

Policy Wording

It is agreed and understood that the Critical Advantage Rider can only be bought along with the Base Plan and cannot be bought in isolation or as a separate product. The Critical Advantage Rider is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Base Plan. The Critical Advantage Rider shall be available only if the same is specifically mentioned in the Schedule of Insurance Certificate.

The following benefits are available to all Insured Persons who suffer an Illness during the Policy Period which requires Hospitalisation on an Inpatient basis. Any claims made under these benefits will impact eligibility for renewal benefit in the Base Plan.

Section I. Major Illnesses Covered

Following are the major illnesses covered under the rider.

a. Cancer Treatment:

The treatment of:

1. Any malignant tumour including leukaemia, sarcoma and lymphoma (except cutaneous lymphoma), characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissues;
2. Any In-situ Cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues.
3. Any pre-cancerous change in the cells that are cytologically or histologically classified as high grade dysplasia or severe dysplasia

Special Exclusions under Cancer Treatment:-

- i) Any tumour in the presence of Acquired Immune Deficiency Syndrome (AIDS).

b. Coronary Artery by-pass surgery:

The undergoing of Surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Special Exclusions under Coronary Artery by-pass surgery:

- i) Any coronary disease treated using techniques other than the by-pass of the coronary arteries, like any kind of angioplasty Surgery.

c. Heart Valve replacement or repair:

The undergoing of Surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

d. Neurosurgery:

Covers:

- i) Any Surgical intervention of the brain or any other intracranial structures;
- ii) Treatment of benign tumours located in the spinal cord.

e. Live-donor organ transplant:

Meaning a Surgical transplant in which the Insured receives a kidney, a segment of liver, a pulmonary lobe or a section of pancreas from another living compatible donor.

Special Exclusions for Live-donor organ:

- i) Any transplant when the need for a transplant arises as a consequence of alcoholic liver disease.
- ii) Any transplant when the transplant is conducted as a self-transplant.
- iii) Any transplant when the Insured is a donor for a third-party.
- iv) Any transplants from a dead donor.
- v) Any organ transplant that involves Stem Cells treatment.
- vi) The transplant made possible by the purchase of donor organs.
- vi) Any disease which has been caused by an organ transplant save where the disease in question is qualified as a major illnesses covered under the rider.

f. Bone Marrow Transplant:

Meaning Bone Marrow Transplantation (BMT) or Peripheral Blood Stem Cell Transplantation (PBSCT) of bone marrow cells to the Insured originating from:

1. the Insured (Autologous bone marrow transplant); or
2. from a living compatible donor (allogeneic bone marrow transplant).

g. Aorta Graft Surgery means the actual undergoing of surgery of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Realisation of the aortic surgery has to be confirmed by a specialist Medical Practitioner (Cardiologist/ Cardiac Surgeon).

h. Pulmonary artery graft surgery - The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Section II. Benefits

The following benefits are available to Insured Person who suffers above listed major illness during the Policy Period which requires Hospitalisation on an Inpatient basis up to the sum insured specified in Policy Schedule of the Base Plan.

a. In-Patient Treatment

Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The Cost of prosthetic and other devices or equipment if fully inserted into the body or treatment of any medical disorder, and required for medical procedure arranged and paid for by this rider
- ix) Transfers and transportation by ground or air ambulances where their use is indicated and prescribed by medical practitioner and pre-approved by us
- x) For Medication applied by medical prescription while the Insured is Hospitalized for treatment of a Covered Illness or Medical Procedure. Medication prescribed for post-operative treatment are covered for 30 days from the date the Insured has completed the stage of the treatment received out of India and only when these are purchased prior to returning to India.
- xi) For services provided to a living donor during the process of removal of an organ to be transplanted to the Insured, arising from:
 - The investigation procedure for the location of potential donors;
 - Hospital services provided to the donor, including accommodation in a Hospital room, ward or section, meals, general nursing services, regular services provided by Hospital staff, laboratory tests and use of equipment and other Hospital facilities (excluding items for personal use which are not required during the process of removal of the organ or tissue to be transplanted);
 - For Surgery and medical services for the removal of a donor's organ or tissue to be transplanted to the Insured.
- xii) For services and materials supplied for bone marrow cultures in connection with a tissue transplant to be applied to the Insured. Cover will only be provided for expenses incurred from the date of issue of the Preliminary Medical Certificate.

Note: Pre hospitalisation expenses are not covered under this rider.

b. Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 30 days after discharge from Hospitalisation.

c. Travel Expenses

We will arrange and pay for travelling expenses of the Insured, one travelling companion and the living donor in the case of transplant with the sole purpose of receiving treatment as approved by Us in the Preliminary Medical Certificate.

In the event that the Insured changes the travel dates from those communicated by Us, the Insured will need to compensate Us for all the associated costs of organizing and providing new travel arrangements, unless the changes have been made necessary from a medical standpoint.

The travel expenses covered will include:

- i) Transportation from the Insured's permanent address to the designated airport or international rail station.
- ii) Economy class air ticket to the city of treatment destination and the transportation to the designated hotel.
- iii) Transportation from the designated Hotel or Hospital to the designated airport or international rail station.
- iv) Economy class rail or air ticket and subsequent transportation to the city of the Insured's permanent address.

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d. Accommodation Expenses

We will arrange and pay for the accommodation, outside India, of the Insured, one travelling companion and the living donor in the case of transplant, with the sole purpose of receiving treatment as approved by Us in the Preliminary Medical Certificate.

We will be responsible for deciding the accommodation booking dates based on the approved treatment schedule. These dates will be communicated to the Insured to allow for sufficient time for the Insured to make all the necessary personal arrangements.

We will provide a return date based on the completion of the treatment and the agreement with the treating Medical practitioner that the Insured is fit to travel. In the event that the Insured changes the dates of travel from those booked and communicated by Us, the Insured will need to compensate Us for all the associated costs of organizing and providing new accommodation arrangements, unless the changes have been made necessary from a medical standpoint.

The accommodation arrangements will include bookings for a double room or twin bed room in a three or four star hotel. (The choice of hotel will be subject to availability and based on the proximity to the hospital or treating medical practitioner within a radius of 10 km.)

The accommodation arrangements exclude Breakfast, meals and incidental costs at the hotel, and any upgrades to the hotel room.

We will take due care in booking the reasonable accommodation, but We will not be responsible for quality of services or deficiency of services that may occur in the particular accommodation.

e. Repatriation Expenses

In the event the Insured (and/or living donor in the case of transplant) dies outside India while receiving the treatment approved by Us in the Preliminary Medical Certificate, We will pay for the repatriation of the deceased's remains to India.

This coverage is limited to only those services and supplies necessary to prepare the deceased's body and to transport to India, including:

- The services provided by the funeral company providing the international repatriation, including embalment and all administrative formalities.
- The minimum obligatory coffin.
- The transport of the deceased's remains from the airport to the designated place of burial in India.

f. Second opinion in respect of major illness

We shall arrange for a second opinion from Our panel of Medical Practitioners, if the Insured suffers any listed major illness detailed in Section I during the Policy Period.

Section III. Terms and conditions to Critical Advantage Rider

The Critical Advantage Rider is subject to the terms and conditions stated below and the Policy terms, exclusions and conditions of the Base Plan.

A. Waiting Period

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

- We are not liable for any claim arising due to any condition, ailment or injury or related condition (s) for which the Insured had signs or symptoms, and /or were diagnosed, and /or received medical advice/ treatment during the period of 30 days from policy commencement date
- A waiting period of 24 months from policy commencement date shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below. Additionally the 24 months waiting period shall also be applicable to the surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer.

SI No	Organ/ Organ System	Illness	Surgeries
a.	ENT	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Nasal concha resection

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

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

B. Reduction in waiting periods

- If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
 - any health insurance plan offering coverage for planned treatment abroad with an Indian non life insurer and Health Insurer as per guidelines on portability
 - any other similar health insurance plan from Us,
 Then:
 - The waiting periods specified in Section III A i), ii) and iii) of the Policy wordings stand deleted; And :
 - The waiting periods specified in the Section III A i), ii) and iii) of the Rider Policy wordings shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; And
 - If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance

policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.

- 2). The reduction in the waiting period specified above shall be applied subject to the following:
 - (a). We will only apply the reduction of the waiting period if We have received the database and past claim history related information as mandated under portability guidelines issued by insurance regulator from the previous Indian insurance company (if applicable);
 - (b). We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
 - (c). We will retain the right to underwrite the proposal.
 - (d). We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.
- c. All other general exclusions as mentioned in the Base Plan unless otherwise stated in Section 1 of Critical Advantage Rider policy wordings.

Section IV. Other Conditions to Critical Advantage Rider

a. Other Conditions

This rider will be offered if base policy Sum Insured is Rs. 10 lacs & above. If this rider is opted, separate sum insured will be displayed on base policy schedule

The objective of this rider is to provide the Insured with cover for the services and medical expenses in respect of treatment for Major Illnesses Covered, when all the following conditions are met:

- i. The procedure is performed during the period of cover;
- ii. The diagnosis leading to the medical procedure is confirmed by Us;
- iii. The treatment is Medically Necessary;
- iv. The expenses are within the Sum Insured and limits stated in the Policy Schedule;
- v. The treatment is arranged by Us accordance with the Claims Procedure set out in Section IV b)
- vi. The medical expenses arise outside India.
- vii. The expenses for any diagnostic procedures, treatment, services, supplies or prescriptions are covered by this rider as stated in Section II.

b. Claim Procedure

- i. Insured must notify Us of the claim for any of the listed major illnesses and submit all relevant documents for that claim.
- ii. After assessing the documents, We will inform the Insured about eligibility of the claim. If the claim is eligible, We will provide our recommendation for treatment with a list of recommended Hospitals to the Insured.
- iii. On receipt of the Insured's confirmation of his/her decision to receive treatment abroad at a Hospital selected from the list of recommended Hospitals for treatment, We will organize the necessary logistical and medical arrangements for the correct admission of the Insured and will issue a Preliminary Medical Certificate valid only for that Hospital.

Note:

- i. We will provide coverage only in the indicated hospital in the Preliminary Medical Certificate. Any expense incurred in a different Hospital from the one mentioned in the Preliminary Medical Certificate will not be covered.
- ii. Any expense incurred before the issuance of the Preliminary Medical Certificate will not be covered.
- iii. The list of recommended Hospitals and the Preliminary Medical Certificate are issued on the basis of the medical condition of the Insured at the time of issue of Preliminary Medical Certificate. Since the health condition of the Insured may change over time, both documents will have a validity of three months. In the event that the Insured does not select a Hospital from the list of recommended Hospital or does not initiate treatment within 3 months of issuance of Preliminary Medical Certificate within 3 months of issue, We will reissue these documents based on the

health condition of the Insured at that time.

- iv. Reimbursement of expenses is not allowed under Critical Advantage rider as this rider is meant to cover planned treatment outside India and does NOT cover emergencies occurring while the Insured is overseas.

c. Claim Payment

Claim will be paid as per conditions specified in the approved Preliminary Medical Certificate issued by Us subject to the policy exclusions and conditions mentioned above and in the terms and conditions of the Base Plan.

- d. All other conditions will be applicable as mentioned in the Base Plan.

We adhere to all Indian government regulations related to Foreign exchange

Section V. Other Important Terms You should know

The terms defined in the Base Plan 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. All terms are subject to the terms defined in the Base Plan and additional terms defined below.

Def.1 Base Plan means any retail indemnity health Insurance policy issued by Apollo Munich Health Insurance Company Limited including its terms and conditions, any annexure thereto and the Policy Schedule (as amended from time to time), the information statements in the proposal form and the Policy wording (including endorsements, if any) and to which this Rider is attached.

Def.2 Hospital (overseas) means a private or public organization legally authorized to provide medical treatment for Illnesses or bodily Injuries, equipped with the material/technological means and adequate staff to provide diagnosis and surgical interventions, and attended by Doctors and medical staff 24 hours a day.

Def.3 Preliminary Medical Certificate: Written approval, issued by Us which includes confirmation of cover under the Policy prior to the services being performed in the indicated Hospital, outside of India, for any treatment, services, supplies or prescriptions relating to a Claim.

Section VI. Claim Related Information

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

Website : 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
or
 Apollo Munich health insurance Co. Ltd.
 Plot No. 404-405, Central Processing Center,
 2nd floor, Udyog Vihar, Phase - IV
 Gurgaon- 122016, Haryana

Note: All other terms and conditions are subject to Policy terms, conditions and applicable endorsements of the Base Plan.

Schedule of Benefits

Benefit	Sum Insured
a. Inpatient Treatment	Upto Sum Insured
b. Post Hospitalisation	
c. Accommodation expenses	
d. Travelling expenses	
e. Repatriation Expenses	
f. Second opinion for major illness	Covered

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