

HAPPY FAMILY FLOATER POLICY

1.1 SALIENT FEATURES OF THE POLICY:

- A floater covering the proposer and his / her family under one sum insured under one policy.
- The sum insured floats over all the beneficiaries under the policy.
- No medical examination for persons upto the age of 60 years.
- Pre-existing conditions cover after four consecutive renewals with the Company.
- Coverage under 3 plans – SILVER, GOLD & DIAMOND.
- SILVER offers sum insured slabs of 1 to 5 lacs with 10% Co-pay
- GOLD offers sum insured slabs of 6 to 10 lacs.
- DIAMOND offers sum insured slabs of 12,15,18 & 20 lacs.
- Policy covers the hospitalisation expenses for the covered diseases / accident upto specific limits.
- Maximum Entry Age is 65 years for all members. However, this can be extended to 70 years subject to conditions.
- Under Silver and Gold Plans, Pre-acceptance medical check-up is required for persons aged 60 years and above. However, under Diamond Plan, the requirement is for persons aged 55 years and above
- Term of the Policy is one year and is renewable lifelong.
- Personal Accident cover is offered as add on cover.
- Add on cover of life hardship survival benefit available.
- **Discount in premium of 5.5% if TPA services not opted.**

1.2 COVERAGE UNDER THE POLICY

The following reasonable and necessary expenses (subject to limits) are payable under the policy for various benefits:

A.	<u>HOSPITALISATION BENEFITS</u>			
	BENEFIT	SILVER PLAN (Limit of Reimbursement)	GOLD PLAN (Limit of Reimbursement)	DIAMOND PLAN (Limit of Reimbursement)
i.	Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home.	1 % of the Sum Insured per day	1 % of the Sum Insured per day.	Rs.10,000 + 0.5% of the Sum Insured above Rs.10lacs, per day
ii.	Intensive Care(IC) Unit Expenses as provided by the Hospital /Nursing Home.	2% of the Sum Insured per day.	2% of the Sum Insured per day.	Rs.20,000 + 1% of the Sum Insured above Rs.10lacs, per day
No of days of stay under i and ii above should not exceed total number of days of admission.				
iii.	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees	As per the limits of the sum insured.	As per the limits of the sum insured.	As per the limits of the sum insured

iv.	Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Material and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & and similar expenses.	As per the limits of the sum insured.	As per the limits of the sum insured.	As per the limits of the sum insured
v.	Ambulance services charges as defined hereinafter under	Rs.1,000/- per illness and limited to maximum 1% of the sum insured or Rs. 3,000/- whichever is less, for the entire policy period.	Rs.2,000/- per illness and limited to maximum 1% of the sum insured or Rs. 6,000/- whichever is less, for the entire policy period.	Per Illness - Rs.3000 maximum. Per Policy Period Rs.8000• maximum
vi.	Daily hospital cash allowance, as defined hereinafter under	NIL.	0.1% of Sum Insured (Rs.600 to RS.1000) per day of Hospitalisation, subject to a max compensation for 10 days per Illness. Overall liability of the Co. during the Policy Period will be limited to 1.5% of SI	0.1% of Sum Insured (Rs.1200 to Rs.2000) per day of Hospitalisation, subject to a maximum compensation for 10 days per Illness. Overall liability of the Company during the Policy Period will be limited to 1.5% of SI
vii.	Attendant allowance as hereinafter defined under	NIL	Rs.500/- per day of hospitalisation per illness and upto 10 days per illness. The overall liability of the Company during the policy period will be limited to compensation for 15 days of hospitalisation.	Rs.1000/- per day of Hospitalisation, subject to maximum compensation for 10 days per Illness. Overall liability of the Company during the Policy Period will be limited to compensation for 15 days of Hospitalisation.
Viii	Maternity expenses as hereinafter defined	Not Available	Not Available	Automatic cover upto 2.5% of the Sum Insured
IX	New Born Baby cover as hereinafter defined.	Not Available	Not Available	Automatic cover upto 2.5% of the Sum Insured upto 90days from the date of birth. Cover beyond 90 days, available for full Sum Insured only on payment of requisite premium

X	Medical Second Opinion on specified major Illnesses.	Maximum Rs.5000 in a Policy Period.	Maximum Rs.10000 in a Policy Period.	Maximum Rs.15000 in a Policy Period.
Xi	Organ Donor Benefit when Insured Person is Donor.	Lumpsum payment of 10% of the Sum Insured	Lumpsum payment of 10% of the Sum Insured	Lumpsum payment of 10% of the Sum Insured
Xii	Donor Expenses when Insured Person is Recipient	Lumpsum 10% of the Sum Insured	Lumpsum 10% of the Sum Insured	Lumpsum 10% of the Sum Insured
Xiii	Pre and Post Hospitalisation expenses	Medical expenses incurred 30days prior to Hospitalisation and upto 60 days post Hospitalisation		
xiv	Compulsory co-payment	10% of each & every claim	NIL	NIL
B.	<u>DOMICILIARY HOSPITALISATION (AS DEFINED HEREINAFTER)</u>			
a.	Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines & Drugs, Diagnostic Material and Dialysis, Chemotherapy, Nursing expenses.	10% of Sum Insured, Maximum Rs.25000/- during policy period.	Rs.50000/- during policy period.	Rs.50000/- during policy period.
b.	Treatment for Dog bite (or bite of any other rabid animal like monkey, cat etc.)	Reasonable expenses limited upto Rs.5,000/- actually incurred for immunization injections in any one policy period.		

2.A GEOGRAPHICAL EXTENSION TO SAARC COUNTRIES:

The Policy can be extended to cover Insured Persons visiting other SAARC countries. It is further stated that Cashless service will not be available for treatment taken in countries outside India.

2.B ADD ON COVERS (OPTIONAL, SUBJECT TO EXTRA PREMIUM)

	ITEM	SILVER PLAN	GOLD PLAN	DIAMOND
i	RESTORATION OF SUM INSURED for Sum Insured between Rs.3lacs &10lacs, both slabs inclusive.	2 options-(i) 50% of the Sum Insured (ii) 100% of the Sum Insured	2 options-(i) 50% of the Sum Insured (ii) 100% of the Sum Insured	Not available

a.	PERSONAL ACCIDENT	CSI in multiples of Rs.1,00,000/- upto Rs.5,00,000/-per Insured Person aged 18 years and above. However, for Insured Person below 18 years of age maximum CSI of Rs.3lacs is allowed subject to this being lower than the CSI of the Insured	CSI in multiples of Rs.1,00,000/- upto Rs.10,00,000/-per Insured Person aged 18 years and above. However, for Insured Person below 18 years of age maximum CSI of Rs.5lacs is allowed subject to this being lower than the CSI of the Insured	CSI in multiples of Rs.1,00,000/- upto Rs.20,00,000/-per Insured Person aged 18 years and above. However, for Insured Person below 18 years of age maximum CSI of Rs.10lacs is allowed subject to this being lower than the CSI of the Insured
b.	LIFE HARDSHIP SURVIVAL BENEFIT	Plans of benefit AS DEFINED	Plans of benefit AS DEFINED	Plans of benefit AS DEFINED

2.2 PERSONAL ACCIDENT COVER: (WORLD – WIDE)

If at any time during the currency of the policy the insured sustains any bodily injury resulting solely and directly from accident caused anywhere in the world by external, violent and visible means, then the Company undertakes to pay the insured or his/her legal personal representative, as the case may be.

2.3 LIFE HARDSHIP SURVIVAL BENEFIT:

If during the Policy Period, any Insured Person is diagnosed with any of the 11 critical Illnesses defined hereunder and which results in admissibility of a claim under clause 1.2 A of the Policy, then a survival benefit as mentioned below, shall become payable to the Insured Person. However, this benefit shall not be available for the Illness which the Insured Person is already suffering from (irrespective of the stage of the disease) at the time of opting for this cover for the first time.

BENEFITS:

Plan	Total amount payable	Amount payable on survival for 180 days and above from the date of discharge from the hospital (the first discharge date in case of more than one hospitalisations are involved).	Amount payable on survival for 270 days and above from the date of discharge from the hospital (the first discharge date in case of more than one hospitalisations are involved).
A	15 % of Sum Insured under the policy	5% of the sum insured	10% of the sum insured
B	25 % of Sum Insured under the policy	10% of the sum insured	15% of the sum insured

The limit of liability SHALL be applicable for all the insured persons severally or jointly. The benefit under this section shall be paid only once under this policy or subsequent renewals for the same disease for the same person.

NO CLAIM DISCOUNT / LOADING:

This is a one-time benefit for those Insured Persons covered under Happy Family Floater Policy. Happy Family Floater Policy had the provision of No Claim Discount / Loading, which has been discontinued under Happy Family Floater Policy-2015. However,

i. The discount on account of 'No Claim' that would have been earned by the Insured on renewal of the Happy Family Floater Policy, would be allowed when the Policy is renewed for the first time, into Happy Family Floater Policy-2015. However, there will be no change in discount even if there are no claims reported under the subsequent Happy Family Floater Policy-2015 Policy(ies). This discount shall continue till a claim is reported under the Policy and upon reporting of a claim, any discount earned on account of 'No Claim' shall be forfeited. However, claim under PA section will not affect NCD earned thus far.

ii. The insured persons with claim loading(s) on their previous policies will not have any loading on the premium on renewal into Happy Family Floater Policy - 2015, i.e loadings on account of claims are discontinued.

DISCOUNT ON OMP PREMIUM :

A DISCOUNT OF 15% ON Overseas Medclaim Policy PREMIUM WOULD BE ALLOWED WHEN EVEN A SINGLE FAMILY member COVERED under the Happy Family Floater Policy, TAKES THE Overseas Medclaim Policy FROM the Company, provided the happy family floater policy is valid as on the date of taking the Overseas Medclaim Policy of the Company.

PREMIUM SCHEDULE:

BASIC PREMIUM TABLE

SI/AGE	3M to 20 yrs	21-35 yrs	36-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	66-70 yrs	71-75 yrs	76-80 yrs	>80 yrs
SILVER PLAN										
100000	1029	1530	1716	2106	3810	4822	5302	5829	6409	7048
200000	1862	2051	2592	3497	5915	8175	8990	9887	10873	11957
300000	2249	2720	3552	4929	7986	11435	12576	13831	15211	16730
400000	2747	2944	4726	6465	10170	13127	14437	15878	17464	19207
500000	3406	3491	5767	7552	11626	14819	16299	17926	19716	21685
GOLD PLAN										
600000	4327	5326	6706	10780	16288	20841	22920	25207	27723	30490
700000	4729	5765	7906	12900	19428	25089	27593	30348	33377	36710
800000	5170	6241	9279	13631	20474	26336	28964	31856	35036	38535
900000	5652	6757	9752	14275	21397	27435	30174	33186	36499	40144
1000000	6180	7315	10176	14851	22222	28418	31255	34376	37808	41584

DIAMOND PLAN										
1200000	6885	8236	11683	16930	25121	32130	35309	38806	42652	46883
1500000	7323	9463	13564	19728	29181	37585	41303	45392	49891	54839
1800000	7694	10845	15526	22732	33550	43669	47988	52739	57966	63715
2000000	7914	11893	16922	24924	36745	48261	53035	58286	64063	70417

- Full premium from the above Table to be charged on the two members of the highest age.
- 50% discount on the premium of member with third highest age will be given
- 60% discount on the premium of all other members will be given.
- Total Basic Premium is the premium for all the Insured Persons covered under the policy

PREMIUM RATES FOR OPTIONAL COVERS

A. RESTORATION OF SUM INSURED- ONLY FOR SI OF Rs.3 lacs to Rs.10 lacs

Restoration Amount	Premium
50% of SI	15% of Total Basic Premium
100% of SI	25% of Total Basic Premium

B. PERSONAL ACCIDENT

CSI AVAILABLE Rs.1 lac to Rs.20 lacs, per Insured person.

Premium Rate-Rs.60 per lac per person

Family Discount of 10% if more than one member is covered under this section

C. LIFE HARDSHIP SURVIVAL BENEFIT

Plan	Premium
Plan A	3% of Total Basic Premium
Plan B	5% of Total Basic Premium

PORTABILITY:

In the event of the Insured Person porting to any other insurer, Insured Person must apply with details of the Policy and claims to the insurer where the Insured Person wants to port, at least 45 days before the date of expiry of the Policy.

Portability shall be allowed in the following cases:

- All individual health insurance policies, including family floater policies, issued by non-life insurers.
- Individual members, including the family members covered under any group health insurance

Policy of a non-life insurance Company shall have the right to migrate from such a group Policy to an individual health insurance Policy or a family floater Policy with the same insurer. One year thereafter, the Insured Person shall be accorded the right to port to another non-life insurance Company.