

### Suitability:

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years. The Minimum entry age for Adult Dependent is 18 years and Maximum entry age is 65 years
- Child between 91 days and 5 years can be insured provided either parent is getting insured under this Policy.
- There is no maximum cover ceasing age on renewals of the subject policy.
- The policy will be issued for a period for 1 or 2 year(s) period, the sum insured & benefits will applicable on Policy Year basis.
- This policy can be issued to an individual and/or family.
- The family includes spouse, dependent children, dependent parents, parent-in-law, grandparents and grand children.
- A maximum of 6 members can be added in a single policy, whether on an Individual or Family floater basis.
- 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, Grand Father, Grand Mother.
- In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, Father, Father-in-law, Mother or Mother-in-law, Grand Father, Grand Mother.
- The policy offers option of covering on individual sum insured basis – Easy Health Individual Health Insurance Plan and on family floater basis – Easy Health Family Floater Insurance Plan.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.

**Note:** Dependents means only the family members listed below:

- Your legally married spouse as long as she continues to be married to You;
- 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.
- 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,
- 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
- Your Grandparents provided that the grandparent were below 65 years at his initial participation in the Easy Health Policy,

Dependent parents, Parent in laws, Grand Parents must be financially dependent on You.

### Salient Features & Benefits:

#### Section I. Inpatient Benefits

The following benefits are available to all Insured Persons who suffer an Illness or Accident during the Policy Period which requires Hospitalisation on an Inpatient basis or treatment defined as a Day Care Procedure or treatment defined as Domiciliary Treatment. 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 exclusions
1	In-Patient Treatment	<ol style="list-style-type: none"> <li>Prosthetics and other devices NOT implanted internally by surgery</li> <li>Hospitalisation for evaluation, Investigation only For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc are not payable.</li> <li>Treatment availed outside India</li> <li>Treatment at a healthcare facility which is NOT a Hospital.</li> </ol>
	<ol style="list-style-type: none"> <li>Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto 60 days before Hospitalisation</li> <li>Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 90 days after discharge from Hospitalisation</li> </ol>	<ol style="list-style-type: none"> <li>Claims which have NOT been admitted under Inpatient Treatment benefit and Day care Procedure benefit</li> <li>Any conditions which are NOT the same as the condition for which Hospitalisation was required.</li> <li>Expenses not related to the admission and not incidental to the treatment for which the admission has taken place</li> </ol>
	d. Day Care Procedures	<ol style="list-style-type: none"> <li>Out-Patient Treatment</li> <li>Treatment at a healthcare facility which is NOT a Hospital</li> </ol>
	<ol style="list-style-type: none"> <li>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:                             <ol style="list-style-type: none"> <li>The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or,</li> <li>The Patient takes treatment at home on account of non availability of room in a Hospital.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable only if treatment period is greater than 3 days)</li> <li>Post-Hospitalisation expenses</li> <li>The following medical conditions:                             <ol style="list-style-type: none"> <li>Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,</li> <li>Arthritis, Gout and Rheumatism,</li> <li>Chronic Nephritis and Nephritic Syndrome,</li> <li>Diarrhoea and all type of Dysenteries including Gastroenteritis,</li> <li>Diabetes Mellitus and Insipidus,</li> <li>Epilepsy,</li> <li>Hypertension,</li> <li>Psychiatric or Psychosomatic Disorders of all kinds,</li> <li>Pyrexia of unknown origin</li> </ol> </li> </ol>

	f. Organ Donor: Medical treatment of the organ donor for harvesting the organ.	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under Inpatient Treatment benefit</li> <li>2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended).</li> <li>3. The organ donor's Pre and Post-Hospitalisation expenses.</li> </ol>
	g. Emergency Ambulance: Expenses incurred on an ambulance in an emergency, subject to lower of actual expenses or Rs. 2000 per Hospitalisation..	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under Inpatient Treatment benefit and Day care Procedure benefit</li> <li>2. Any non- Emergencies.</li> <li>3. NON registered healthcare or ambulance service provider ambulances.</li> </ol>
	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	<ol style="list-style-type: none"> <li>1. Hospitalisation for evaluation, Investigation only</li> <li>2. Treatment availed outside India</li> <li>3. Treatment at a healthcare facility which is NOT a Hospital.</li> </ol>
	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.	<ol style="list-style-type: none"> <li>1. Daily Cash Benefit for days of admission and discharge</li> <li>2. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit</li> <li>3. Claims which have NOT been admitted under Inpatient Treatment Benefit.</li> </ol>

Section II. Additional Benefits: The following benefits are available to all Insured Persons during the Policy Period. 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.

2	a. Daily Cash for Accompanying an Insured Child*# 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.	<ol style="list-style-type: none"> <li>1. Daily Cash Benefit for days of admission and discharge</li> <li>2. Claims which have NOT been admitted under Inpatient Treatment Benefit.</li> </ol>
	b. Newborn baby *# Medical Expenses for any medically necessary treatment described at Inpatient Treatment Benefit 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. Under this benefit, Coverage for newborn baby will incept from the date, the premium has been received. The coverage is subject to the policy exclusions, terms and conditions. This Benefit is applicable if Maternity benefit is opted and We have accepted a maternity claim under this Policy.	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under Maternity Expenses Benefit</li> <li>2. Claims other than those available in Inpatient Treatment Benefit.</li> </ol>
	c. Recovery Benefit*# 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 This benefit is payable only once per Illness/Accident per Policy Year.	<ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under Inpatient Treatment Benefit.</li> </ol>

Section III. Additional Benefit not related to Sum Insured: 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.

3	<p>a. Maternity Expenses*#</p> <p>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</p> <p>ii. Medical Expenses for pre-natal and post-natal expenses per delivery or termination upto the amount stated in the Schedule of Benefits,</p> <p>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 Newborn baby benefit, and</p> <p>iv. The Insured Person must have been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits.</p>	<p>2. Pre- and post-hospitalisation expenses under Pre- hospitalisation and post-hospitalisation benefit.</p> <p>3. Ectopic pregnancy under this benefit (although it shall be covered under Inpatient Treatment Benefit.</p> <p>4. Claim for Dependents other than Insured Person's spouse under this Policy.</p>
	<p>b. Outpatient Dental Treatment# Reasonable charges upto 50% of any necessary dental treatment taken from a Network dentist by an Insured Person who has been covered under this policy benefit for the previous 3 consecutive Policy Years and has renewed the policy in the fourth year, subject to amount specified in the Schedule of Benefits. We will pay for X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same</p>	<p>1. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.</p>
	<p>c. Spectacles, Contact Lenses, Hearing Aid# Reasonable charges upto 50% of actual cost for One pair of spectacles or contact lenses, or a hearing aid, excluding batteries every third year provided that:</p> <p>i. If the costs claimed are incurred as Outpatient Treatment expenses then these items must be prescribed by a Network EYE/ENT specialised Medical Practitioner, and</p> <p>ii. Under a Family Floater, Our liability shall be limited to either one pair of spectacles or hearing aid per family. Our maximum liability shall be limited to the amount specified in the Schedule of Benefits</p>	
	<p>d. E-Opinion in respect of a Critical Illness # We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if: -The Insured Person suffers a Critical Illness during the Policy Period; and -He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. "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: This benefit will be provided under "Premium" Variant even if Critical illness rider is not opted.</p>	<p>1. More than one claim for this benefit in a Policy Year. 2. More than one claim for the same Critical Illness. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.</p>
	<p>Note: *# Benefits are covered under "Exclusive" and "Premium" Variant only # Benefits are covered under "Premium" Variant only</p>	

**Section IV. Critical Illness**

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>a. Critical Illness We will pay the Critical Illness Sum Insured as a lump sum in addition to Our payment under Inpatient Treatment Benefit, provided that:</p> <p>i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and</p> <p>ii. The Insured Person survives for at least 30 days following such diagnosis.</p> <p>iii. "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.</p> <p>Note: Critical Illness Rider is always provided on an individual sum insured basis irrespective of whether policy is issued on a individual or floater sum insured basis.</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 commencement of the Policy Period and the Insured Person has not previously been insured continuously and without interruption under an Easy Health Policy.</li> <li>2. The Insured Person has already made a claim for the same Critical Illness.</li> <li>3. 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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Sum Insured: Would Range from Rs. 1 Lac to Rs. 50 Lacs

Critical Illness Sum Insured would be 50% or 100% of the Sum Insured subject to a minimum of Rs 1 Lac and maximum of Rs 10 Lacs.

### 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 benefit will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), portability 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.

### Health Checkup

Plan	Standard	Exclusive	Premium
Easy Health Individual	Upto 1% of Sum Insured per Insured Person, 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	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 two policy years
Easy Health Family	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

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

### Portability:

If you are insured continuously and without interruption under an indemnity based health insurance policy of any Indian non life insurer and you want to shift to us on renewal, Easy Health policy offers you transfer the accrued benefits and make due allowances for waiting periods as per guidelines on portability. If the Insured person transfers from any other insurer and enhances the sum insured, then the portability benefits will be offered only in respect to the previous sum insured.

### Free Look Period:

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

**Special terms and conditions:**

**Waiting Period**

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

- i) We are not liable for any claim arising due to treatment and admission within 30 days from policy commencement date except claims arising due to an accident
- ii) A waiting period of 24 months from policy commencement date shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below. Additionally the 24 months waiting period shall be applicable to the surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer.

SI No	Organ / Organ System	Illness	Surgeries
a	ENT	<ul style="list-style-type: none"> <li>• Sinusitis</li> <li>• Rhinitis</li> <li>• Tonsillitis</li> </ul>	<ul style="list-style-type: none"> <li>• Adenoidectomy</li> <li>• Mastoidectomy</li> <li>• Tonsillectomy</li> <li>• Tympanoplasty</li> <li>• Surgery for nasal septum deviation</li> <li>• Nasal concha resection</li> </ul>
b	Gynaecological	<ul style="list-style-type: none"> <li>• Cysts, polyps including breast lumps</li> <li>• Polycystic ovarian disease</li> <li>• Fibroids (fibromyoma)</li> </ul>	<ul style="list-style-type: none"> <li>• Dilatation and curettage (D&amp;C)</li> <li>• Myomectomy for fibroids</li> </ul>
c	Orthopaedic	<ul style="list-style-type: none"> <li>• Non infective arthritis</li> <li>• Gout and Rheumatism</li> <li>• Osteoarthritis and Osteoporosis</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery for prolapsed inter vertebral disk</li> <li>• Joint replacement surgeries</li> </ul>
d	Gastrointestinal	<ul style="list-style-type: none"> <li>• Calculus diseases of gall bladder including Cholecystitis</li> <li>• Pancreatitis</li> <li>• Fissure/fistula in anus, hemorrhoids, pilonidal sinus</li> <li>• Ulcer and erosion of stomach and duodenum</li> <li>• Gastro Esophageal Reflux Disorder (GERD)</li> <li>• All forms of cirrhosis</li> </ul> <p>(Please Note: All forms of cirrhosis due to alcohol will be excluded)</p> <ul style="list-style-type: none"> <li>• Perineal Abscesses</li> <li>• Perianal Abscesses</li> </ul>	<ul style="list-style-type: none"> <li>• Cholecystectomy</li> <li>• Surgery of hernia</li> </ul>
e	Urogenital	<ul style="list-style-type: none"> <li>• Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.</li> <li>• Benign Hyperplasia of prostate</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery on prostate</li> <li>• Surgery for Hydrocele/Rectocele</li> </ul>
f	Eye	<ul style="list-style-type: none"> <li>• Cataract</li> </ul>	<ul style="list-style-type: none"> <li>• NIL</li> </ul>
g	Others	<ul style="list-style-type: none"> <li>• NIL</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery of varicose veins and varicose ulcers</li> </ul>
h	General (Applicable to all organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> <li>• Internal tumors, cysts, nodules, polyps, skin tumors</li> </ul>	<ul style="list-style-type: none"> <li>• NIL</li> </ul>

- iii) 36 months waiting period from policy commencement date for all Pre-existing Conditions declared and/or accepted at the time of application.

PI Note: Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

**Reduction in waiting periods:**

Reduction in waiting periods

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
  - a) any health insurance plan with an Indian non life insurer as per guidelines on portability, OR
  - b) any other similar health insurance plan from Us,

Then:

- a) The waiting periods specified above stand deleted; AND:
- b) The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
- c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.

- 2) The reduction in the waiting period specified above shall be applied subject to the following:
- We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
  - We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
  - We will retain the right to underwrite the proposal.
  - We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

### General exclusions

We will not pay for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

### Non Medical Exclusions

- War or similar situations:  
Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/ materials, chemical and biological weapons, radiation of any kind.
- Breach of law:  
Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- Dangerous acts (including sports):  
An Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.

### Medical Exclusions

- Substance abuse and de-addiction programs:  
Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- Treatment of obesity and any weight control program.
- Treatment for correction of eye sight due to refractive error
- Cosmetic, aesthetic and re-shaping treatments and surgeries:
  - Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
  - Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
- Types of treatment, defined illnesses/ conditions/ supplies:
  - Save as and to the extent provided for under Ayush Benefit, Non allopathic treatment.
  - Conditions for which treatment could have been done on an OPD basis without any Hospitalization
  - Experimental, investigational or unproven treatment devices and pharmacological regimens.
  - Admission primarily for diagnostic purposes not related to illness for which Hospitalization has been done.
  - Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
  - Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
  - Admission primarily for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
  - Save as and to the extent provided in Spectacles, Contact Lenses, Hearing Aid Benefit, Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
  - Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
  - Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), sleep-apnoea.
  - Congenital internal or external diseases, defects or anomalies, genetic disorders.
  - Stem cell Therapy or surgery, or growth hormone therapy.
  - Venereal disease, sexually transmitted disease or illness;
  - "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.



- o. Save as and to the extent provided under Maternity Benefit, Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to a claim under Inpatient Treatment Benefit for In-patient Treatment only.
  - p. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
  - q. Expenses for organ donor screening, or save as and to the extent provided for in Organ Donor Benefit, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
  - r. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
  - s. Save as and to the extent provided under Outpatient Dental Treatment Benefit, dental treatment and surgery of any kind, unless requiring Hospitalisation.
- ix) Unnecessary medical expenses:
- a. Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
  - b. Vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- x) Specified healthcare providers (Hospitals /Medical Practitioners)
- a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
  - b. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
  - c. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by a prescription.
  - d. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.
- xii) Any non medical expenses mentioned in Annexure II in policy wordings.

### Claim Procedure:

Apollo Munich Health Insurance Company Limited will process all claims under this policy.

**Intimation & Assistance** - Please contact Apollo Munich atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact Apollo Munich within 24 hours of the event.

#### Procedure for Reimbursement of Medical Expenses

- Apollo Munich must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to Apollo Munich 15 days of the occurrence of the Incident.  
\* Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, Apollo Munich will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, Apollo Munich will send admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the Policyholder.  
Note: Payment will only be made for items covered under your policy and upto the limits therein.

#### Procedure to avail Cashless facility

- For any emergency Hospitalisation, Apollo Munich must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Apollo Munich atleast 48 hours prior to the hospitalization.
- Apollo Munich will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim.

## 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.

## Tax Benefit:

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

## Requirement:

Completed proposal form

## Pre- Acceptance Medical Test:

- Pre-Policy Checkup at our network may be required based upon the age and Sum Insured. We will reimburse 100% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

## Pre-policy check up Grid:

Age / Sum Insured (Rs in Lacs)	Without Critical Illness			
	Upto 2	> 2 to 5	> 5 to 10	>10 Lacs & upto 50 Lacs
18-45	Nil	Nil	ME, RUA, FBS, ECG	ME, FBS, TMT, RUA, CB C, Lipids, SGOT, Serum creatinine, PSA(males), USG Abd(females), HbA1C, SGPT, GGT, HBsAg
46-55	ME, FBS, ECG	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, CBC, ECG, TC	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA(males), USG Abd(males and females), HbA1C, HBsAg
56-60	ME, RUA, FBS, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, SGOT, TMT, HbA1c, Sr Creat, PSA (males), USG abd(females)	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA(males), USG Abd(males and females), HbA1C, HBsAg
61-65	ME, FBS, RUA, CBC, Lipids, SGOT, Serum creatinine, PSA(males), USG Abd(females), Total proteins, ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA(males), USG Abd(females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA(males), USG Abd(females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA(males), USG Abd(females), ECG, 2D ECHO



With Critical Illness				
Age / Sum Insured (Rs in Lacs)	Upto 2	> 2 to 5	> 5 to 10	>10 Lacs & upto 50 Lacs
18-45	Nil	Nil	ME,RUA,FBS,ECG,TC, CBC	ME,FBS,TMT,RUA,CBC,Lipids,SGOT ,Serum creatinine,PSA(males),USG Abd(females),HbA1C, SGPT, GGT, HBsAg
46-55	ME, FBS, ECG	ME, RUA, FBS, CBC, TMT, Lipids	ME, RUA, FBS, CBC, TMT, HbA1c, SGOT, Sr Creat, Lipids, PSA(males),USG Abd(females)	ME,FBS,TMT,RUA,CBC,Lipids,RFT,L FT,PSA(males),USG Abd(males and females),HbA1C, HBsAg
56-60	ME, RUA, FBS,ECG (Cat 2)	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, Sr Creatinine	ME, RUA, FBS, CBC, Lipids, TMT, HbA1c, LFT,RFT,PSA (males), USG Abd (females)	ME,FBS,TMT,RUA,CBC,Lipids,RFT,L FT,PSA(males),USG Abd(males and females),HbA1C, HBsAg
61-65	ME,FBS,RUA,CBC,Lipids,HbA 1C,RFT,LFT,PSA(males),USG Abd(females),ECG, 2D ECHO	ME,FBS,RUA,CBC,Lipids,HbA 1C,RFT,LFT,PSA(males),USG Abd(females),ECG, 2D ECHO	ME,FBS,RUA,CBC,Lipids,HbA 1C,RFT,LFT,PSA(males),USG Abd(females),ECG, 2D ECHO	ME,FBS,RUA,CBC,Lipids,HbA 1C,RFT,LFT,PSA(males),USG Abd(females),ECG, 2D ECHO

ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, TMT = Treadmill Test, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycoslated Hb, TC – Total Cholesterol, 2D ECHO= Two-Dimensional Echocardiogram, SGPT = Serum Glutamic Pyruvic Transaminase, GGT = Gamma-Glutamyl Transpeptidase,HBsAg = Hepatitis B Surface Antigen, LFT = Liver Function Test, RFT = Renal Function Test

**Premium Rates:**

- As per the enclosed sheet
- The premium under individual coverage will be charged on the completed age of the individual insured member.
- The premium under floater coverage will be charged on the completed age of the oldest insured member.
- Premium rates are subject to change with prior approval from IRDA.
- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate

**Loadings:**

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).

For Example: Consider a male aged 35 who is undergoing treatment for hypertension.

Age	Hypertension	Treatment	Systolic	Diastolic	loading
35	Yes	Yes	110-145	70-95	10%
35	Yes	Yes	146-160	70-95	20%
35	Yes	Yes	110-140	96-105	20%
35	Yes	Yes	>160	Any	Reject
35	Yes	Yes	Any	>105	Reject

Please note that this example is for enumerative purposes only, the decisions may vary based on age, co morbidities etc.

- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue policy only after getting your consent and additional premium, if any.
- Please visit our nearest branch to refer our underwriting guidelines if required.

## Discounts:

- 1) Family Discount of 5% if 2 members are covered and 10% if 3 or more family members are covered under Easy Health Individual Health Insurance Plan
- 2) 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance as a single premium. Examples

Proposed Insured Age 33 years opting for Easy Health Individual Standard 2 year policy with Sum Insured of Rs 2 Lac.

Calculation -  $3213 \times 2 \times 92.5\% = \text{Rs. } 5944.05/-$  plus taxes.

Proposed Insured Age 35 years opting for Easy Health Individual Standard 2 year policy with Sum Insured of Rs 2 Lac.

Calculation -  $(3213+3636) \times 92.5\% = \text{Rs. } 6335.32/-$  plus taxes.

## Termination:

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

We shall terminate this Policy for the reasons as specified under section Non Disclosure or Misrepresentation & Section Dishonest or Fraudulent Claims of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

## 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.

## SCHEDULE OF BENEFITS

### Easy Health Individual

	Standard	Exclusive			Premium		
Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	1.00, 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		
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
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)
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 of 6 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 of 6 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 4 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 of 6 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 of 6 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 4 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. 7,500
3 c) Spectacles, Contact Lenses, Hearing Aid Every Third Year	Not Covered	Not Covered			Upto Rs. 5,000		Upto Rs. 7500
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 per Insured Person, 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			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 two policy years		

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

## SCHEDULE OF BENEFITS

### Easy Health Family

	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		
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
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)
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 Third 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 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

### PREMIUM RATES

GROSS PREMIUM (EXCLUSIVE OF TAXES)

#### STANDARD

Age Band	1 Lakh	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
0-17	1,802	2,689	3,362	4,168	4,572
18-35	2,226	3,213	4,016	4,980	5,462
36-45	2,865	3,636	4,545	5,636	6,181
46-50	4,125	5,319	6,648	8,244	9,042
51-55	5,061	6,725	8,406	10,423	11,432
56-60	5,749	8,681	10,852	13,456	14,758
61-65	7,983	12,056	15,070	18,686	20,495
66-70	11,016	16,635	20,793	25,784	28,279
71-75	13,308	20,097	25,121	31,150	34,164
76-80	15,970	24,116	30,145	37,380	40,997
>80	18,365	27,733	34,667	42,987	47,147

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
18-35	4,278	5,181	6,424	7,046
36-45	4,615	5,616	6,963	7,637
46-50	6,384	7,813	9,688	10,626
51-55	7,876	9,665	11,984	13,144
56-60	9,854	12,134	15,046	16,502
61-65	13,228	16,352	20,277	22,239
66-70	17,807	22,076	27,374	30,023
71-75	21,269	26,403	32,740	35,908
76-80	25,288	31,427	38,970	42,741
>80	28,906	35,949	44,577	48,891

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
18-35	5,609	6,678	8,281	9,083
36-45	5,838	6,992	8,670	9,509
46-50	7,715	9,311	11,545	12,662
51-55	9,314	11,283	13,991	15,345
56-60	11,320	13,783	17,091	18,745
61-65	14,694	18,001	22,321	24,481
66-70	19,273	23,725	29,419	32,266
71-75	22,735	28,052	34,785	38,151
76-80	26,754	33,076	41,015	44,984
>80	30,372	37,598	46,622	51,133

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
18-35	7,206	7,510	9,313	10,214
36-45	7,307	7,757	9,619	10,549
46-50	9,312	10,143	12,577	13,794
51-55	11,041	12,183	15,106	16,568
56-60	13,078	14,699	18,227	19,991
61-65	16,453	18,917	23,457	25,727
66-70	21,032	24,641	30,555	33,512
71-75	24,494	28,968	35,921	39,397
76-80	28,513	33,992	42,150	46,230
>80	32,130	38,514	47,757	52,379

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
18-35	4,883	5,622	6,972	7,647
36-45	5,889	6,712	8,322	9,128
46-50	8,335	9,548	11,840	12,986
51-55	10,501	12,037	14,926	16,371
56-60	13,360	15,351	19,035	20,877
61-65	17,883	20,673	25,634	28,115
66-70	24,628	28,479	35,314	38,731
71-75	30,764	35,378	43,869	48,114
76-80	37,251	42,775	53,041	58,174
>80	43,356	49,689	61,614	67,577

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
18-35	5,948	6,787	8,416	9,231
36-45	6,868	7,782	9,650	10,584
46-50	9,400	10,713	13,284	14,570
51-55	11,652	13,296	16,487	18,083
56-60	14,533	16,633	20,625	22,621
61-65	19,055	21,955	27,224	29,859
66-70	25,800	29,761	36,904	40,475
71-75	31,937	36,660	45,459	49,858
76-80	38,424	44,057	54,631	59,918
>80	44,529	50,971	63,204	69,321

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
18-35	7,280	8,285	10,273	11,267
36-45	8,092	9,159	11,357	12,456
46-50	10,731	12,211	15,141	16,607
51-55	13,091	14,915	18,494	20,284
56-60	15,999	18,282	22,670	24,864
61-65	20,521	23,604	29,269	32,101
66-70	27,266	31,410	38,949	42,718
71-75	33,402	38,309	47,503	52,101
76-80	39,889	45,706	56,676	62,161
>80	45,995	52,620	65,249	71,564

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
18-35	8,877	10,115	12,543	13,757
36-45	9,560	10,841	13,443	14,744
46-50	12,328	14,041	17,411	19,096
51-55	14,818	16,893	20,948	22,975
56-60	17,757	20,297	25,169	27,604
61-65	22,280	25,619	31,768	34,842
66-70	29,025	33,425	41,448	45,459
71-75	35,161	40,325	50,002	54,841
76-80	41,648	47,722	59,175	64,901
>80	47,753	54,636	67,748	74,304

#### Additional Children:

Age Band	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
	1,224	1,530	1,897	2,080

**EXCLUSIVE**

Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
<b>INDIVIDUAL:</b> 0-17	3,664	4,544	5,482	5,804	6,859	7,961	8,810	9,565	12,334
18-35	4,377	5,428	6,549	8,012	9,469	10,989	12,161	13,204	17,026
36-45	4,954	6,143	7,411	9,247	10,928	12,683	14,036	15,240	19,651
46-50	7,247	8,986	10,841	13,758	16,260	18,870	20,884	22,674	29,238
51-55	9,162	11,361	13,707	17,625	20,830	24,174	26,754	29,047	37,455
56-60	11,828	14,667	17,695	23,113	27,316	31,701	35,084	38,092	49,118
61-65	16,426	20,368	24,573	32,602	38,530	44,716	49,488	53,730	69,283
66-70	22,665	28,104	33,907	45,310	53,548	62,145	68,777	74,672	96,288
71-75	27,382	33,953	40,963	55,284	65,335	75,825	83,917	91,110	117,483
76-80	32,858	40,744	49,156	67,074	79,269	91,995	101,813	110,540	142,538
>80	37,787	46,855	56,529	78,715	93,027	107,963	119,484	129,726	167,278

Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
<b>FLOATER (IA+IC)</b> 18-35	5,647	7,002	8,448	10,023	11,845	13,747	15,214	16,518	21,300
36-45	6,121	7,590	9,157	11,096	13,113	15,218	16,842	18,286	23,579
46-50	8,516	10,560	12,740	15,769	18,636	21,629	23,937	25,988	33,511
51-55	10,534	13,063	15,760	19,799	23,398	27,155	30,053	32,629	42,074
56-60	13,226	16,400	19,786	25,327	29,932	34,738	38,445	41,741	53,824
61-65	17,824	22,101	26,664	34,817	41,147	47,753	52,849	57,379	73,989
66-70	24,063	29,838	35,998	47,524	56,165	65,182	72,138	78,321	100,993
71-75	28,780	35,687	43,054	57,498	67,952	78,862	87,278	94,759	122,189
76-80	34,256	42,477	51,247	69,288	81,886	95,032	105,174	114,189	147,244
>80	39,185	48,589	58,620	80,929	95,644	111,000	122,845	133,375	171,983

Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
<b>FLOATER (IA+2C)</b> 18-35	7,280	9,027	10,890	12,609	14,901	17,294	19,139	20,780	26,795
36-45	7,621	9,451	11,402	13,472	15,922	18,478	20,450	22,203	28,630
46-50	10,149	12,584	15,182	18,355	21,692	25,175	27,862	30,250	39,006
51-55	12,299	15,251	18,399	22,593	26,701	30,988	34,295	37,235	48,013
56-60	15,023	18,629	22,475	28,174	33,297	38,643	42,767	46,433	59,874
61-65	19,621	24,330	29,353	37,664	44,511	51,658	57,171	62,071	80,039
66-70	25,860	32,066	38,687	50,371	59,529	69,087	76,459	83,013	107,043
71-75	30,577	37,915	45,743	60,345	71,317	82,766	91,599	99,451	128,239
76-80	36,053	44,706	53,936	72,135	85,250	98,937	109,496	118,881	153,294
>80	40,982	50,817	61,309	83,776	99,008	114,904	127,167	138,067	178,033

Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
<b>FLOATER (IA+3C)</b> 18-35	8,186	10,151	12,247	14,045	16,599	19,264	21,320	23,147	29,847
36-45	8,455	10,484	12,649	14,793	17,483	20,289	22,455	24,379	31,436
46-50	11,055	13,709	16,539	19,792	23,390	27,145	30,042	32,617	42,059
51-55	13,279	16,466	19,865	24,146	28,536	33,118	36,652	39,793	51,313
56-60	16,022	19,867	23,969	29,756	35,166	40,812	45,168	49,039	63,235
61-65	20,620	25,568	30,847	39,245	46,381	53,827	59,571	64,678	83,400
66-70	26,859	33,305	40,180	51,952	61,398	71,256	78,860	85,620	110,404
71-75	31,575	39,153	47,237	61,926	73,186	84,936	94,000	102,057	131,600
76-80	37,052	45,944	55,429	73,716	87,119	101,106	111,896	121,487	156,655
>80	41,980	52,056	62,803	85,358	100,878	117,073	129,567	140,673	181,394

Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
<b>FLOATER (2A+0C)</b> 18-35	6,128	7,599	9,168	11,217	13,256	15,384	17,026	18,485	23,836
36-45	7,316	9,071	10,944	13,624	16,101	18,686	20,680	22,452	28,952
46-50	10,408	12,905	15,570	19,732	23,319	27,063	29,951	32,518	41,932
51-55	13,121	16,270	19,629	25,189	29,769	34,548	38,235	41,513	53,529
56-60	16,732	20,748	25,032	32,596	38,523	44,708	49,479	53,720	69,270
61-65	22,533	27,941	33,710	44,559	52,661	61,115	67,638	73,435	94,693
66-70	31,042	38,492	46,439	61,933	73,193	84,944	94,010	102,067	131,613
71-75	38,562	47,817	57,689	77,665	91,786	106,522	117,890	127,995	165,046
76-80	46,625	57,815	69,751	94,897	112,151	130,157	144,047	156,394	201,666
>80	54,161	67,160	81,025	112,237	132,644	153,940	170,368	184,971	238,516



	Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (2A+1C)	18-35	7,398	9,174	11,068	13,228	15,633	18,143	20,079	21,800	28,110
	36-45	8,483	10,518	12,690	15,472	18,285	21,221	23,486	25,499	32,880
	46-50	11,677	14,480	17,469	21,743	25,696	29,821	33,004	35,833	46,205
	51-55	14,493	17,971	21,681	27,363	32,338	37,530	41,535	45,095	58,149
	56-60	18,130	22,481	27,123	34,810	41,140	47,745	52,840	57,369	73,976
	61-65	23,931	29,674	35,801	46,773	55,278	64,152	70,999	77,084	99,398
	66-70	32,440	40,225	48,530	64,147	75,810	87,981	97,371	105,717	136,319
	71-75	39,960	49,550	59,780	79,879	94,403	109,559	121,251	131,644	169,752
	76-80	48,023	59,548	71,842	97,111	114,768	133,194	147,408	160,043	206,371
	>80	55,559	68,893	83,116	114,451	135,261	156,977	173,729	188,620	243,221

	Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (2A+2C)	18-35	9,030	11,198	13,510	15,813	18,689	21,689	24,004	26,061	33,605
	36-45	9,983	12,379	14,935	17,849	21,094	24,481	27,093	29,416	37,931
	46-50	13,310	16,504	19,911	24,328	28,752	33,368	36,929	40,094	51,700
	51-55	16,257	20,159	24,321	30,157	35,641	41,363	45,777	49,701	64,088
	56-60	19,927	24,710	29,812	37,657	44,504	51,649	57,161	62,061	80,026
	61-65	25,728	31,903	38,490	49,620	58,642	68,057	75,320	81,776	105,448
	66-70	34,237	42,454	51,219	66,994	79,174	91,886	101,692	110,408	142,369
	71-75	41,757	51,779	62,469	82,726	97,767	113,464	125,573	136,336	175,802
	76-80	49,820	61,777	74,531	99,958	118,132	137,098	151,730	164,735	212,421
	>80	57,356	71,122	85,805	117,298	138,625	160,882	178,051	193,312	249,271

	Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (2A+3C)	18-35	11,026	13,672	16,494	18,974	22,423	26,024	28,801	31,269	40,321
	36-45	11,817	14,653	17,678	20,754	24,527	28,465	31,503	34,203	44,104
	46-50	15,305	18,978	22,896	27,489	32,487	37,702	41,726	45,302	58,416
	51-55	18,414	22,833	27,547	33,573	39,677	46,048	50,962	55,330	71,346
	56-60	22,124	27,434	33,098	41,137	48,616	56,422	62,443	67,795	87,420
	61-65	27,925	34,627	41,776	53,100	62,754	72,830	80,602	87,511	112,843
	66-70	36,434	45,178	54,505	70,473	83,287	96,658	106,974	116,143	149,763
	71-75	43,954	54,503	65,755	86,206	101,880	118,236	130,855	142,071	183,196
	76-80	52,017	64,501	77,817	103,438	122,244	141,871	157,011	170,469	219,816
	>80	59,553	73,845	89,091	120,778	142,737	165,654	183,332	199,047	256,665

### Additional Children:

Age Band	3 Lakhs	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
	1,667	2,067	2,494	2,641	3,121	3,622	4,009	4,352	5,612

## PREMIUM

	Age Band	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
EASY HEALTH - PREMIUM	0-17	5,627	6,789	7,189	8,496	9,597	10,446	11,202	13,970
	18-35	6,723	8,111	9,923	11,727	13,247	14,420	15,462	19,285
	36-45	7,608	9,179	11,453	13,535	15,290	16,643	17,846	22,258
	46-50	11,129	13,427	17,040	20,138	22,749	24,762	26,552	33,116
	51-55	14,071	16,976	21,829	25,798	29,142	31,722	34,015	42,423
	56-60	18,166	21,916	28,626	33,831	38,217	41,600	44,607	55,634
	61-65	25,226	30,435	40,379	47,721	53,907	58,679	62,921	78,474
	66-70	34,808	41,994	56,117	66,321	74,918	81,550	87,445	109,061
	71-75	42,052	50,734	68,471	80,920	91,409	99,501	106,694	133,068
	76-80	50,463	60,881	83,073	98,177	110,903	120,721	129,448	161,446
>80	58,032	70,013	97,491	115,217	130,152	141,674	151,916	189,468	

	Age Band	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (IA+IC)	18-35	8,673	10,463	12,414	14,671	16,573	18,040	19,344	24,125
	36-45	9,400	11,341	13,742	16,241	18,346	19,970	21,414	26,707
	46-50	13,079	15,779	19,531	23,082	26,074	28,382	30,434	37,957
	51-55	16,179	19,519	24,521	28,980	32,736	35,634	38,210	47,655
	56-60	20,313	24,506	31,369	37,072	41,878	45,585	48,881	60,963
	61-65	27,373	33,025	43,122	50,962	57,568	62,664	67,194	83,804
	66-70	36,955	44,585	58,860	69,562	78,579	85,535	91,718	114,390
	71-75	44,199	53,324	71,213	84,161	95,071	103,487	110,968	138,398
	76-80	52,609	63,471	85,815	101,418	114,565	124,706	133,721	166,776
>80	60,179	72,603	100,234	118,458	133,814	145,659	156,189	194,798	

	Age Band	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (IA+2C)	18-35	11,180	13,488	15,616	18,456	20,848	22,693	24,334	30,349
	36-45	11,705	14,121	16,686	19,720	22,276	24,248	26,001	32,428
	46-50	15,586	18,804	22,733	26,867	30,349	33,036	35,424	44,181
	51-55	18,888	22,788	27,983	33,070	37,357	40,664	43,604	54,382
	56-60	23,073	27,836	34,895	41,239	46,585	50,709	54,375	67,816
	61-65	30,134	36,355	46,648	55,129	62,275	67,788	72,688	90,656
	66-70	39,715	47,915	62,386	73,729	83,286	90,659	97,213	121,243
	71-75	46,959	56,654	74,739	88,328	99,778	108,611	116,462	145,250
	76-80	55,370	66,801	89,341	105,585	119,272	129,830	139,216	173,629
>80	62,939	75,933	103,760	122,625	138,521	150,783	161,683	201,650	

	Age Band	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (IA+3C)	18-35	12,572	15,168	17,395	20,558	23,223	25,279	27,106	33,807
	36-45	12,985	15,666	18,321	21,653	24,459	26,625	28,549	35,607
	46-50	16,979	20,484	24,512	28,969	32,725	35,621	38,196	47,638
	51-55	20,394	24,604	29,905	35,343	39,924	43,459	46,600	58,119
	56-60	24,606	29,686	36,854	43,554	49,200	53,556	57,427	71,623
	61-65	31,667	38,205	48,606	57,444	64,890	70,635	75,741	94,463
	66-70	41,249	49,765	64,345	76,044	85,901	93,506	100,265	125,050
	71-75	48,493	58,504	76,698	90,643	102,393	111,457	119,514	149,057
	76-80	56,903	68,651	91,300	107,900	121,887	132,677	142,268	177,436
>80	64,473	77,783	105,719	124,940	141,136	153,630	164,736	205,457	

	Age Band	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (2A+0C)	18-35	9,412	11,355	13,892	16,418	18,546	20,188	21,647	26,998
	36-45	11,235	13,555	16,873	19,941	22,526	24,520	26,293	32,792
	46-50	15,984	19,284	24,438	28,881	32,625	35,513	38,081	47,494
	51-55	20,150	24,311	31,198	36,870	41,649	45,336	48,614	60,630
	56-60	25,697	31,002	40,371	47,712	53,897	58,668	62,909	78,459
	61-65	34,606	41,750	55,188	65,222	73,677	80,199	85,996	107,254
	66-70	47,674	57,516	76,706	90,652	102,403	111,468	119,526	149,072
	71-75	59,223	71,449	96,191	113,680	128,416	139,784	149,889	186,940
	76-80	71,605	86,388	117,533	138,902	156,908	170,799	183,146	228,417
>80	83,179	100,352	139,009	164,284	185,580	202,008	216,611	270,155	

	Age Band	4 Lakhs	5 Lakhs	75 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (2A+1C)	18-35	11,362	13,708	16,383	19,362	21,871	23,808	25,529	31,839
	36-45	13,027	15,717	19,163	22,647	25,583	27,847	29,860	37,242
	46-50	17,934	21,636	26,929	31,825	35,951	39,133	41,962	52,335
	51-55	22,258	26,853	33,890	40,051	45,243	49,248	52,808	65,862
	56-60	27,844	33,592	43,114	50,953	57,558	62,653	67,182	83,789
	61-65	36,753	44,340	57,930	68,463	77,338	84,184	90,270	112,584
	66-70	49,820	60,106	79,448	93,893	106,064	115,454	123,800	154,402
	71-75	61,369	74,039	98,933	116,921	132,077	143,770	154,163	192,270
	76-80	73,752	88,978	120,275	142,144	160,570	174,784	187,419	233,747
>80	85,326	102,942	141,752	167,525	189,241	205,993	220,884	275,485	

## Rate Card

	Age Band	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (2A-2C)	18-35	13,869	16,732	19,585	23,146	26,147	28,461	30,519	38,063
	36-45	15,332	18,497	22,106	26,126	29,513	32,125	34,447	42,963
	46-50	20,441	24,661	30,131	35,610	40,226	43,787	46,952	58,559
	51-55	24,968	30,122	37,351	44,142	49,864	54,278	58,202	72,589
	56-60	30,604	36,923	46,640	55,120	62,265	67,777	72,676	90,641
	61-65	39,513	47,671	61,456	72,630	82,045	89,308	95,764	119,436
	66-70	52,581	63,436	82,974	98,060	110,772	120,578	129,294	161,254
	71-75	64,130	77,369	102,459	121,088	136,785	148,893	159,657	199,123
	76-80	76,512	92,309	123,801	146,311	165,277	179,908	192,913	240,600
>80	88,086	106,272	145,278	171,692	193,948	211,117	226,379	282,338	

	Age Band	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
FLOATER (2A-3C)	18-35	16,933	20,429	23,500	27,772	31,372	34,150	36,618	45,670
	36-45	18,148	21,895	25,704	30,378	34,316	37,354	40,054	49,955
	46-50	23,505	28,357	34,046	40,236	45,451	49,475	53,052	66,165
	51-55	28,279	34,118	41,581	49,142	55,512	60,426	64,794	80,811
	56-60	33,978	40,993	50,949	60,213	68,018	74,040	79,392	99,017
	61-65	42,887	51,741	65,766	77,723	87,798	95,571	102,480	127,812
	66-70	55,954	67,506	87,283	103,153	116,525	126,840	136,009	169,630
	71-75	67,503	81,439	106,769	126,181	142,538	155,156	166,372	207,498
	76-80	79,886	96,379	128,111	151,404	171,030	186,170	199,629	248,975
>80	91,460	110,342	149,587	176,785	199,701	217,380	233,094	290,713	

### Additional Children

Age Band	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	25 Lakhs	50 Lakhs
	2,560	3,089	3,271	3,865	4,367	4,753	5,097	6,357

## OPTIONAL BENEFIT

### Critical Illness (On Individual basis only)

Age Band/SI	1 Lakhs	1.5 Lakhs	2 Lakhs	2.5 Lakhs	3 Lakhs	3.75 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs
0-17	31	46	61	76	92	115	122	153	229	306
18-35	116	173	231	289	347	433	462	578	866	1,155
36-45	354	531	708	885	1,062	1,327	1,415	1,769	2,654	3,538
46-50	776	1,164	1,552	1,941	2,329	2,911	3,105	3,881	5,822	7,762
51-55	1,279	1,918	2,557	3,197	3,836	4,795	5,114	6,393	9,590	12,786
56-60	2,020	3,030	4,040	5,050	6,060	7,575	8,080	10,100	15,150	20,200
61-65	3,011	4,517	6,022	7,528	9,033	11,292	12,044	15,055	22,583	30,111
66-70	4,982	7,473	9,964	12,455	14,946	18,683	19,928	24,911	37,366	49,821
>70	10,976	16,463	21,951	27,439	32,927	41,159	43,902	54,878	82,317	109,756

### Note:

- In a family floater the age of the eldest member will be considered while computing premium for the family
- Premium rates as per policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposer based on medical test and information provided on Proposal Form. Please visit our nearest branch to refer our underwriting guidelines if required.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.

We would be happy to assist you. For any help contact us at: E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800-102-0333