

Helping you bounce back to Health

So you can look after your loved ones

Customize your cover with

HDFC Life Easy Health

A Fixed Benefit Health Insurance Plan



Get Health Cover of 3 Lakhs @ **less than ₹ 8/Day¹**



Critical Illness
Benefit



Daily Hospital
Cash Benefit



Surgical
Benefit

HDFC
Life

Sar utha ke jiyo!

1. Premium amount for male, 35 years old, plan benefit of Critical Illness Benefit + Daily Hospital Cash Benefit, Regular premium. Annual Premium of ₹ 2,714. Premiums are exclusive of taxes and levies as applicable.

Health is the most important asset you have. Every aspect of your life is dependent on your good health. Due to changing lifestyles, health issues have escalated, thus imposing extra financial burden on the family. It becomes imperative therefore to have a health insurance product in place, to ensure that no matter how critical your illness, it does not impair your financial security.

Keeping the above in mind, we have developed a health insurance product which will provide a lump sum amount if you are hospitalized or undergo any Surgical Procedure or are diagnosed with Critical Illness.

ABOUT THE PRODUCT

HDFC Life Easy Health is a Fixed Benefit, health insurance product that provides coverage against*:

- ▣ Hospitalization and/or
- ▣ Surgical procedures and/or
- ▣ Critical illness

*depending upon the plan option chosen for

The cover will be available for a period of 5 years. You have the option to pay single or regular premiums.

SALIENT FEATURES



Flexibility

Pay **Single / Regular** Premium based on your convenience



Daily Hospital Cash Benefit

Daily Hospital Cash Benefit available from ₹ 250 to ₹ 5000 per day as per your requirement



Surgical Benefit

Get lump sum payout in case of any of the **138** surgeries specified



Critical Illness Benefit

Lump sum payout in case diagnosed with any of the **18** Critical Illnesses specified



Value For Money

- Avail **Multiple Claim**
- Get **Double Benefit** in case of hospitalization in ICU



Tax Benefit

Receive **tax benefits** under Section 80D as per applicable tax laws

ELIGIBILITY CRITERIA

Minimum Entry Age (last birthday)	18 years	
Maximum Entry Age (last birthday)	65 years	
Minimum Maturity Age (last birthday)	23 years	
Maximum Maturity Age (last birthday)	70 years	
Policy Term	5 years	
Premium Payment Frequency	Single / Regular Premium	
Premium Payment Mode	One time / Yearly	
Premium**	Single Pay	Minimum : ₹ 2,184 Maximum: ₹ 4,04,279
	Regular Pay	Minimum : ₹ 676 Maximum: ₹ 1,22,068

**This premium is exclusive of taxes and levies as applicable

PLAN OPTIONS

HDFC Life Easy Health offers you the flexibility to choose any 1, 2 or all 3 of the following benefit option(s):

- ▣ Daily Hospital Cash Benefit Option
- ▣ Surgical Benefit Option
- ▣ Critical Illness Benefit Option

This product offers 7 Plan Options to choose from as mentioned below:

Plan Option	Benefits covered
A	Daily Hospital Cash Benefit
B	Surgical Benefit
C	Critical Illness Benefit
D	Daily Hospital Cash Benefit + Surgical Benefit
E	Surgical Benefit + Critical Illness Benefit
F	Daily Hospital Cash Benefit + Critical Illness Benefit
G	Daily Hospital Cash Benefit + Surgical Benefit + Critical Illness Benefit

SUM INSURED

You may choose the Sum Insured based on your requirement under the Product from the following options as mentioned below. You may choose the Sum Insured carefully at the inception of your policy as you do not have the option to change the Sum Insured during the policy term.

The benefits will be payable as per the Sum Insured opted by you. The policy shall terminate on exhaustion of all benefit payments under the chosen plan option or completion of the policy term, whichever is earlier. You shall only pay premium(s) for the benefit(s) as long as the benefit(s) have not been exhausted.

Options	Sum Insured
1	₹ 25,000
2	₹ 50,000
3	₹ 75,000
4	₹ 1,00,000
5	₹ 1,50,000
6	₹ 2,00,000
7	₹ 2,50,000
8	₹ 3,00,000
9	₹ 4,00,000
10	₹ 5,00,000

BENEFIT STRUCTURE

A. Daily Hospital Cash Benefit

- ▣ In case of hospitalization, due to any injury, sickness or disease, you will receive **1% of Sum Insured** as Daily Hospital Cash Benefit if admitted in Non ICU room and **2% of Sum Insured** if admitted in ICU room
- ▣ The benefit will be payable as a lump sum amount at the end of stay in the Hospital for each and every completed and continuous hospitalization for more than 24 hours as a result of injury, sickness or disease. The benefit amount payable will be calculated as mentioned below:

• **Daily Hospital Cash Benefit * (Number of Days admitted- 1)**

- ▣ Daily Hospital Cash Benefit will be payable for a maximum of **20 days** per year in case you are admitted in Non ICU room and **10 days** per year if admitted in ICU rooms

- Daily Hospital Cash Benefit will be payable subject to a maximum of **60 and 30 days** if admitted in Non ICU and ICU rooms, respectively during the entire policy term
- The ICU and non ICU benefits will be independent and subject to their respective limits (as stated above)
- In case the maximum benefit limits applicable during the policy term have been used up, the cover for Daily Hospital Cash Benefit shall cease for the remaining policy term. However, other benefits (such as Surgical Benefit or Critical Illness Benefit), if applicable shall continue to be in force
- There is a **waiting period of 60 days** from the date of commencement or reinstatement of the cover whichever occurs later, except where such expenses are incurred for treatment of a condition caused by an Accident

B. Surgical Benefit :

- Surgical Benefit will be payable if you have to undergo any of the **138 surgeries** mentioned in Annexure 2, provided the surgery is done:
 - by a qualified surgeon for a surgical operation and
 - performed at a hospital due to injury or sickness for surgical procedures advised by an independent medical practitioner, and the policy is in force
 - during the policy term
- In case you have to undergo a surgery during the policy term, the benefit payable shall be ascertained on the basis of the Category of the Surgery as shown below:

Category***	Sum Insured(%)
1	100%
2	60%
3	40%
4	20%

*** Surgeries are listed in Annexure 2

- You are entitled to make multiple claims up to maximum of **100% of Sum Insured** during the policy term
- You are not allowed to claim for the same surgery more than once. However, multiple claims from the same category can be made.
- In case **100%** of the Sum Insured has been used up, the cover for Surgical Benefit will cease for the remaining policy term. However, other benefits (such as Daily Hospital Cash Benefit and Critical Illness Benefit, if applicable) will continue to be in force.
- There is a waiting period of 60 days from the date of commencement or reinstatement of the cover, whichever occurs later, except where such expenses are incurred for treatment of a condition caused by an Accident

C. Critical Illness Benefit:

- In case you are diagnosed with any of the **18 Critical Illness**, a lump sum benefit equal to **100% of Sum Insured** will be payable, provided you survive a period of 30 days following the diagnosis of any of the below mentioned Critical Illness

Critical Illness	
1. Cancer of specified severity	2. Kidney Failure requiring regular dialysis
3. First Heart Attack - of specified severity	4. Stroke resulting in permanent symptoms
5. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders	6. Apallic Syndrome
7. Benign Brain Tumour	8. Coma of Specified Severity
9. End Stage Liver Disease	10. End Stage Lung Disease
11. Loss of Independent Existence	12. Loss of Sight
13. Major Burns	14. Major Head Trauma
15. Motor Neurone Disease With Permanent Symptoms	16. Multiple Sclerosis with persisting symptoms
17. Permanent Paralysis of Limbs	18. Parkinson's Disease

Please refer to Annexure 3 for definitions of Critical Illness

- Critical Illness Benefit will be payable **only once** during the entire policy term.
- If the diagnosis is made within the policy term and the survival period crosses the end point of policy term, a valid claim arising as a result of such a diagnosis shall be considered
- Once the Critical Illness Benefit is paid, the benefit will cease for the remaining policy term. However, other benefits (such as Daily Hospital Cash Benefit and Surgical Benefit), if applicable will continue to be in force
- There is a waiting period of **90 days** for Critical Illness Benefit from the date of commencement or reinstatement of the cover, whichever occurs later except in cases where the Critical Illness occurs as a result of an Accident (e.g., Major Head Trauma)

D. Maturity Benefit:

- There is no maturity benefit under this product. The policy will terminate at the end of policy term and no further benefits will be payable to you

E. Death Benefit:

- There is no death benefit under the product

F. Surrender Benefit

- No surrender value shall be payable if any claim has been made under this product
- The policy can only be surrendered in full, partial surrender (i.e. surrender of a few benefits) shall not be allowed
- In case of Regular Premium paying policies, no surrender benefit is payable
- In case of **Single Premium** paying policies, surrender benefit payable shall be as follows:

$$70\% \times \text{Single Premium} \times \left(1 - \frac{M}{P}\right)$$

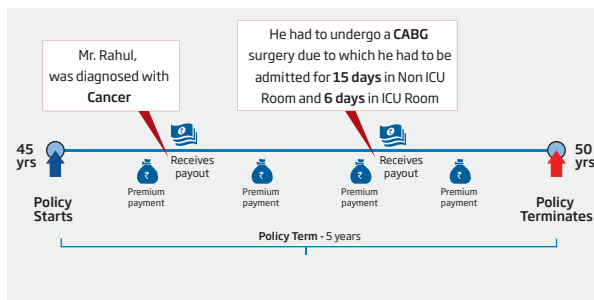
Where,

M : policy month of surrender

P : policy term in months

HOW DOES THE PLAN WORK?

Mr. Rahul Gupta, aged 45 years, is a Project Manager in a Multinational Software Company. He opts for HDFC Life Easy Health to get financial protection against any untimely illness or accident and to ensure his savings stays intact. He opts for Plan G and wants to pay annually.



Critical Illness Benefit		
Critical Illness Benefit: 100% of the Sum Insured will be payable to you, provided you survive a period of 30 days from the date of diagnosis. Once the benefit is paid out, the Critical Illness Benefit will cease for the rest of the policy term.		
Surgical Benefit and Daily Hospital Cash Benefit		
Surgical Benefit: CABG is a Category 1 Surgery. Hence 100% of Sum Insured will be payable and the Surgical Benefit will cease for the rest of the policy term.		
Daily Hospital Cash Benefit:	Non ICU	ICU
Days Admitted	15	6
Non ICU: Benefit will be calculated as (15 days - 1 day) i.e 14 days subject to maximum of 20 days per year for staying in Non ICU Rooms. So we will payout the Daily Hospital Cash Benefit based on Plan Option chosen by you for a maximum of 14 days		
ICU: Benefit will be paid in full for 6 days as you are eligible for a maximum coverage of 10 days per year.		

PREMIUM REVIEW AND RENEWAL CONDITIONS

Premium Review:

- HDFC Life Easy Health is a Fixed Benefit, health insurance product. The premiums once accepted are guaranteed for a period of **3 years**, post which it may be reviewed.
- In case, the premium is modified, you will be notified of the change in premium rates 3 months before the change is effected and will be given a period of **30 days** from the date of premium due (on or after the effective date of change) to continue the policy.
- If you do not pay due premium before the expiry of period of 30 days, the policy will lapse.

WAITING PERIOD AND EXCLUSION

60 Days Waiting Period

We will not pay any Daily Hospital Cash Benefit or Surgical Benefit within 60 days from date of commencement or reinstatement of cover whichever occurs later, except where such expenses are incurred for treatment of a condition caused by an Accident

90 Days Waiting Period

We will not pay any benefit in case you are diagnosed with any of the listed 18 Critical Illnesses within 90 days from the date of commencement or reinstatement of cover whichever occurs later except in cases where the Critical Illness occurs as a result of an Accident (such as Major Head Trauma)

1 or 2 Years Waiting Period

In case of hospitalization or treatment of any of the following injury, sickness, diseases or surgical procedure and any complications arising out of them during a period of 1 or 2 years from the date of commencement of cover, the Daily Hospital Cash Benefit or Surgical Benefit will not be payable.

Sr. No.	Injury / Sickness / Disease / Surgical Procedure (1 year Waiting List)
1	Tonsillitis / Adenoiditis
2	Hernia (Inguinal / Ventral / Umbilical / Incisional)
3	Hydrocoele / Varicocele / Spermatocele
4	Piles / Fissure / Fistula / Rectal prolapsed
5	Benign Enlargement of Prostrate
6	Degenerative joint conditions
7	Lumps, nodules, cysts and polyps
Sr. No.	Injury / Sickness / Disease / Surgical Procedure (2 year Waiting List)
1	Cataract
2	Menstrual irregularities
3	Hysterectomy or Myomectomy for benign conditions
4	Deviated Nasal Septum / Sinusitis
5	Thyroid Nodule / Multi Nodular Goitre
6	Cholecystitis or stones of the gall bladder / pancreatic system
7	Stones of the urinary tract
8	Treatment of Prolapsed Inter Vertebral Disc
9	Diabetes and it's complications

Waiting period will apply from the date of commencement of cover.

On Revival,

- If the policy is revived within 60 days, only the remaining part of waiting period will apply.
- If the policy is revived after 60 days, full waiting period will apply afresh.

Pre-Existing Conditions

"Pre-existing condition(s)" means any condition, ailment or injury or related condition(s) for which the Life Assured had signs or symptoms, and / or was diagnosed and / or received medical advice/ treatment, within 48 months to prior to the first policy issued by the insurer."

Since this product does not offer a portability option, "the first policy issued by the insurer" means date of inception of the policy with us.

Benefits under this policy will not be available for any Pre-Existing condition(s) as defined above, until 36 consecutive months of continuous coverage have elapsed since inception of first policy issued by the insurer. In case of revival or reinstatement of the policy, only the remaining part, if any, of the 36 month waiting period applies.

Permanent Exclusions

Please refer to Annexure 1

GRACE PERIOD

- Premium(s) due on this policy should be paid on or before the premium due date. You are advised to pay the premium in time to continue the benefits under this policy
- In case you miss paying your premium due to any reason, you have a grace period of **30 days** after the premium due date within which you can pay the due premium
- If you pay the due regular premium, within grace period the policy will continue without any break. In case of any claims during this period, the benefit will be payable after deducting the unpaid premium
- You can continue the benefits without any break in the waiting periods and coverage of pre-existing diseases, by paying the due premium within grace period

POLICY LAPSE & REVIVAL

Lapsation:

- If you do not pay due regular premium before the expiry of grace period, the policy will lapse with effect from the premium due date
- All benefits under this policy will cease

Revival:

If your policy is lapsed, you may request us in writing to revive your policy within **2 consecutive years** from the date of first unpaid premium. The following conditions will apply in case of revival of the policy:

- All pending premium should be immediately paid along with any interest that is advised by us. The current interest rate used for revival is **10.5% p.a**
- Any agreement to revive or reinstate would be subject to satisfactory evidence of good health
- Reinstatement request will attract the following:
 - If the policy is revived **within 60 days**, only the remaining part of waiting periods will apply
 - If the policy is revived **after 60 days**, waiting period will be applied afresh

CLAIMS PROCEDURE

You have the option to claim under the Policy subject to Policy terms, conditions and exclusions mentioned herein.

(1) Documents Required

The claims must be submitted along with following documents in original:

- Duly filled and signed claim form in original
- Copy of Policy document (self attested copy)
- Claimant's residence and identity proof (For all claims greater than ₹ 1 lakh)
- Cancelled personalized cheque or copy of first page of passbook in case of non personalized cheque
- Discharge Summary (self attested copy)
- Final Hospital Bill (self attested copy)
- Medical records (self attested copies)
 - Consultation notes
 - Laboratory reports
 - X-Ray and MRI films
- Self declaration of 30 day survival
- Operating Theatre Notes (for Surgical Cash benefit)

Please note that above is an indicative list of required documents and we reserve the right to call for additional documents or raise further requirements.

The claim is required to be intimated to us along with all necessary claim documents required within 60 days from the date of diagnosis of the condition. However, we may condone the delay in claim intimation, if any, provided valid reasons are given for the delay.

TAX BENEFITS

- You may be eligible for tax benefits under Section 80D of the Income-tax Act 1961. The maximum deduction that can be claimed currently is ₹ 55,000 (Inclusive of additional deduction of ₹ 30,000 in case of insurance on the health of the parent(s) who are senior citizens), subject to the provisions contained therein.
- The above mentioned tax benefits are as per the current tax law. Your tax benefit may change if the tax law changes. Consult your tax advisor for your personal tax liabilities under the Income-tax law.

CANCELLATION

- In case you do not agree to any of the terms and conditions, you have the option to return the policy to us stating the reasons thereof, within 15 days from the date of receipt of the policy document.

- The Free - Look period for policies purchased through Distance Marketing (as defined by IRDAI) will be 30 days from the date of receipt of the policy document
- On receipt of your letter along with the original policy documents, we shall refund you the premium amount paid subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred by us for medical examination (if any) and stamp duty (if any).
- A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy

OTHER BENEFITS

Policy Loan

- Loan is not available under the product

Alterations

- You do not have the option to switch between Plan Options during the Policy Term
- You cannot change the Sum Insured during the Policy Term

TERMS & CONDITIONS

We recommend that you read and understand this product brochure and customised benefit illustration and understand what the product is, how it works and the risks involved before you purchase. We have appointed Certified Financial Consultants, duly licensed by IRDAI, who will explain our products to you and advise you on the correct health insurance solution that will meet your needs.

A. Risk Factors

- 1) HDFC Standard Life Insurance Company Limited is the name of our Insurance Company and HDFC Life Easy Health is the name of this product. The name of our company and the name of our product do not, in any way, indicate the quality of the product.
- 2) The health premium is guaranteed for a period of 3 years, post which it may be reviewed.
- 3) Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by insurance company
- 4) Please note that tax benefits are subject to change in the Income-tax law. Consult your tax advisor for your personal tax liabilities under the Income-tax law.

B. Nomination

- 1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death
- 2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer
- 3) Nomination can be made at any time before the maturity of the policy
- 4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy
- 5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be
- 6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer
- 7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations

- 8) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan
- 9) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply

C. Assignment

Assignment shall be subject to Section 38 of the Insurance Act 1938, as amended from time to time.

Section B (Nomination) is a simplified version prepared for general information only and hence is not comprehensive. For full texts of these sections please refer to Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

D. Prohibition of Rebates: Section 41 of the Insurance Act, 1938 as amended from time to time states:

- 1) 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 insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer

- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees

E. Non-Disclosure: Section 45 of the Insurance Act, 1938 as amended from time to time states:

- 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the cover or the date of commencement of risk or the date of reinstatement of the cover or the date of the rider to the policy, whichever is later
- 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of reinstatement of the cover or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the Life Assured or the legal representatives or nominees or assignees of the Life Assured the grounds and materials on which such decision is based
- 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the Life Assured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such

mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive

- 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of reinstatement of the cover of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the Life Assured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the Life Assured or the legal representatives or nominees or assignees of the Life Assured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the Life Assured or the legal representatives or nominees or assignees of the Life Assured within a period of ninety days from the date of such repudiation
- 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life Assured was incorrectly stated in the proposal

F. Indirect & Direct Taxes

Indirect Taxes

Taxes and levies as applicable will be charged and are payable by you by any method including by levy of an additional monetary amount in addition to premium and/or charges.

Direct Taxes

Tax will be deducted at the applicable rate from the payments made under the policy, as per the provisions of the Income-tax Act, 1961.

Annexure 1: Permanent Exclusions

Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Assured if it is directly or indirectly- caused by, arises from or is in any way attributable to any of the following:

1. Treatment for congenital disease or deformity, including physical defects present from birth will not be covered by the policy.
2. Hospitalization and/or surgery is/are not in accordance with the diagnosis and treatment of the condition for which the hospital confinement or surgery was required;
3. Any condition with respect to the covered benefits, for which the insured had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment within the waiting period
4. Elective surgery or treatment which is not medically necessary;
5. Weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;
6. Study and treatment of sleep apnoea;
7. Routine eye tests, any dental treatment or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury and warranting hospitalization
8. Outpatient treatment
9. Hospitalization and/or surgery relating to infertility or impotency, sex

- change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;
10. Hospitalization and/or surgery for treatment arising from pregnancy and its complications which shall include childbirth or miscarriage;
 11. Hospitalisation primarily for any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
 12. Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy;
 13. Any mental or psychiatric condition including but not limited to insanity, mental or nervous breakdown / disorder, depression, dementia, or psychosomatic disorders. Alzheimer's disease will also be excluded from all the covered benefits except Critical Illness.
 14. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion (run down condition)
 15. Directly or indirectly arising from alcohol, drug unless taken in accordance to the dosage and duration as prescribed by the independent medical practitioner or substance abuse and any illness or accidental physical injury which may be suffered after consumption of intoxicating substances, liquors or drugs;
 16. Directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power
 17. Sexually transmitted diseases or any treatment in the presence of HIV infection
 18. Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injuries, cancer or burns.
 19. Treatment of xanthelesema, acne and alopecia; circumcision unless necessary for treatment of a disease or necessitated due to an accident
 20. Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;
 21. Injury or illness caused by intentionally self-inflicted injuries; or any attempts of suicide while sane or insane; or deliberate exposure to exceptional danger (except in an attempt to save human life);
 22. Injury or illness caused by violation or attempted violation of the law, or resistance to arrest; or by active participation in an act with criminal intent.
 23. Injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;
 24. Hospitalization where the Life Assured is a donor for any organ transplant;
 25. Any injury, sickness or disease occurring as a result of aviation, gliding or any form of aerial flight other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member
 26. Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing.
 27. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.

28. Treatment of abnormalities, deformities, or Illnesses present only because they have been passed down through the generations of the family.
29. Treatment for, or related to developmental problems, including Learning difficulties, such as dyslexia and behavioural problems, including Attention Deficit Hyperactivity Disorder (ADHD).

In addition to the above, no Critical Illness Benefit will be payable for any of the following:

- Date of diagnosis within 90 days from date of commencement or reinstatement of cover
- Critical Illness Benefit, where death occurs within 30 days from the date of diagnosis
- Policy in the lapsed condition as on the date of diagnosis
- More than one claim in respect of Critical Illness Benefit
- Non-fulfilment of eligibility criteria for Critical Illness Benefit covered under the policy

Annexure 2 : List of Surgeries Covered

CATEGORY 1

Sr. No.	Surgery
1	Surgery of the Aorta
2	CABG (two or more coronary arteries) via open thoracotomy
3	Prosthetic replacement of Heart Valve
4	Heart/Heart-Lung Transplant
5	Lung Transplantation
6	Liver Transplantation
7	Renal transplant (recipient)
8	Proximal Aortic Aneurysmal repair by coronary artery transplantation
9	Bone Marrow transplant (as recipient)
10	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms
11	Craniotomy for malignant Cerebral tumors
12	Pineal Gland excision
13	Pituitary Gland excision
14	Excision of esophagus and stomach
15	Abdominal-Perineal Pull Through Resection of rectum with Colo-Anal Anastomosis

CATEGORY 2

Sr. No.	Surgery
16	Pericardiotomy / Pericardectomy
17	Permanent pacemaker Implantation in heart
18	Mitral valve repair
19	Aortic valve repair
20	Tricuspid valve repair
21	Pulmonary valve repair
22	Major Excision and grafting of Lymphedema
23	Splenectomy
24	Craniotomy for non malignant space occupying lesions
25	Operations on Subarachnoid space of brain
26	Craniotomy- Surgery on meninges of Brain
27	Other operations on the meninges of the Brain

Sr. No.	Surgery
28	Micro vascular decompression of cranial nerves/nervectomy
29	Pneumectomy
30	Diaphragmatic/Hiatus Hernia Repair
31	Thoracoplasty
32	Open Lobectomy of Lung
33	Open excision of benign mediastinal lesions
34	Partial Extirpation of Bronchus
35	Partial Pharyngectomy
36	Total Pharyngectomy
37	Total Laryngectomy
38	Excision of Diaphragmatic tumors
39	Total Esophagectomy
40	Total Gastrectomy
41	Complete excision of adrenal glands
42	Total thyroidectomy
43	Complete excision of Parathyroid gland
44	Total ear amputation with reconstruction
45	Trans mastoid removal cholesteatoma with extended Mastoidectomy
46	Major Nasal Reconstruction due to Traumatic lesions
47	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumors
48	Partial Resection of Liver
49	Partial Pancreatectomy
50	Replantation of upper limb
51	Replantation of lower limb
52	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose
53	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions
54	Hysterectomy for malignant conditions
55	Radical prostatovesiculectomy
56	Penile replantation for post traumatic amputation
57	Radical Mastectomy

CATEGORY 3

Sr. No.	Surgery
58	Coronary Angioplasty with stent implantation (two or more coronary arteries must be stented)
59	Major vein repair with or without grafting for traumatic & nontraumatic lesions
60	Craniotomy for Drainage of Extradural, subdural or intracerebral space
61	Entrapment syndrome- decompression surgery
62	Unilateral or Bilateral sympathectomy
63	Peripheral nerve Graft
64	Free Fascia Graft for Facial Nerve Paralysis
65	Excision of deep seated peripheral nerve tumor
66	Multiple Microsurgical Repair of digital nerve
67	Pleurectomy or Pleural decortication
68	Tracheal reconstruction for various lesion
69	Resection and Anastomosis of any part of digestive tract

Sr. No.	Surgery
70	Open Surgery for treatment of Peptic Ulcer
71	Partial excision of adrenal glands
72	Subtotal/Partial Thyroidectomy
73	Partial excision of Parathyroid gland
74	Labyrinthomy for various lesions
75	Total Glossectomy
76	Orbit Tumor Exenteration /Flap reconstruction
77	Cholecystectomy /Choledochotomy for various Gall bladder lesions
78	Total hip replacement (With Cement)
79	Total hip replacement (Without Cement)
80	Total hip replacement- Others
81	Total Knee replacement (With Cement)
82	Total Knee replacement (Without Cement)
83	Total Knee replacement- Others
84	Total prosthetic replacement of other joint using cement
85	Total prosthetic replacement of other joint not using cement
86	Other total prosthetic replacement of other joint
87	Prosthetic replacement of head of femur using cement
88	Prosthetic replacement of head of femur not using cement
89	Other prosthetic replacement of head of femur
90	Prosthetic replacement of head of humerus using cement
91	Prosthetic replacement of head of humerus not using cement
92	Other prosthetic replacement of head of humerus
93	Prosthetic replacement/articulation/other bone using cement
94	Prosthetic replacement/articulation/other bone not using cement
95	Other prosthetic replacement of articulation of other bone
96	Prosthetic interposition reconstruction of joint
97	Other interposition reconstruction of joint
98	Excision reconstruction of joint
99	Other reconstruction of joint
100	Implantation of prosthesis for limb
101	Amputation of arm
102	Amputation of leg
103	Fracture fixation- Spine
104	Elevation, Exploration and Fixation of fractured Zygoma
105	Total nephrectomy(Not as transplant donor)
106	Partial Nephrectomy
107	Open extirpation of lesion of kidney
108	Excision of ureter
109	Total excision of bladder
110	Kidney injury repair
111	Pyloplasty / Ureterocalycostomy for pelvic ureteric junction obstruction
112	Penile Amputation repair
113	Excision of vagina
114	Unilateral or Bilateral excision of adnexa of uterus
115	Operations on frontal sinus

CATEGORY 4

Sr. No.	Surgery
116	Therapeutic Burr Hole on skull- Drainage of Extra-Dural, intra-Dural or intracerebral space
117	Artificial opening into stomach
118	Oral Leukoplakia- Wide excision
119	Corneal or Retinal Repair for Traumatic eye injuries
120	Penetrating injuries of the eye or repair of ruptured globe
121	Amputation of hand
122	Amputation of foot
123	Therapeutic knee Arthroscopy
124	Replantation of finger following traumatic amputation
125	Surgical Drainage and Curettage for osteomyelitis
126	Partial excision of bladder
127	Therapeutic ureteroscopic operations on ureter
128	Urinary diversion
129	Replantation of ureter
130	Unilateral or Bilateral excision of testes
131	Other operations on Scrotum and tunica vaginalis testis
132	Reconstruction of the testis
133	Open surgical excision and destruction of prostate tissue
134	Extirpation of lesion of vulva
135	Excision of vulva
136	Operations on maxillary antrum using sublabial approach
137	Simple Mastectomy
138	TIPS procedure for portal Hypertension

Annexure 3: Important Terminology

In order to understand the Daily Hospital Cash Benefit and Surgical Benefit offered by HDFC Life Easy Health it is important that you understand following terminologies:

- 1. Accident:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2. Cancellation:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the Life Assured by giving sufficient notice to other which is not lower than a period of fifteen days. This shall be subject to Section 45 of the Insurance Act, 1938 as amended from time to time.
- 3. Dental Treatment:** Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery / implants.
- 4. Disclosure to information norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 5. Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received
- 6. Hospital:** "Hospital" means any institution established in-patient care and day care treatment of illness and/or injuries which has been registered either as a Hospital with the local authorities, under the

Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
 - Has qualified nursing staff under its employment round the clock;
 - Has qualified doctor(s) in charge round the clock;
 - Has a fully equipped operation theatre of its own where surgical procedures are carried out; and
 - Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 7. Hospitalisation:** Hospitalisation means admission in a Hospital for a minimum period of 24 inpatient care consecutive hours except for certain surgical procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
 - 8. Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological condition which manifests itself during the Policy term and requires medical treatment.
 - Acute condition-** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
 - Chronic condition -** A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - It needs ongoing or long-term control or relief of symptoms
 - It requires your rehabilitation or for you to be specially trained to cope with it
 - It continues indefinitely
 - It comes back or is likely to come back
 - 9. Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
 - 10. Intensive Care Unit:** "Intensive Care Unit (ICU)" 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
 - 11. "Medically Necessary"** treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
 - is required for the medical management of the Illness or Injury suffered by the Life Assured;
 - 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.
 - 12. Medical Advice:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
 - 13. Medical Practitioner:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical

Council of Indian Council 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. The person must be qualified in allopathic system of medicine and shall not be the Life Assured himself/herself

14. **Pre-existing condition:** "Pre-existing condition(s)" means any condition, ailment or injury or related condition(s) for which the life assured had signs or symptoms, and / or was diagnosed and / or received medical advice/ treatment, within 48 months prior to the inception of policy with us.

Benefits under this policy will not be available for any Pre-Existing condition(s) as defined above, until 36 consecutive months of continuous coverage have elapsed since inception of policy. In case of revival or reinstatement of the policy, only the remaining part, if any, of the 36 month waiting period applies.

15. **Sum Insured:** Sum Insured is the face value of the policy contracted between you and us. All the morbidity benefits applicable under the product have been expressed as a proportion of this amount.
16. **Surgery:** "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.

In order to understand the Critical Illness Benefit offered by HDFC Life Easy Health it is important that you understand following terminologies:

17. **Cancer Of Specified Severity** - A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:
- Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

18. **First Heart Attack - Of Specified Severity** - The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- Other acute Coronary Syndromes
- Any type of angina pectoris.

19. **Kidney Failure Requiring Regular Dialysis** - End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

20. **Stroke Resulting In Permanent Symptoms** - Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

21. **Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders** - Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also supported by the Company's appointed doctor.

The following are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

22. **Apallic Syndrome** - Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.

23. **Benign Brain Tumour** - A benign brain tumor means a tumor that is in the brain or meninges excluding the skull, spinal cord; and where all of the following conditions are met -

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and its presence
- must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging,
- Computerized Tomography, or other reliable imaging techniques"

The following are excluded:

- Cysts
- Granulomas
- Vascular Malformations
- Haematomas;
- Tumours of the pituitary gland or spinal cord; and
- Tumours of Acoustic Nerve (Acoustic Neuroma).

24. **Coma Of Specified Severity** - A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

25. **End Stage Liver Disease** - End-stage liver disease means chronic end-stage liver failure that causes all of the following:

- Uncontrollable ascites;
- Permanent jaundice;
- Oesophageal or gastric varices; or
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

26. **End Stage Lung Disease** - Final or end-stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:

- FEV1 test results consistently less than 1 litre;
- Requiring permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ < 55mmHg); and
- Dyspnea at rest.

The diagnoses must be confirmed by a qualified pulmonologist acceptable to the Company.

27. **Loss of Independent Existence** - Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

Activities of Daily Living are:-

- **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- **Transferring:** the ability to move from a bed or an upright chair or wheelchair and vice versa.
- **Mobility:** The ability to move indoors from room to room on level surfaces.
- **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- **Feeding:** the ability to feed oneself once food has been prepared and made available.

The following is excluded:

Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part

in a riot or civil commotion

28. **Loss of Sight** - Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist acceptable to the Company. The blindness must not be able to be corrected by medical procedure.

The following is excluded:

- Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

29. **Major Burns** - Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assureds' body. The condition must be confirmed by a consultant physician acceptable to the Company.

30. **Major Head Trauma** - Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist acceptable to the Company and be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, independently of all other causes. The accidental head injury must result in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other cause.
- Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

31. **Motor Neurone Disease With Permanent Symptoms** - Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

32. **Multiple Sclerosis with Persistent Symptoms** - The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

33. **Parkinson's Disease** - Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication;

- shows signs of progressive impairment; and
- Activities of Daily Living assessment confirms the inability of the Life Assured to perform at least 3 of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are excluded

34. **Permanent Paralysis Of Limbs** - Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

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