

CUSTOMER INFORMATION SHEET
Description is illustrative and not exhaustive

Sl. No	Title	Description	Policy Clause Number
1	Product Name	Optima Enhance	
2	What am I covered for	<ul style="list-style-type: none"> • In-patient Treatment - Covers hospitalization expenses for period more than 24 hrs. • Pre-hospitalisation Expenses –Medical expenses incurred in 60 days before the hospitalisation • Post-hospitalisation Expenses – Medical expenses incurred in 90 days after the hospitalisation • Day Care Treatment – Medical expenses for day care procedures • Organ Donor - Medical Expenses on harvesting the organ from the donor for organ transplantation • Ambulance Cover - Upto Rs. 3000 per hospitalization for utilizing ambulance service for transporting insured person to hospital in case of an emergency. • Switch Benefit- Option to waive the Deductible and opt for any indemnity health insurance Policy (without any Deductible) offered by Us <p><u>Optional benefits -</u></p> <ul style="list-style-type: none"> • Annual Preventive Health Checkup at renewal • Cumulative Bonus - A 10% cumulative bonus will be applied on the Sum Insured for next policy year under the Policy after every claim free Policy Year, provided that the Policy is renewed with Us and without a break. The maximum cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year. • Restore Benefit - Re-instatement of the basic sum insured if the basic sum insured and Cumulative Bonus (in any) has been exhausted during the policy year. The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year. If the restore sum insured is not utilized in a policy year, it shall not be carried forward to any subsequent policy year. • Waiver of 48months waiting period for Pre-Existing Diseases 	<p>Section 1a)</p> <p>Section 1b)</p> <p>Section 1c)</p> <p>Section 1d)</p> <p>Section 1e)</p> <p>Section 1f)</p> <p>Section 2</p> <p>Optional Benefit 1</p> <p>Optional Benefit 2</p> <p>Optional Benefit 3</p> <p>Optional Benefit 4</p> <p>Optional Benefit 5</p> <p>Optional Benefit 6</p>

		<ul style="list-style-type: none"> • Waiver of 24 months waiting period for special conditions • Waiver of 30 day waiting period 	
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> • Any hospital admission primarily for investigation diagnostic purpose • Pregnancy, infertility • Treatment outside India. • Circumcision, sex change surgery, cosmetic surgery & plastic surgery. • Refractive error correction, hearing impairment & corrective & Cosmetic dental surgeries. • Organ donor expenses limited to organ harvesting • Substance abuse, self-inflicted injuries, STDs and HIV/AIDS. • Hazardous sports, war, terrorism, civil war or breach of law. • Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital. • Emergency Air Ambulance Services are not covered under this Policy <p><i>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</i></p>	Section 4 B
4	Waiting period	<ul style="list-style-type: none"> • Initial waiting Period: XX days for all illness (not applicable on renewal or for accidents) • Specific Waiting periods: o XX months for listed diseases/treatments • Pre-existing diseases: Covered after XX months 	Section 3 A i) Section 3 A ii) Section 3 A iii)
5	Payment basis	<ul style="list-style-type: none"> • Reimbursement of covered expenses up to specified limits 	Section 1
6	Loss Sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <ul style="list-style-type: none"> • Deductible mentioned on the policy schedule applicable on policy year basis 	Section 4

7	Renewal Conditions	<ul style="list-style-type: none"> Your Policy is ordinarily renewable for life provided that the renewal premium in full has been received by the due dates and subject to realization of premium by Us. Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during Grace period will not be payable under this policy 	Section 5 m)
8	Renewal Benefits	<ul style="list-style-type: none"> Preventive health check-up for the insured persons, if opted, subject to maximum Rs. XX as per sum insured opted at every renewal. For every claim free year 10% cumulative bonus will be added to the Sum Insured, maximum upto 100% 	Optional Benefit No. 1 Optional Benefit No. 2
9	Cancellation	<ul style="list-style-type: none"> This policy would be cancelled, and no claim or refund would be due to you if: <ul style="list-style-type: none"> You have not correctly disclosed details about current and past health status OR Have otherwise encouraged or participated in any fraudulent claim under the policy. 	Section 5 i) j) p)
10	Claims	<ul style="list-style-type: none"> For Cashless Service: List of network hospitals is available on the following link http://www.apollomunichinsurance.com/our-hospital-network.aspx For Reimbursement of Claims On receipt of the complete set of claim documents, we will make payment for the admissible amount, along with a settlement statement within 30 days of receipt of last necessary document. <p>Time limit for intimation and submission of claim documents is as follows:</p> <p>Intimation – 48 hours prior to an event which might give rise to a claim</p> <p>In case of Emergency – No later than 24 hours of the event</p> <ul style="list-style-type: none"> Submission of Claim Documents – The duly signed claim form and all the information/documents required to be submitted to us within 15 days of the completion of the treatment. 	Section 5 e)
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> Please contact Us for Policy Servicing / Grievances / Complaints at any of our Branches. You can also reach us on: Toll Free – 1800 102 0333 Email – customerservice@apollomunichinsurance.com IRDAI/(IGMS/Call Centre): For complaint registration – login at http://www.igms.irda.gov.in/ Ombudsman Refer Section 6 for details. 	Section 8

<p>12</p>	<p>Insured’s Rights</p>	<ul style="list-style-type: none"> • Implied renewability -This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in a dishonest or in a fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard • Migration and Portability: For Migration and Portability of Your Policy please contact us on the following touch points: Email ID – customerservice@apollomunichinsurance.com Address - Claims Department Apollo Munich health insurance Co. Ltd. Plot 404-405, ILABS center, Udyog Vihar Phase III, Gurgaon- 122016 , Haryana • Turn Around Time (TAT) for issue of Pre Authorization and settlement of Reimbursement is as under: Issue of Pre Authorization – Within 48 hours and 24 hours only for any emergency situation Settlement of Reimbursement – Within 30 days on receipt of complete set of documents. 	<p>Section 5 m)</p>
<p>13</p>	<p>Insured’s Obligations</p>	<ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and / or cancellation of the Policy. 	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

POLICY WORDING – Optima Enhance

Apollo Munich Health Insurance Company Limited will cover all the Insured Persons under this Policy upto the **Sum Insured mentioned on the policy schedule or certificate of insurance, as applicable**. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Section. 1. Inpatient Benefit

The following benefits are available to all Insured Persons who suffer an illness or accident during the Policy Period which requires Hospitalisation on an inpatient basis or treatment defined as a Day Care Procedure. All claims under these benefits will be payable only if the aggregate of covered medical expenses, in respect to Hospitalisation (s) in a policy year is in excess of the Deductible stated in the Policy schedule or certificate of insurance.

<p>We will cover the Medical Expenses for:</p>	<p>We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section 4.</p>
<p>a. In-patient Treatment. This includes</p> <ul style="list-style-type: none"> • Hospital room rent or boarding • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures. 	<p>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:</p> <ul style="list-style-type: none"> ▪ Medical text books, ▪ Standard treatment guidelines as stated in clinical establishment act of Government of India, ▪ World Health Organisation (WHO) protocols, ▪ Published guidelines by healthcare providers, ▪ Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
<p>b. Pre-Hospitalisation Medical Expenses incurred upto 60 days before the date of admission to the Hospital This is applicable for both In patient and Day Care treatment.</p>	<p>i) Claims which have NOT been admitted under 1 a) and 1d) ii) Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.</p>
<p>c. Post-Hospitalisation Medical Expenses incurred upto 90 days after discharge from the Hospital. This is applicable both for In patient and Day Care treatment.</p>	<p>i) Claims which have NOT been admitted under 1 a) and 1 d) ii) Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.</p>

Important terms You should know

Sum Insured means the sum shown in the Schedule/Certificate of Insurance which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

Inpatient care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India 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 its scope and jurisdiction of license.

<p>d. Day Care Treatment : Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/Day Care Centre for stay less than 24 hours because of technological advancement. Treatment normally taken on out-patient basis is not included in the scope of this definition.</p> <p>Refer to Annexure 1 for complete list of Day Care Treatments/Procedures</p>	<p>i) Treatment that can be and is usually taken on an out-patient basis is not covered.</p> <p>ii) Treatment NOT taken at a Hospital or a Day Care centre.</p>
<p>e. Organ Donor: Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. IMPORTANT: Expenses incurred by an Insured Person while donating an organ is NOT covered.</p>	<p>i) Claims which have NOT been admitted under 1a) for the insured person.</p> <p>ii) Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended).</p> <p>iii) The organ donor’s Pre and Post-Hospitalisation expenses.</p>
<p>f. Ambulance Cover: Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to a maximum of Rs. 3000 per Hospitalisation.</p>	<p>i) Claims which have NOT been admitted under Section 1a) and 1d)</p> <p>ii) Healthcare or ambulance service provider not registered with road traffic authority.</p>
<p>Any claims made under the above mentioned benefit is subject to Inpatient Sum Insured</p>	

Important terms You should know

Day Care Treatment means medical treatment, and/or *surgical procedure listed in Annexure 1* which is:

i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and

ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Deductible means a cost sharing requirement under a health insurance Policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Section. 2. Switch Benefit

Option to waive the Deductible and to opt for any indemnity health insurance Policy (without any Deductible) offered by Us for same Sum Insured without re-evaluation of health status or any pre policy check at specific time interval , only at the time of policy renewal ,as below:

- 10th Renewal; Or
- 15th Renewal; Or
- Between age group of 55-60 years provided you have spent at- least 10 years in the policy

The switch option cannot be availed after the age of 60 years. Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered under this Policy.

Premium for the opted indemnity health insurance Policy (without any Deductible) would be charged as per the age of insured member at the time of switching to the indemnity policy.

Section 3. Optional Benefits

Optional Benefit 1. Annual Preventive Health Check up

Plan (Sum Insured)	1/2 lacs/3 lacs/4lacs/5lacs7.5 lacs	10 lacs/15 lacs/20 lacs/25 lacs/50 lacs
Individual Plan	Upto a ,maximum of Rs. 2000 per person	Upto a maximum of Rs.3500 per person
Family Floater Plan	Upto a ,maximum of Rs.4000 of sum insured per family	Upto a maximum of Rs.7000 per family

IMPORTANT: This benefit is not available for expenses incurred on a preventive health check-up in the first policy year. This benefit will NOT be carried forward if it is not claimed and would not be provided if the Optima Enhance Insurance Policy is not renewed further

Preventive Health Check-up means a defined package of medical test(s) available at a diagnostic center under general or specific health check-up packages for general assessment of health status or screening of specific health conditions such as diabetes etc . However it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease prescribed by a medical practitioner.

Optional Benefit 2. Cumulative Bonus

a) A 10% cumulative bonus will be applied on the Sum Insured for next policy year under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break. The maximum cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year.

b) In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.

c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 10% of the Sum Insured in that following Policy Year. There will be no impact on the Inpatient Sum Insured, only the accrued cumulative bonus will be decreased.

d) If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the no claim bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the no claim bonus to be carried forward for credit in the Policy would be the least no claim bonus amongst all the Insured Persons.

Optional Benefit 3. Restore Benefit

If the Basic Sum Insured and Cumulative Bonus (if any) is exhausted due to claims made and paid during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Basic Sum Insured) will be automatically available for the particular Policy Year, provided that:

- I. The Restore Sum Insured will be enforceable only after the Basic Sum Insured inclusive of the Cumulative Bonus (in any) under Optional Benefit 2. have been completely exhausted in that year; and
- II. The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1;
- III. The Restore Sum Insured can be used for only future claims made by the Insured Person
- IV. No Cumulative Bonus under Optional Benefit 2 will apply to the Restore Sum Insured;
- V. The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year;
- VI. If the Restore Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year. In case Family Floater Policy, Restore Sum Insured will be available for all Insured Persons in the Policy.

Optional Benefit 4. Reduction / waiver of Pre-existing Disease waiting Period

The waiting period for disclosed and accepted Pre-existing Conditions have been reduced to [XX]* months instead of 48 months

Waiting Period	Waived	12 months	24 months	36 months
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Optional Benefit 5. Reduction / waiver of 24 months waiting period for listed conditions

The waiting period for listed disease/conditions under Section 4 A)ii) of Policy wordings have been reduced to [XX]* months instead of 24 months.

Waiting Period	Waived	12 months
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Optional Benefit 6. 30 days waiting period waiver

Waiting period of 30 days under the policy has been waived.

Section 4. Special Terms and Conditions

Deductible:

- The Deductible will apply on Individual basis in case of Individual Policy and on family floater basis in case of Family Floater Policy
- The Deductible will apply on Policy Year basis
- A Deductible does not reduce the Sum Insured

For the purpose of calculation of claim amount we will consider eligible Medical Expenses incurred less the Deductible amount.

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 4 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"> ▪ Sinusitis ▪ Rhinitis ▪ Tonsillitis 	<ul style="list-style-type: none"> ▪ Adenoidectomy ▪ Mastoidectomy ▪ Tonsillectomy ▪ Tympanoplasty ▪ Surgery for nasal septum deviation ▪ Surgery for Turbinate hypertrophy ▪ Nasal concha resection ▪ Nasal polypectomy
b.	Gynaecological	<ul style="list-style-type: none"> ▪ cysts, polyps including breast lumps ▪ Polycystic ovarian disease ▪ Fibromyoma ▪ Adenomyosis ▪ Endometriosis ▪ Prolapsed Uterus 	<ul style="list-style-type: none"> ▪ Hysterectomy
c.	Orthopaedic	<ul style="list-style-type: none"> ▪ Non infective arthritis ▪ Gout and Rheumatism ▪ Osteoarthritis ▪ Ligament, Tendon and Meniscal tear 	<ul style="list-style-type: none"> ▪ Joint replacement surgeries

		<ul style="list-style-type: none"> ▪ Prolapsed inter vertebral disk 	
d.	Gastrointestinal	<ul style="list-style-type: none"> • Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess ▪ Rectal Prolapse 	<ul style="list-style-type: none"> • Cholecystectomy ▪ Surgery of hernia
e.	Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate ▪ Varicocele 	<ul style="list-style-type: none"> • Surgery on prostate ▪ Surgery for Hydrocele/ Rectocele
f.	Eye	<ul style="list-style-type: none"> ▪ Cataract ▪ Retinal detachment ▪ Glaucoma 	<ul style="list-style-type: none"> ▪ NIL
g.	Others	<ul style="list-style-type: none"> ▪ NIL 	<ul style="list-style-type: none"> ▪ Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs whether or not described above)	<ul style="list-style-type: none"> ▪ Benign tumors of Non infectious etiologye.eg. cysts, nodules, polyps, lump, growth, etc. 	<ul style="list-style-type: none"> ▪ NIL

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

Important terms You should know

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.

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

Non-Medical Exclusions	<ul style="list-style-type: none"> 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
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	<p>defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>iii) Intentional self-injury or attempted suicide while sane or insane.</p> <p>iv) 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.</p>
Medical Exclusions	<p>v) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.</p> <p>vi) Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia</p> <p>vii) Treatment availed outside India</p> <p>viii) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>ix) Treatment of obesity and any weight control program.</p> <p>x) Treatment for correction of eye sight due to refractive error</p> <p>xi) Cosmetic, aesthetic and re-shaping treatments and surgeries:</p> <ol style="list-style-type: none"> 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. 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. <p>xii) Types of treatment, defined illnesses/ conditions/ supplies:</p> <ol style="list-style-type: none"> a. Non allopathic treatment. b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation. c. Charges related to peritoneal dialysis, including supplies d. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion. e. Experimental, investigational or unproven treatment devices and pharmacological regimens. f. Admission primarily for diagnostic and evaluation purposes only g. Any diagnostic expenses related and incidental to any illness which is not covered in this Policy h. Convalescence, 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"). i. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); j. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements k. 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. l. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, m. Sleep-apnoea. n. External congenital diseases, defects or anomalies, genetic disorders.

- o. Stem cell therapy or surgery, or growth hormone therapy.
 - p. Venereal disease, sexually transmitted disease or illness;
 - q. "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.
 - r. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.
 - s. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.
 - t. Birth control, and similar procedures including complications arising out of the same.
 - u. The expense incurred by the Insured Person on organ donation.
 - v. 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.
 - w. Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xiii) Any non-medical expenses mentioned on our website (<http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf>).
- xiv) Healthcare providers (Hospitals /Medical Practitioners)
- 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.
 - b. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
 - c. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xv) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.
- xvi) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies (few examples of monoclonal antibodies: Rituximab, Infliximab, Tratsuzumab, (Few examples of trade names of monoclonal antibodies: Remicade, Rituxan, Herceptin) Supplementary medications and IV immunoglobulin infusion (Example of Supplementary medications and IV immunoglobulin infusion :

	<p>Zolendronic acid), (Few examples of trade name Supplementary medications and IV immunoglobulin infusion Zometa, Reclast, etc) or IV immunoglobulin infusion</p> <p>xvii) Any kind of service charge, surcharge, admission fees, registration fee levied by Hospital.</p> <p>xviii) Air Ambulance services are not covered</p>
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Section 5. 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. The Policy will be issued for a period for 1 year and the Sum Insured & benefits will be applicable on Policy Year basis.

b. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees 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 similar indemnity health insurance Policy available with Us at the time of renewal subject to underwriting 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.

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 or Our TPA must be informed:
i)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person’s admission.
ii)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person’s admission to Hospital.

iii)	For all benefits which are contingent on Our prior acceptance of a claim under Section 1)a):	Within 7 days of the Insured Person’s discharge post-hospitalisation.
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e. Cashless Service:

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We/ TPA must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
i)	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
ii)	If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or 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.
- iv) A precise diagnosis of the treatment for which a claim is made.
- v) A detailed list of the individual medical services and treatments provided and a unit price for each (detailed break up).
- vi) 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.
- vii) All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made
- viii) All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection

- ix) 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
 - x) Copy of settlement letter from other insurance company or TPA
 - xi) Stickers and invoice of implants used during surgery
 - xii) Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
 - xiii) 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
 - xiv) Legal heir certificate
- g.** The Insured Person shall 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 shall 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 or Our TPA has 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. Receipt of payment by Insured Person 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), payments under this Policy shall only be made in Indian Rupees within India.
 - iii) No assignment of this Policy or the benefits under the Policy shall be permitted.
 - iv) Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency.
 - v) We shall make the payment of claim that has been admitted as payable by Us or reject the claim as per the Policy terms and conditions within 30 days of receipt of last necessary documents. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017 . 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 IRDAI (Protection of Policyholders Regulation), 2017, We shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
 - vi) Where the circumstances of a claim warrant an investigation in our Opinion , We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days , We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim

- vii) Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded. We will pay to the Insured Person, Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period. Any claim under this Policy shall be payable by Us only if aggregate of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible.

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) at our sole discretion upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;, or the Policy may be modified by Us, with the consent of the customer .
- 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,, or the Policy may be modified by Us with the consent of the customer .
- 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 Person 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/her claim in terms of any of his/her 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.

Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the balance of the claimed amount as per the limits and according to terms of the respective Policy. This clause shall only apply to indemnity sections of the 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 a dishonest or in a 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 the same terms or premiums as the expiring policy. In the likelihood of this Policy being withdrawn in future, the 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 shall be entitled to call for any information or documentation before agreeing to renew Policy. Your Policy terms may be altered based on the information received.
- c) Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced. However, the quantum & acceptance of increase shall be subject to the norms and acceptability criteria of the Policy.
- d) 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

- a) 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.

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

- b) We shall terminate this Policy for the reasons as specified under aforesaid section 5 i) (Non-Disclosure or Misrepresentation) & section 5 j) (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 6. 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 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. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule/Certificate of Insurance.
- Def. 7. **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- Def. 8. **Congenital Anomaly** means a condition 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. 9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- Def. 11. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
- i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner/s in charge;
 - iii) has fully equipped operation theatre of its own where surgical procedures are carried out;

iv) Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 12. **Day Care Treatment** means medical treatment, and/or *surgical procedure listed in Annexure 1* which is:

- i) Undertaken under General or Local Anesthesia in a *hospital/day care center* in less than 24 hrs. because of technological advancement, and
- ii) Which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Def. 13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Def. 14. **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 91 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 70 years at his initial participation in this Insurance Policy.
- iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 70 years at his initial participation in this Insurance Policy.
- v) All Dependent parents must be financially dependent on You.
- vi) Your siblings who are financially dependent on you aged below 25years and if they are unmarried

Def. 15. **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 day and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Def. 16. **Disclosure to information norms** means that the Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 17. **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. 18. **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. 19. **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. 20. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Def. 21. **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. 22. **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 - 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

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Def. 23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Def. 24. **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. 25. **Insured Person means** You and the persons named in the Schedule/Certificate of Insurance.

Def. 26. **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. 27. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Def. 28. **Maternity expenses** means —

- b) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- c) expenses towards lawful medical termination of pregnancy during the Policy Period.

Def. 29. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Def. 30. **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. 34. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India 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 its scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 35. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i) is required for the medical management of the illness or injury suffered by the insured;
- ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- iii) must have been prescribed by a medical practitioner;
- iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 36. **Network Provider** means hospital enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Def. 37. **New born baby** means baby born during the Policy Period and is aged upto 90 days.

Def. 38. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 39. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Def. 40. **OPD Treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Def. 41. **Portability** means the right accorded to an individual health insurance Policyholder (including family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

Def. 42. **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.

Def. 43. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 44. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

- i) Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and
- ii) The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Def. 45. **Preventive Health Check-up** means a defined package of medical test(s) available at a diagnostic center under general or specific health check-up packages for general assessment of health status or screening of specific health conditions such as diabetes etc . However it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease prescribed by a medical practitioner.

Def. 46. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this Policy wording (including endorsements, if any) and the Policy Schedule (as the same may be amended from time to time).

Def. 47. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule/Certificate of Insurance.

Def. 48. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 49. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Def. 50. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Def. 51. **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 for all waiting periods.

Def. 52. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Def. 53. **Survival period** means the period after an insured event that the Insured Person has to survive before a claim is payable

Def. 54. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Def. 55. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule/Certificate of Insurance.

Def. 56. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 57. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

Def. 58. **You/Your/Policyholder** means the person named in the Schedule/Certificate of Insurance who has concluded this Policy with Us.

Section 7. Claim Procedure

Intimation & Assistance	Procedure for Reimbursement of Medical Expenses	Procedure to avail Cashless facility
<p>Please contact us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact us 24 hours of the event.</p> <p>We can be contacted through:</p> <ul style="list-style-type: none"> - Website: www.apollomunichinsurance.com - Toll Free : 1800-102- 0333 - Fax : 1800- 425- 4077 - Courier : <p>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</p> <p>Or</p> <p>Claims Department, Apollo Munich Health Insurance Co. Ltd., 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p>	<ul style="list-style-type: none"> • Please send the duly signed claim form and all the information/documents mentioned* therein to us within 15 days of the completion of the treatment. * Please refer to claim form for complete documentation. • If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement within 30 days. • The payment will be made in the name of the proposer. <p>Note: Payment will only be made for items covered under your policy and upto the limits therein.</p>	<ul style="list-style-type: none"> • For any emergency Hospitalisation, We must be informed no later than 24 hours after hospitalization. • For any planned hospitalization, kindly seek cashless authorization from us atleast 48 hours prior to the hospitalization. • We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents. • Please pay the non-medical and expenses not covered to the hospital prior to the discharge. • In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours. <p>Note:</p> <ul style="list-style-type: none"> • Insured person is entitled for cashless only in our empanelled hospitals. • Please refer to the list of empanelled hospitals on our website Or the list provided in the welcome kit. • Please refer to the list of non-medical expenses not covered in the policy on http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf • Rejection of cashless in no way indicates rejection of the claim.

Section 8. 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
- E-mail : 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@ecoi.co.in website: www.ecoi.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, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel nos: 079-25501201/02/05/06 email: bimalokpal.ahmedabad@ecoi.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@ecoi.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.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@ecoi.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet,	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI-110 002.

CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@ecoi.co.in	Tel.:- 011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.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@ecoi.co.in
se Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@ecoi.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411030. Tel: 020-32341320 Email: Bimalokpal.pune@ecoi.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@ecoi.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@ecoi.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@ecoi.co.in.	

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

We would be happy to assist you. For any help contact us at: Email: customerservice@apolloomunichinsurance.com Toll Free: 1800 102 0333

Apollo Munich Health Insurance Co. Ltd. • Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, 8-2-293/82/J III/DH/900, Jubilee Hills, Jubilee Hills, Hyderabad-500033, Telangana • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDA Registration Number - 131 • Corporate Identity Number: U66030TG2006PLC051760 • UIN: APOHLGP18007V011718

Annexure I Daycare Procedure

Daycare Procedures will include following Daycare Surgeries & Daycare Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles under general/spinal anesthesia
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a Tympanoplasty
8. Other microsurgical operations on the middle ear under general /spinal anesthesia

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear under general /spinal anesthesia
19. Removal of Keratosis Obturans

Operations on the nose & the nasal sinuses

20. Excision and destruction of diseased tissue of the nose
21. Operations on the turbinates (nasal concha)
22. Other operations on the nose under general/spinal anesthesia
23. Nasal sinus aspiration
24. Foreign body removal from nose

Operations on the eyes

25. Incision of tear glands
26. Other operations on the tear ducts
27. Incision of diseased eyelids
28. Excision and destruction of diseased tissue of the eyelid
29. Operations on the canthus and epicanthus
30. Corrective surgery for entropion and ectropion
31. Corrective surgery for blepharoptosis
32. Removal of a foreign body from the conjunctiva
33. Removal of a foreign body from the cornea
34. Incision of the cornea
35. Operations for pterygium
36. Other operations on the cornea
37. Removal of a foreign body from the lens of the eye
38. Removal of a foreign body from the posterior chamber of the eye
39. Removal of a foreign body from the orbit and eyeball

40. Operation of cataract
41. Retinal detachment
42. Correction of Eyelids Ptosis by Levator Palpebrae Superioris Resection (bilateral)
43. Correction of Eyelids Ptosis by Fascia Lata Graft (bilateral)
44. Diathermy/ Cryotherapy to treat retinal tear
45. Anterior chamber Paracentesis/ Cyclodiathermy/ Cyclocryotherapy / goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma
46. Enucleation of the eye without implant
47. Dacryocystorhinostomy for various lesions of Lacrimal Gland
48. Laser photocoagulation to treat Retinal Tear

Operations on the skin & subcutaneous tissues

49. Incision of a pilonidal sinus
50. Other incisions of the skin and subcutaneous tissues
51. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
52. Local excision of diseased tissue of the skin and subcutaneous tissues
53. Other excisions of the skin and subcutaneous tissues
54. Simple restoration of surface continuity of the skin and subcutaneous tissues
55. Free skin transplantation, donor site
56. Free skin transplantation, recipient site
57. Revision of skin plasty
58. Other restoration and reconstruction of the skin and subcutaneous tissues
59. Chemosurgery to the skin
60. Destruction of diseased tissue in the skin and subcutaneous tissues
61. Reconstruction of deformity/defect in NailBed

Operations on the tongue

62. Incision, excision and destruction of diseased tissue of the tongue
63. Partial glossectomy
64. Glossectomy
65. Reconstruction of the tongue
66. Other operations on the tongue under general/spinal anesthesia

Operations on the salivary glands & salivary ducts

67. Incision and lancing of a salivary gland and a salivary duct
68. Excision of diseased tissue of a salivary gland and a salivary duct
69. Resection of a salivary gland
70. Reconstruction of a salivary gland and a salivary duct
71. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

72. External incision and drainage in the region of the mouth, jaw and face
73. Incision of the hard and soft palate
74. Excision and destruction of diseased hard and soft palate
75. Incision, excision and destruction in the mouth
76. Plastic surgery to the floor of the mouth
77. Palatoplasty
78. Other operations in the mouth under general /spinal anesthesia

Operations on the tonsils & adenoids

79. Transoral incision and drainage of a pharyngeal abscess

80. Tonsillectomy without adenoidectomy
81. Tonsillectomy with adenoidectomy
82. Excision and destruction of a lingual tonsil
83. Other operations on the tonsils and adenoids under general /spinal anesthesia

Trauma surgery and orthopaedics

84. Incision on bone, septic and aseptic
85. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
86. Suture and other operations on tendons and tendon sheath
87. Reduction of dislocation under GA
88. Arthroscopic knee aspiration
89. Adenoidectomy

Operations on the breast

90. Incision of the breast
91. Operations on the nipple
92. Excision of single breast lump

Operations on the digestive tract

93. Incision and excision of tissue in the perianal region
94. Surgical treatment of anal fistulas
95. Surgical treatment of haemorrhoids
96. Division of the anal sphincter (sphincterotomy)
97. Other operations on the anus
98. Ultrasound guided aspirations
99. Sclerotherapy etc.
100. Laprotomy for grading Lymphoma with Splenectomy/ Liver/ Lymph Node Biopsy
101. Therapeutic laparoscopy with Laser
102. Cholecystectomy and Choledoch - Jejunostomy/ Duodenostomy/ Gastrostomy/ Exploration Common Bile Duct
103. Esophagoscopy, gastroscopy, dudenoscopy with polypectomy/ removal of foreign body/ diathermy of bleeding lesions
104. Lithotripsy/ Nephrolithotomy for renal calculus
105. Excision of renal cyst
106. Drainage of Pyonephrosis/ Perinephric Abscess
107. Appendicectomy with/ without Drainage

Operations on the female sexual organs

108. Incision of the ovary
109. Insufflation of the Fallopian tubes
110. Other operations on the Fallopian tube
111. Dilatation of the cervical canal
112. Conisation of the uterine cervix
113. Other operations on the uterine cervix
114. Incision of the uterus (hysterotomy)
115. Therapeutic curettage
116. Culdotomy
117. Incision of the vagina
118. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
119. Incision of the vulva

- 120. Operations on Bartholin's glands (cyst)
- 121. Laser therapy of cervix for various lesions of Uterus
- 122. Salpino-Oophorectomy via Laproscopy

Operations on the prostate & seminal vesicles

- 123. Incision of the prostate
- 124. Transurethral excision and destruction of prostate tissue
- 125. Transurethral and percutaneous destruction of prostate tissue
- 126. Open surgical excision and destruction of prostate tissue
- 127. Radical prostatovesiculectomy
- 128. Other excision and destruction of prostate tissue
- 129. Operations on the seminal vesicles
- 130. Incision and excision of periprostatic tissue
- 131. Other operations on the prostate under general/spinal anesthesia

Operations on the scrotum & tunica vaginalis testis

- 132. Incision of the scrotum and tunica vaginalis testis
- 133. Operation on a testicular hydrocele
- 134. Excision and destruction of diseased scrotal tissue
- 135. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 136. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

- 137. Incision of the testes
- 138. Excision and destruction of diseased tissue of the testes
- 139. Unilateral orchidectomy
- 140. Bilateral orchidectomy
- 141. Orchidopexy
- 142. Abdominal exploration in cryptorchidism
- 143. Surgical repositioning of an abdominal testis
- 144. Reconstruction of the testis
- 145. Implantation, exchange and removal of a testicular prosthesis
- 146. Other operations on the testis under general /spinal anesthesia

Operations on the spermatic cord, epididymis and ductus deferens

- 147. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 148. Excision in the area of the epididymis
- 149. Epididymectomy
- 150. Reconstruction of the spermatic cord
- 151. Reconstruction of the ductus deferens and epididymis
- 152. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- 153. Operations on the foreskin
- 154. Local excision and destruction of diseased tissue of the penis
- 155. Amputation of the penis
- 156. Plastic reconstruction of the penis
- 157. Other operations on the penis under general/spinal anesthesia

Operations on the urinary system

- 158. Cystoscopical removal of stones
- 159. Cathterisation of bladder

Other Operations

- 160. Lithotripsy
- 161. Coronary angiography
- 162. Haemodialysis
- 163. Radiotherapy for Cancer
- 164. Cancer Chemotherapy
- 165. Renal biopsy
- 166. Bone marrow biopsy
- 167. Liver biopsy
- 168. Biopsy of Temporal Artery for Various lesions
- 169. External Arterio-venus shunt
- 170. Endoscopic polypectomy

Operation on bone and joints

- 171. Surgery for ligament tear
- 172. Surgery for meniscus tear
- 173. Surgery for hemoarthrosis/ pyoarthrosis
- 174. Removal of fracture pins/ nails
- 175. Removal of metal wire
- 176. Closed reduction on fracture, luxation
- 177. Reduction of dislocation under GA
- 178. Epiphyseolysis with Osteosynthesis
- 179. Excision of Bursitis
- 180. Tennis elbow release
- 181. Excision of various lesions in Coccyx
- 182. Arthroscopic knee aspiration

Note: The standard exclusions and waiting periods are applicable to all of the above Daycare Procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalisation is not mandatory

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