

**GROUP EASY CASH- POLICY WORDINGS**

Apollo Munich Health Insurance Co. Ltd. will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of the policy.

**Section. 1 Benefits**

The following benefits are available in the policy for hospitalisation during the policy period as per the benefits opted at inception. Any claims made in respect of any of the benefits below will be subject to the Sum Insured and is effective only if noted as such in the Schedule/ Certificate of Insurance.

**a) Sickness Hospital Cash**

If an Insured Person suffers an Illness during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

- i. We will pay Hospital Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
- ii. We will pay twice the Sickness Hospital Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Hospital Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

**b) Accident Hospital Cash**

If an Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

- i. We will pay Hospital Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
- ii. We will pay twice the Accident Hospital Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Hospital Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

**Section 2. Special terms and conditions****A. Waiting Period**

All Illnesses, treatments and their associated complications shall be covered subject to the waiting periods specified below:

- i) We are not liable for any claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

However if the condition is one of the illnesses / diagnoses or surgical procedures mentioned in section 2 A ii) below, then such coverage within 30 days would not be available even if arising out of an Accident.

- ii) A waiting period of 24 months from the first Policy Commencement Date will be applicable to the medical and surgical treatment of illnesses / diagnoses or surgical procedures mentioned in the following table . However this waiting period will not be applicable where the underlying cause is cancer(s).

Sl No	Organ / Organ System	Illness/diagnoses (irrespective of treatments medical or surgical)	Surgeries/procedures (irrespective of any illness / diagnosis other than cancers)
a.	Ear, Nose and Throat (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>▪ Surgery for Turbinate hypertrophy</li> <li>▪ Nasal concha resection</li> <li>▪ Nasal polypectomy</li> </ul>
b.	Gynaecological	<ul style="list-style-type: none"> <li>▪ cysts, polyps including breast lumps</li> <li>▪ Polycystic ovarian disease</li> <li>▪ Fibromyoma</li> <li>▪ Adenomyosis</li> <li>▪ Endometriosis</li> <li>▪ Prolapsed Uterus</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hysterectomy</li> </ul>
c.	Orthopaedic	<ul style="list-style-type: none"> <li>▪ Non infective arthritis</li> <li>▪ Gout and Rheumatism</li> <li>▪ Osteoarthritis</li> <li>▪ Ligament, Tendon and Meniscal tear</li> <li>▪ Prolapsed inter vertebral disk</li> </ul>	<ul style="list-style-type: none"> <li>▪ Joint replacement surgeries</li> </ul>
d.	Gastrointestinal	<ul style="list-style-type: none"> <li>• Cholelithiasis</li> <li>• Cholecystitis</li> <li>• Pancreatitis</li> <li>• Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus</li> <li>• Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum</li> <li>• Cirrhosis (However Alcoholic cirrhosis is permanently excluded)</li> <li>• Perineal and Perianal Abscess</li> <li>▪ Rectal Prolapse</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 including Kidney, ureter,</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery on prostate</li> <li>▪ Surgery for Hydrocele/ Rectocele</li> </ul>

		bladder stones <ul style="list-style-type: none"> <li>• Benign Hyperplasia of prostate</li> <li>▪ Varicocele</li> </ul>	
f.	Eye	<ul style="list-style-type: none"> <li>▪ Cataract</li> <li>▪ Retinal detachment</li> <li>▪ Glaucoma</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 whether or not described above)	<ul style="list-style-type: none"> <li>▪ Benign tumors of Non infectious etiologye.eg. cysts, nodules, polyps, lump, growth, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NIL</li> </ul>

iii) 48 months waiting period from policy Commencement Date for all Pre-existing Conditions declared and/or accepted at the time of application.

**B. General exclusions**

We will not pay for any claim which is caused by, arising from or in any way attributable to following including their associated complications

<b>Non Medical Exclusions</b>	i) 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.  ii) 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.  iii) 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.
<b>Medical Exclusions</b>	iv) If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long: <ul style="list-style-type: none"> <li>▪ Medical text books,</li> <li>▪ Standard treatment guidelines as stated in clinical</li> </ul>

	<p>establishment act of Government of India,</p> <ul style="list-style-type: none"> <li>▪ World Health Organisation (WHO) protocols,</li> <li>▪ Published guidelines by healthcare providers,</li> <li>▪ Guidelines set by medical societies like cardiological society of India, neurological society of India etc.</li> </ul> <p>v) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.</p> <p>vi) Treatment availed outside India; unless optional benefit "Overseas Hospital cash for Sickness &amp; accidents" has been opted under the plan.</p> <p>vii) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>viii) Treatment of obesity and any weight control program.</p> <p>ix) Treatment for correction of eye sight due to refractive error</p> <p>x) Cosmetic, aesthetic and re-shaping treatments and surgeries:</p> <ul style="list-style-type: none"> <li>a. 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.</li> <li>b. 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.</li> </ul> <p>xi) Types of treatment, defined illnesses/ conditions/ supplies:</p> <ul style="list-style-type: none"> <li>a. Non allopathic treatment.</li> <li>b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.</li> <li>c. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion.</li> <li>d. Experimental, investigational or unproven treatment devices and pharmacological regimens.</li> <li>e. Admission primarily for diagnostic and evaluation purposes only</li> <li>f. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy</li> <li>g. Convalescence (unless "convalescence benefit" is opted under the plan), rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition").</li> <li>h. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);</li> <li>i. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements</li> <li>j. 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.</li> <li>k. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease,</li> <li>l. Sleep-apnoea.</li> <li>m. congenital external diseases, defects or anomalies, genetic disorders.</li> </ul>
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	<p>n. Stem cell therapy or surgery, or growth hormone therapy.</p> <p>o. Venereal disease, sexually transmitted disease or illness;</p> <p>p. "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.</p> <p>q. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only. Or child birth unless benefit "childbirth" has been opted under plan.</p> <p>r. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.</p> <p>s. Birth control, and similar procedures including complications arising out of the same.</p> <p>t. The expense incurred by the insured on organ donation.</p> <p>u. 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.</p> <p>v. Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p> <p style="text-align: center;">xii) Healthcare providers (Hospitals /Medical Practitioners)</p> <p>a. Any Medical Expenses incurred using facility of any Medical Practitioners or institution that We have told You/ Insured person (in writing) is not to be used at the time of renewal or at any specific time during the policy period.</p> <p>b. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</p> <p>xiii) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies like Rituximab/Infliximab/Tratsuzumab, etc (Trade name Remicade, Rituxan, Herceptin, etc), Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion</p>
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### Section 3. General Conditions

#### a. Conditions to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule/Certificate of Insurance) and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

The premium for the policy will remain the same for the policy period as mentioned in Policy Schedule/ Certificate of Insurance, policy will be issued for one year and the sum insured & benefits will be applicable on Policy Year basis.

#### b. Geography

This Policy only covers medical treatment taken within India. Provided that if Overseas sickness & accident hospital cash benefit is opted then this Policy will also cover medical treatment taken abroad. All payments under this Policy will only be made in Indian Rupees and within India.

#### c. Insured Person

Only those persons named as Insured Persons in the Schedule/ Certificate of Insurance shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

Any Insured Person in the Policy has the option to migrate to individual health insurance Policy or family floater policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such waiver of waiting period etc. provided the Policy has been maintained without a break as per portability guidelines.

If an Insured Person dies, he will cease to be an Insured Person upon Us/ Administrator receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

#### d. Notification of Claim

	Treatment, Consultation or Procedure:	We must be notified:
i)	Any treatment for which a claim may be made requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the start of the Insured Person's Hospitalisation.
ii)	Any treatment for which a claim may be made requires Hospitalisation in an Emergency:	Within 24 hours of the start of the Insured Person's Hospitalisation.

#### f. Supporting Documentation & Examination

The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information. We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons

beyond the control of the Insured Person. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
  - ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
  - iii) All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries. In case original documents are not available, we will accept copies of documents, verified and attested by the Hospital.
  - iv) A precise diagnosis of the treatment for which a claim is made.
  - v) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
  - vi) All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made
  - vii) Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
  - viii) Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
  - ix) Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
  - x) Legal heir certificate
- g.** The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

**h. Claims Payment**

- i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We had requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) We will only make payment to Insured person under this Policy. Insured person's receipt shall be considered as a complete discharge of Our liability against the respective claim under this Policy. In the event of Insured person's death, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance). No assignment of this Policy or the benefits thereunder shall be permitted.
- iii) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- iv) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders

Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

**i. Non Disclosure or Misrepresentation:**

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/ Certificate of Insurance; and
- the claim under such Policy if any, shall be rejected/repudiated forthwith.

**j. Dishonest or Fraudulent Claims:**

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- cancelled ab-initio from the inception date or the renewal date (as the case may be), at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/ Certificate of Insurance; and
- all benefits Payable, if any, under such Policy shall be forfeited with respect to such claim.

**k. Other Insurance :**

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Insured person shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the insured person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

**l. Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

**m. Renewal**

This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation, mis-description or non disclosure under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

- a) We are NOT under any obligation to:
  - i) Send renewal notice or reminders.
  - ii) Renew it on same terms or premium as the expiring Policy. In the likelihood of this policy being withdrawn in future, insured person will have the option to migrate to individual health insurance policy or family floater policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.
- b) We will not apply any additional loading on your policy premium at renewal based on claim experience.

- c) At the discretion of the Company the Sum Insured can be enhanced only at the time of renewal provided that no claim is lodged/ paid under the policy. In case the Sum Insured is enhanced waiting period will apply afresh in relation to the enhanced Sum Insured .
- d) We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.
- e) All applications for renewal of the Policy must be received by Us/ Administrator before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

**n. Notices**

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement /Certificate of Insurance
- ii) Us, shall be delivered to Our address specified in the Schedule/ Certificate of Insurance.
- iii) No insurance agents, brokers, other person/ entity unless authorised by Us is authorised to receive any notice on Our behalf.

**o. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

**p. Termination**

- i) You may terminate this Policy at any time by giving Us/ Administrator a written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy

1 Year Policy Period	
Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

- ii) We shall terminate this Policy for the reasons as specified under aforesaid section VI j) (Non Disclosure or Misrepresentation) & section VI k) (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/ endorsement / Certificate of Insurance.

**Section 4. Other Important Terms You should know**

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- Def. 1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Administrator** means any entity/ person(s) engaged by the Insurer for providing Policy and claims facilitation services to the Insured as well as to Us.
- Def. 3. **Age or Aged** means completed years as at the Commencement Date.
- Def. 4. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule/ Certificate of Insurance.
- Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 7. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
- (a) Internal Congenital Anomaly - Congenital Anomaly which is not in the visible and accessible parts of the body
  - (b) External Congenital Anomaly- Congenital Anomaly which is in the visible and accessible parts of the body
- Def. 8. **Day Care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under—
- has qualified nursing staff under its employment;
  - has qualified medical practitioner/s in charge;
  - has a fully equipped operation theatre of its own where surgical procedure are carried out;
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 9. **Dental treatment** means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
- Def. 10. **Dependents** means only the family members listed below:
- i) Your legally married spouse as long as she continues to be married to You;
  - ii) Your children Aged between 1 days and 25 years if they are unmarried
  - iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Group Easy Cash Policy.
  - iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Group Easy Cash Policy.
- All Dependent parents must be financially dependent on You.

- Def. 11. **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.
- Def. 12. **Disclosure of information norm** means 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.
- Def. 13. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 14. **Family Floater** means a Policy described as such in the Schedule/Certificate of Insurance where under You and Your Dependents named in the Schedule/Certificate of Insurance are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule/Certificate of Insurance which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.
- Def. 15. **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.
- Def. 16. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered 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 qualified nursing staff under its employment round the clock,
  - has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
  - has qualified Medical Practitioner(s) in charge round the clock,
  - has a fully equipped operation theatre of its own where surgical procedures are carried out,
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 17. **Hospitalisation** or **Hospitalised** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 18. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment
- a) Acute Condition means 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.
  - b) Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics:
    - (a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - (b) it needs ongoing or long-term control or relief of symptoms
    - (c) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - (d) it continues indefinitely
    - (e) it recurs or is likely to recur

- Def. 19. **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.
- Def. 20. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 21. **Insured Person means** You and the persons named in the Schedule/Certificate of Insurance.
- Def. 22. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 23. **Major surgeries**
- b) CABG- coronary artery bypass grafting  
The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.  
The following are excluded:
- i) Angioplasty and/or any other intra-arterial procedures
- c) Angioplasty –PTCA  
Coronary angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by the cardiologist and supported by a coronary angiogram ( CAG)
1. Coronary arteries herein refer to left main stem, left anterior descending, circumflex, and right coronary artery
  2. Diagnostic angiography and investigation procedures without angioplasty/ stent insertion are excluded.
- d) Brain surgery: The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.  
**For the above definition, the following condition is excluded:**
- Burr Hole and brain surgery as a result of an accident.
- e) Bone marrow transplant : The actual undergoing of a transplant of Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- f) Major organ transplant : The actual undergoing of a transplant of One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, OR
- I. The following are excluded:
    - ii) Other stem-cell transplants
    - iii) Where only islets of langerhans are transplanted
- g) Joint Replacement : the actual undergoing of a surgical procedure in which parts of arthritis or the damaged joints or tissues are removed and replaced with artificial prosthesis like metal, plastic or ceramic device.

- Def. 24. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issuance of any prescription or follow up prescription.
- Def. 25. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 26. **Medically Necessary** treatment means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured Person;
  - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
  - Must have been prescribed by a Medical Practitioner.
  - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 27. **Non Network means** any Hospital, day care centre or other provider that is not part of the Network
- Def. 28. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def. 29. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 30. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice/ treatment was received, within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- i.
- Def. 31. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 32. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule/ Certificate of Insurance.
- Def. 33. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 34. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 35. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.

- Def. 36. **Room Rent** means the amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses.
- Def. 37. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and all waiting periods
- Def. 38. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 39. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule/ Certificate of Insurance.
- Def. 40. **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 41. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def. 42. **You/Your/Policyholder** means the person named in the Schedule / Certificate of insurance who has concluded this Policy with Us.

### Section 5. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, Insured person can contact Apollo Munich through:

- Website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- Toll Free : 1800-102- 0333
- Fax : 1800- 425- 4077
- Courier : Claims Department,  
Apollo Munich Health insurance Co. Ltd  
Ground floor, Srinilaya – Cyber Spazio  
Suite # 101,102,109 & 110, Ground Floor,  
Road No. 2, Banjara Hills,  
Hyderabad-500 034
- Or  
Claims Department  
Apollo Munich health insurance Company Limited  
Plot 404-405, ILABS centre, Udyog Vihar Phase III,  
Gurgaon- 122016 , Haryana

### Section 6 . Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com)
- Toll Free : 1800-102-0333

- Fax : +91-124-4584111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

**The Grievance Cell, Apollo Munich Health Insurance Company Limited, iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III, Gurgaon -122016, HARYANA**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

**Office of The Governing Body of Insurance Council  
(Monitoring Body for Offices of Insurance Ombudsman)  
3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 26106671/6889.  
Email id: [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in) website: [www.gbic.co.in](http://www.gbic.co.in)**

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**If you have a grievance, approach the grievance cell of Insurance Company first.  
If complaint is not resolved/ not satisfied/not responded for 30 days then  
You can approach The Office of the Insurance Ombudsman(Bimalokpal)  
Please visit our website for details to lodge complaint with Ombudsman.**

**Office of The Governing Body of Insurance Council  
(Monitoring Body for Offices of Insurance Ombudsman)  
3<sup>rd</sup> Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 26106671/6889.  
Email id: [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in) website: [www.gbic.co.in](http://www.gbic.co.in)**

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**If you have a grievance, approach the grievance cell of Insurance Company first.  
If complaint is not resolved/ not satisfied/not responded for 30 days then  
You can approach The Office of the Insurance Ombudsman(Bimalokpal)  
Please visit our website for details to lodge complaint with Ombudsman.**

Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Ashram Rd, AHMEDABAD-380 014. Tel.:- 079-27545441/27546840 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI-781 001 . Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road,Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411030. Tel: 020-32341320 Email: Bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560025. Tel No: 080-26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in	Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201301. Tel: 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006 Tel No: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in.	

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

### **Schedule of benefits**

Following benefits are available as per the plan opted and are available on per Insured Person per Policy Year basis.

BASE Benefits	Sum Insured (INR)	Length of stay (No. of Days)
Hospital cash Amount	INR 50,100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 1000, 1500, 2000, 2500, 3000, 3500, 4000, 4500, 5000	15, 30, 60, 90, 180, 365 days
a. Sickness hospital cash	Hospital cash sum insured	Upto selected no. of days above
Sickness ICU cash	Twice Hospital cash sum insured	Upto maximum 15 days per admission
b. Accident Hospital Cash	Hospital cash sum insured	Upto selected no of days above
Accident ICU cash	Twice Hospital cash sum insured	Upto maximum 15 days admission
<b>OPTIONAL BENEFITS</b>		
c. Day care procedure cash	50%/ 100% Hospital cash sum insured	upto 15 days procedures per policy year
d. Joint hospitalisation due to accident	Twice Hospital cash sum insured	Upto selected no of days above
e. Convalescence Cash	Rs 5000/10000/15000	Lumpsum payment
f. Child birth	a). Twice Hospital cash sum insured b). Twice for Boy child and Thrice for Girl child	Upto selected no of days above
g. Daily cash for major surgeries	5/10/ 20 times Hospital cash sum insured	Lumpsum payment
h. Overseas Hospital cash for Sickness & accidents	Hospital cash sum insured	Upto selected no of days above

Please Note: Aforementioned policy benefits can be opted in unison or individually as the case may be.