs.500 / day, maximum Rs.3,000	Rs.500 / day, maximum Rs.3,000	Rs.800 / day, maximum Rs.4,800	Rs.1000 / day, maximum Rs.6,000	Rs.500 / day, maximum Rs.3,000	Rs.800 / day, maximum Rs.4,800	Rs.1000 / day, maximum Rs.6,000
2 a) Daily Cash for accompanying an insured child	Not Covered	Rs.300 / day, maximum Rs.9,000	Rs.500 / day, maximum Rs.15,000	Rs.800 / day, maximum Rs.24,000	Rs.300 / day, maximum Rs.9,000	Rs.500 / day, maximum Rs.15,000	Rs.800 / 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		



EVERY STEP COUNTS



Benefits	Standard	Exclusive		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)
2 d) Emergency Air Ambulance	Not Covered	Not Covered		Upto Rs.2.5 Lacs / hospitalisation	Not Covered		Upto Rs.2.5 Lacs / 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
3 c) Spectacles, Contact Lenses, Hearing Aid Every 3rd Year	Not Covered	Not Covered			Upto Rs.5,000		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
5 Health Checkup	Upto 1% of Sum Insured / Policy, only once at the end of a block of every continuous four claim free years	Upto 1% of Sum Insured / Policy subject to a Maximum of Rs.5,000 / Insured Person, only once at the end of a block of every continuous three policy years.			Upto 1% of Sum Insured / Policy subject to a Maximum of Rs.5,000 / Insured Person, only once at the end of a block of every continuous two policy years.		
6 Critical Advantage Rider	Offered (where base Sum Insured is Rs.10 lacs & above)						
Benefits under 3b), 3c), 3d) and 5) are subject to pre-authorisation by Apollo Munich							



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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 hospitalization 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 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.

Additional Cover for Critical Advantage Rider (optional)



You can opt to cover yourself worldwide at our network centers against treatment expenses for 8 major illnesses, that include Cancer, Coronary Artery by-pass surgery, Heart Valve replacement/ repair, Neurosurgery, Live Donor Organ Transplant, Bone Marrow Transplant, Pulmonary artery graft surgery and Aorta Graft Surgery. The rider offers you freedom to not only avail best healthcare services world over but also covers all travel costs for the insured and accompanying relative, accommodation expenses, second opinion & post hospitalization expenses.



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)



WALK FOR HEALTH



VALUE ADDED SERVICES

We offer you a range of value-added services to promote your well-being, prevent illnesses as well as make hospitalization 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 counseling, 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 personalized 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 updated periodically on our website www.apollomunichinsurance.com

You need to obtain a pre-authorization for all planned admissions at least 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.



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.



EVERY STEP COUNTS





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
- Expenses arising from HIV or AIDS and related diseases
- Congenital external diseases, mental disorder or insanity, cosmetic surgery and weight control treatments
- Abuse of intoxicant or hallucinogenic substances like intoxicating drugs and alcohol
- Hospitalization 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

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 canceled 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 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.



WALK MORE EARN MORE





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 upto 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.



The Apollo Hospitals Group, Asia's one of the largest healthcare provider and Munich Health, one of the 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.

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.

REACH US

Apollo Munich Health Insurance Co. Ltd.

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