Easy Health
Policy Wording

10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

Apollo Munich Health Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

Section 1. In-patient Benefits

Claims made in respect of any of the benefits below will be subject to the In-patient Sum Insured and will affect both the entitlement to a Cumulative bonus and a health check-up.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will pay:

a) In-patient Treatment

The 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 implanted internally during a Surgical Procedure.

b) Pre-Hospitalisation

The Medical Expenses incurred in the 30 days immediately before the Insured Person was Hospitalised, provided that:

i. Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
ii. We have accepted an inpatient Hospitalisation claim under Benefit 1a).
iii. We will pay the Medical Expenses incurred within the 60 days prior to the date of Hospitalisation, if We are provided with the following at least 5 days before the Hospitalisation:
    1) medical documents with all details about the Illness; and
    2) the date and the place of the proposed Hospitalisation.

c) Post-hospitalisation

The Medical Expenses incurred in the 60 days immediately after the Insured Person was discharged post Hospitalisation provided that:

i. Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
ii. We have accepted an inpatient Hospitalisation claim under Benefit 1a).
iii. We will pay the Medical Expenses in the 90 days immediately after the Insured Person was discharged if We were provided with the following at least 5 days before the Hospitalisation:
    1) medical documents with all details about the Illness; and
    2) the date and the place of the proposed Hospitalisation.

d) Day Care Procedures

The Medical Expenses for a day care procedure mentioned in the list of Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not the outpatient department of a Hospital or standalone day care centre.

e) Domiciliary Treatment

The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

i. The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
ii. If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses for up to 60 days in accordance with b) above, and
iii. No payment will be made if the condition for which the Insured Person requires medical treatment is:
    1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
    2) Arthritis, Gout and Rheumatism,
    3) Chronic Nephritis and Nephritic Syndrome,
    4) Diarrhoea and all type of Dysenteries including Gastroenteritis,
    5) Diabetes Mellitus and Insupidus,
    6) Epilepsy,
    7) Hypertension,
    8) Psychiatric or Psychosomatic Disorders of all kinds,
    9) Pyrexia of unknown Origin.

Section 2. Additional Benefits

Claims made in respect of any of the benefits below will be subject to the In-patient Sum Insured and will affect both the entitlement to a Cumulative bonus and a health check-up.

a) Daily Cash for choosing Shared Accommodation

A daily cash amount will be payable per day if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours, provided that:

i. Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
ii. The days of admission and discharge shall not be counted, and
iii. This benefit shall not apply to time spent by the Insured Person in an intensive care unit, and
iv. We have accepted an inpatient Hospitalisation claim under Benefit 1a).

b) Organ Donor

The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:

i. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 (Amended)and the organ donated is for the use of the Insured Person, and
ii. We will not pay the donor's pre- and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
iii. We have accepted an inpatient Hospitalisation claim under Benefit 1a).

c) Emergency Ambulance

We will reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency, provided that:

i. Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
ii. We have accepted an inpatient Hospitalisation claim under Benefit 1a).
iii. The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that that transportation has been prescribed by a Medical Practitioner and is medically necessary

d) Daily Cash for Accompanying an Insured Child

Note: This benefit is optional and effective only if noted as such in the Schedule of Benefits:

If the Insured Person Hospitalised is a child Aged 12 years or less, We will

pay a daily cash amount for 1 accompanying adult for each complete period of 24 hours if Hospitalisation exceeds 72 hours, provided that:

i. Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and

ii. The days of admission and discharge shall not be counted, and

iii. We have accepted an inpatient Hospitalisation claim under Benefit 1a).

e) Newborn baby

Note: This benefit is optional and effective only if noted as such in the Schedule of Benefits:

We will cover the Medical Expenses of any medically necessary treatment described at 1)a) while the Insured Person (the Newborn baby) is Hospitalised during the Policy Period as an inpatient provided that:

i. We have accepted a claim under 3a), and

ii. You have submitted a proposal for the insurance of the newborn baby within 30 working days after the birth, and We have in Our sole and absolute discretion accepted the same and received the premium sought.

Newborn Baby means those babies born to You and Your spouse during the Policy Period Aged between 1 day and 90 days.

Section 3. Additional Benefits not related to Sum Insured

Claims made in respect of any of the benefits below will not be subject to the In-patient Sum Insured and will not affect either the entitlement to a Cumulative bonus or a health check-up.

The benefits below are optional and each is only effective if shown in the Schedule to be effective.

a) Maternity Expenses

We will pay the Medical Expenses for a delivery (including caesarean section) while Hospitalised or the lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person, provided that:

i. Our maximum liability per delivery or termination shall be limited to the amount specified in the Schedule of Benefits, and

ii. We will pay the Medical Expenses of pre-natal and post-natal expenses per delivery or termination upto the amount stated in the Schedule of Benefits, and

iii. We will cover the Medical Expenses incurred for the medically necessary treatment of the new born baby upto the amount stated in the Schedule of Benefits unless the new born baby is covered under 2e), and

iv. This benefit is not available for Dependents other than Your spouse under this Policy, and

v. Pre- and post-hospitalisation expenses under 1)b) and 1)c) are not covered under this benefit, and

vi. The Insured Person must have been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits, and

vii. We will not cover ectopic pregnancy under this benefit (although it shall be covered under 1a)).

b) Outpatient Dental Treatment

If You renew this Policy with Us for 3 consecutive years without a break, then from the fourth year onwards We will pay 50% of the reasonable charges of any necessary dental treatment taken from a Network dentist by an Insured Person who has been covered under this policy benefit for the previous 3 Policy Years, provided that:

i. Our maximum liability shall be limited to the amount specified in the Schedule of Benefits, and

ii. We will only pay for X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same, and

iii. We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.

c) Spectacles, Contact Lenses, Hearing Aid

In every third year that an Insured Person is insured without a break under an Easy Health Policy with Us, We will pay up to 50% of the actual cost of either:

i. One pair of spectacles or contact lenses, or

ii. A hearing aid, excluding batteries.

Provided that:

i. If the costs claimed are incurred as Outpatient Treatment expenses then these items must be prescribed by a Network EYE/ENT specialised Medical Practitioner, and

ii. Our maximum liability shall be limited to the amount mentioned in the Schedule of Benefits, and

iii. Under a Family Floater, Our liability shall be limited to either one pair of spectacles or hearing aid per family.

d) E-Opinion in respect of a Critical Illness

i. If an Insured Person suffers a Critical Illness during the Policy Period, and no previous claim has been made for this benefit in the Policy Period, then at the Insured Person's request We will arrange a E-opinion from a Medical Practitioner selected by the Insured Person from Our panel. The E-opinion will be based only on the information and documentation provided to the Medical Practitioner by or on behalf of the Insured Person, and the E-opinion will be sent directly to the Insured Person by the Medical Practitioner.

ii. While Claiming under this benefit and deciding to obtain an E-opinion, each Insured Person expressly notes and agrees that:

1) It is entirely for the Insured Person to decide whether to obtain an E-opinion, from which Medical Practitioner in Our Panel to take the E-opinion from and the use (if any) to which the E-opinion so obtained is put.

2) We do not provide an E-opinion or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other persons' reliance on the same, or the use to which the E-opinion is put.

3) We assume no responsibility for and will not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any E-opinion or for any consequences of any action taken or not taken in reliance thereon.

Section 4. Critical Illness Benefit

Claims made in respect of any of the benefits below will not be subject to the In-patient Sum Insured and will not affect either the entitlement to a Cumulative bonus or a health check-up.

a) If the Schedule shows that the Critical Illness benefit is effective, then We will pay the Critical Illness Sum Insured as a lump sum in addition to Our payment under 1)a), provided that:

i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and

ii. The Insured Person survives for at least 30 days following such diagnosis.

b) We will not make any payment if:

i. The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the commencement of the Policy Period and the Insured Person has not previously been insured continuously and without interruption under an Easy Health Policy.

ii. The Insured Person has already made a claim for the same Critical Illness.

iii. A claim for this benefit has already been made 3 times under this Policy or any other Easy Health policy issued by Us.

c) This benefit is not renewable beyond age of 70 years.

Section 5. Renewal Incentives

Cumulative Bonus

a) If no claim has been made in respect of Section 1 and 2 under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured

for the next Policy Year by 10% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% 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 20% 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) Portability benefit will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), portability benefit shall not apply to any other additional increased sum insured.

Health Check-up

d) If no claim has been made in respect of Section 1 and 2 under this Policy and You have maintained an Easy Health Policy with Us for the period of time mentioned in the Schedule of Benefits without any break, then at the end of each block of continuous claim free years (as mentioned in the Schedule of benefits) We will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a medical check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

Plan	Standard	Exclusive	Premium
Easy Health Individual	Upto 1% of Sum Insured per Insured Person, only once at the end of a block of every continuous four claim free years.	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous three claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous two claim free years
Easy Health Family	Upto 1% of Sum Insured per Policy, only once at the end of a block of every continuous four claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 5,000 per Insured Person, only once at the end of a block of every continuous three claim free years.	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 5,000 per Insured Person, only once at the end of a block of every continuous two claim free years.

e) Incase of family floater, if any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family.

Section 6. Exclusions

Waiting Periods

a) We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days Waiting Period

b) A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless:

i. The Insured Person has been insured under an Easy Health Policy continuously and without any break in the previous Policy Year, or

ii. The Insured Person was insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

iii. If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 5a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

c) The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Easy Health Policy continuously and without any break:

i. **Illnesses:** arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.

ii. **Treatments:** benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.

iii. However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any other Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 5a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

d) Pre-existing Conditions will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Easy Health policy with us, but

1) If the Insured Person is presently covered and has been continuously covered without any break under:

a) an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital , OR

b) any other similar health insurance plan from Us,

then Section 6 d . of the Policy stands deleted and shall be replaced entirely with the following:

i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND

ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy (other than as a result of the application of Benefit 5a), then the reduced waiting period shall only apply to the extent of the 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 claim history 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

We shall considered 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

e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

i. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/ materials, chemical and biological weapons, radiation of any kind.

ii. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.

iii. Any 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.

iv. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

v. Treatment of Obesity and any weight control program.

vi. Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.

vii. Venereal disease, sexually transmitted disease or illness; "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.

viii. Save as and to the extent provided for under 3)a), pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) only.

ix. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.

x. Save as and to the extent provided for under 3)b), dental treatment and surgery of any kind, unless requiring Hospitalisation.

xi. Expenses for donor screening, or, save as and to the extent provided for in 2)b), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).

xii. 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 for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.

xiii. Treatment of nasal concha resection; circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.

xiv. Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.

xv. Experimental, investigational or unproven treatment, devices and pharmacological regimens; measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.

xvi. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

xvii. Any non allopathic treatment.

xviii. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xix. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.

xx. Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxi. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

xxii. Save as and to the extent provided in 3c), the 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.

xxiii. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.

xxiv. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxv. Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

Section 7. General Conditions

Condition precedent

a) The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) 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.

Insured Person

b) Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

Sum Insured from Rs. 100,000 to 1,000,000 can be opted upto 60 years of Age. Sum Insured from Rs. 100,000 to 200,000 can be opted from 61 to 65 years of Age.

c) Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1.	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.
2.	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.
3.	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.
4.	If any treatment, consultation or procedure for which a claim may be made is required in an Emergency:	Within 7 days of completion of such treatment, consultation or procedure.
5.	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorise such treatment, consultation or procedure.

Please note that if any time period is specifically mentioned in Section 1-4, then this shall supersede the time periods mentioned in 1)-5) above.

Cashless Service:

	Treatment, Consultation or Procedure:	**Treatment, Consultation or Procedure Taken at:**	**Cashless Service is Available:**	**We 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
2.	If any treatment, consultation or procedure for which a claim may be made is 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

Supporting Documentation & Examination

d) 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. 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, including but not limited to all medical reports, case histories, 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.

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.

e) 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.

Claims Payment

f) 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.

g) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).

h) 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.

i) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.

j) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

Fraud

k) 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 any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Other Insurance

l) If at the time when any claim arises under this Policy, there is in existence any other Policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy. This Clause is only applicable to indemnity sections.

Subrogation

m) You and/or any Insured Persons shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person

shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You. This Clause is only applicable to indemnity sections.

Alterations to the Policy

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

Renewal

o) All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. Grace Period of 30 days for renewing the policy is provided under this Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.

p) We may vary the renewal premium payable with prior approval of the IRDA.

Change of Policyholder

q) The change of Policyholder (except clause v) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition o) above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition o) above.

Notices

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

i. Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.

ii. Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Dispute Resolution Clause

s) 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.

Termination

t) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		**2 Year Policy**	
Length of time Policy in force	**Refund of premium**	**Length of time Policy in force**	**Refund of premium**
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	50.00%
		Upto 15 Months	37.50%
		Upto 18 Months	25.00%
		Exceeding 18 Months	Nil

u) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

v) The coverage for the Insured Person shall automatically terminate if:

i. You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition o) above. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the Application.

ii. In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

Section. 8 Interpretations & Definitions

The terms defined below 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** or **Accidental** means a sudden, unforeseen and involuntary event caused by external and visible means (but does not include any Illness) which results in physical bodily injury.

Def. 2. **Age** or **Aged** means completed years as at the Commencement Date.

Def. 3. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 4. **Critical Illness** means Cancer of specified severity, Open Chest CABG, First Heart Attack of specified severity, Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms as defined below only:

i) Cancer of specified severity:

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist.

The term cancer includes leukemia, lymphoma and sarcoma.

Excluded are:

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

ii) Open Chest CABG:

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The Diagnosis must be supported by coronary angiography and realisation of the surgery has to be confirmed by a specialist Medical Practitioner (Cardiologist/Cardiac Surgeon).

Excluded are:

- Angioplasty and / or Any other intra-arterial procedures
- Any Key-hole surgery or laser surgery

iii) First Heart Attack of Specified Severity:

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

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

Excluded are:

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

iv) Kidney Failure requiring Regular Dialysis:

End stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out.

The diagnosis has to be confirmed by a specialist Medical Practitioner (Nephrologist).

v) Major Organ/ Bone Marrow Transplant:

The actual undergoing of a transplant of:

- One of the following human organs - heart, lung, liver, pancreas, kidney, that resulted from irreversible end-stage failure of the relevant organ or;
- Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant must be confirmed by specialist medical practitioner (Transplant Surgeon/Haematologist).

Excluded are:

- Other Stem-cell transplants
- Where only islets of langerhans are transplanted

vi) Multiple Sclerosis with Persisting Symptoms:

The definite occurrence of Multiple Sclerosis.The diagnosis must be supported by any one of the following:

- Investigation including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple Sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of atleast 180 days.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast 30 days apart.

Excluded is:

- Other causes of neurological damage such as SLE and infection with HIV or AIDS

vii) Permanent Paralysis of Limbs:

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner (Physician / Neurologist) must be of the opinion that paralysis will be permanent with no hope of recovery and must be present for atleast 90 days.

Excluded is:

- Paralysis due to Guillain-Barré-Syndrome

viii) Stroke resulting in Permanent Symptoms:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source.

The diagnosis has to be confirmed by a specialist Medical Practitioner (Physician / Neurologist) and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for atleast 90 days must be produced.

Excluded are:

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

Def. 5. **Day care treatment** means medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and which would have otherwise required a hospitalization of more than 24 hours, but treatment normally taken on an out-patient basis is not included in the scope of this definition

Def. 6. **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 21 years if they are unmarried

iii) Your natural parents or parents that have legally adopted You, provided that:

- The parent was below 65 years at his initial participation in the Easy Health Policy, and
- Parents shall not include Your spouse's parents.

Def. 7. **Dependent Child** means a child (natural or legally adopted), who is financially dependent on You and does not have his / her independent sources of income.

Def. 8. D**omiciliary Hospitalisation** means medical treatment for a period exceeding 3 days, for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital or,
- the patient takes treatment at home on account of non availability of room in a hospital.

Def. 9. **Emergency or Emergency Care** means management for a severe 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. 10. **Family Floater** means a Policy described as such in the Schedule whereunder You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during each Policy Year.

Def. 11. **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. 12. **Hospital** means any institution in India established for Inpatient care and day care treatment of sickness and/or injuries and which has been registered as a hospital with the local authorities, wherever

applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 13. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for Medically Necessary treatment as an inpatient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Policy Period.

Def. 14. **Illness** means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (affliction of the bodily organs having a defined and recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment. For the avoidance of doubt, Illness does not mean and this Policy does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.

Def. 15. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def. 16. **Insured Person** means You and the persons named in the Schedule.

Def. 17. **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. 18. **Medical Expenses** means those reasonable and medically necessary expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Policy Period on the advice of a Medical Practitioner due to Illness or Accident occurring during the Policy Period, 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. 19. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 20. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Def. 21. **Network** means any such hospitals, day care centre or other provider that the We/ TPA have mutually agreed with, to provide services like cashless access to policyholders. The list is available with Us/ TPA and subject to amendment from time to time.

Def. 22. **Non Network** means any hospital, day care centre or other provider that is not part of the network.

Def. 23. **Outpatient Treatment** means consultation, diagnosis or medical treatment taken by any Insured Person at an outpatient department of a Hospital, clinic or associated facility, provided that he is not Hospitalised.

Def. 24. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).

Def. 25. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 26. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 27. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 36 months prior to the commencement of his first being covered under an Easy Health Policy issued by Us

Def. 28. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 29. **Reasonable charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services by comparable providers, taking into account the nature of illness/ injury involved

Def. 30. **Shared Accommodation** means a Hospital room with two or more patient beds.

Def. 31. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during each Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during each Policy Year.

Def. 32. **Surgery** or **Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

Def. 33. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 34. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited

Def. 35. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section. 9 Claim Related Information

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

- Website : www.fhpl.net
- Toll Free : 1800 - 425 - 4080
- Fax : +91-40-23541400
- Courier : Claims Department,
  Family Health Plan Ltd,
  Srinilaya - Cyber Spazio,
  Suite No. 101, 102, 109 & 110,
  Ground Floor,
  Road No. 2, Banjara Hills,
  Hyderabad-500034

Section. 10 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
- Email : 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 Ltd., 10th Floor, Building No. 10, Tower-B, DLF Cyber City, DLF City Phase II,Gurgaon, Haryana-122002**

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.

Ombudsman Offices

Jurisdiction	Office Address
Delhi, Rajasthan	2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Flr., North British Bldg., KOLKATA - 700 001
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453 (old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace A. C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004
Gujarat	2nd Flr., Ambica House, Nr. C. U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerala, Karnataka	2nd Flr., CC 27/ 2603, Pulinat Building, Opp. Cochin Shipyard, M. G. Road, ERNAKULAM - 682 015
North-Eastern States	Aquarius, Bhaskar Nagar, R. G. Baruah Road, GUWAHATI - 781 021
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazartganj, LUCKNOW - 226 001
Madhya Pradesh	1st Floor, 117, Zone-II, (Above D. M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	S. C. O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

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

Appendix I: Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
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

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

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

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

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues

49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

73. Incision on bone, septic and aseptic
74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
75. Suture and other operations on tendons and tendon sheath
76. Reduction of dislocation under GA
77. Arthroscopic knee aspiration

Operations on the breast

78. Incision of the breast
79. Operations on the nipple

Operations on the digestive tract

80. Incision and excision of tissue in the perianal region
81. Surgical treatment of anal fistulas
82. Surgical treatment of haemorrhoids
83. Division of the anal sphincter (sphincterotomy)
84. Other operations on the anus
85. Ultrasound guided aspirations
86. Sclerotherapy etc.

Operations on the female sexual organs

87. Incision of the ovary
88. Insufflation of the Fallopian tubes
89. Other operations on the Fallopian tube
90. Dilatation of the cervical canal
91. Conisation of the uterine cervix
92. Other operations on the uterine cervix
93. Incision of the uterus (hysterotomy)
94. Therapeutic curettage
95. Culdotomy
96. Incision of the vagina
97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
98. Incision of the vulva
99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

100. Incision of the prostate
101. Transurethral excision and destruction of prostate tissue
102. Transurethral and percutaneous destruction of prostate tissue
103. Open surgical excision and destruction of prostate tissue
104. Radical prostatovesiculectomy
105. Other excision and destruction of prostate tissue
106. Operations on the seminal vesicles
107. Incision and excision of periprostatic tissue
108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

109. Incision of the scrotum and tunica vaginalis testis
110. Operation on a testicular hydrocele
111. Excision and destruction of diseased scrotal tissue
112. Plastic reconstruction of the scrotum and tunica vaginalis testis
113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114. Incision of the testes
115. Excision and destruction of diseased tissue of the testes
116. Unilateral orchidectomy
117. Bilateral orchidectomy
118. Orchidopexy
119. Abdominal exploration in cryptorchidism
120. Surgical repositioning of an abdominal testis
121. Reconstruction of the testis
122. Implantation, exchange and removal of a testicular prosthesis
123. Other operations on the testis

Operations on the spermatic cord, epididymis and ductus deferens

124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
125. Excision in the area of the epididymis
126. Epididymectomy
127. Reconstruction of the spermatic cord
128. Reconstruction of the ductus deferens and epididymis
129. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

130. Operations on the foreskin
131. Local excision and destruction of diseased tissue of the penis
132. Amputation of the penis
133. Plastic reconstruction of the penis
134. Other operations on the penis

Operations on the urinary system

135.Cystoscopical removal of stones

Other Operations

136. Lithotripsy
137. Coronary angiography
138. Haemodialysis
139. Radiotherapy for Cancer
140. Cancer Chemotherapy

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

Easy Health
Policy Wording

ApolloMunich HEALTH INSURANCE
10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

Schedule of benefits-Easy Health Individual

Benefits	Easy Health Standard	Easy Health Exclusive		Easy Health Premium	
Sum Insured per Insured Person per Policy Year (Rs. In Lakh)	1.00, 1.50, 2.00, 2.50 3.00, 4.00, 5.00	3.00, 4.00, 5.00	7.50	3.00, 4.00, 5.00	7.50, 10.00
1 a) In-patient Treatment	Covered	Covered		Covered	
1 b) Pre-hospitalisation	Covered	Covered		Covered	
1 c) Post-hospitalisation	Covered	Covered		Covered	
1 d) Day-Care Procedures	Covered	Covered		Covered	
1 e) Domiciliary Treatment	Covered	Covered		Covered	
2 a) Daily cash for choosing shared accommodation	Rs. 500 per day, Maximum Rs.3,000	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800
2 b) Organ Donor	Covered	Covered		Covered	
2 c) Emergency Ambulance	Upto Rs.2,000 per hospitalisation	Upto Rs.2,000 per hospitalisation		Upto Rs.2,000 per hospitalisation	
2 d) Daily Cash for accompanying an insured child	Not Covered	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000
2 e) Newborn baby	Not Covered	Optional		Optional	
3 a) Maternity Expenses with waiting period of 6 years	Not Covered	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)
3 b) Out-patient Dental Treatment with waiting period of 3 years	Not Covered	Not Covered		Upto 1 % of Sum insured subject to a Maximum of Rs. 5,000	
3 c) Spectacles, Contact Lenses, Hearing Aid every third year	Not Covered	Not Covered		Upto Rs.5,000	
3 d) E-Opinion in respect of a Critical Illness	Not Covered	Not Covered		Covered	
4) Critical Illness	Not Covered	Optional, if opted then the Critical Illness Sum Insured as mentioned in the Schedule		Optional, if opted then the Critical Illness Sum Insured as mentioned in the Schedule	
5) Health Check-up	Upto 1% of Sum Insured per Insured Person, only once at the end of a block of every continuous 4 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 3 claim free years		Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2 claim free years.	
Benefits under 3b), 3c), 3d) and 5) are subject to pre-authorisation by the TPA					

Schedule of benefits-Easy Health Family

Benefits	Easy Health Standard	Easy Health Exclusive		Easy Health Premium	
Sum Insured per Policy Year (Rs. In Lakh)	2.00, 3.00, 4.00, 5.00	3.00, 4.00, 5.00	7.50	4.00, 5.00	7.50, 10.00
1 a) In-patient Treatment	Covered	Covered		Covered	
1 b) Pre-hospitalisation	Covered	Covered		Covered	
1 c) Post-hospitalisation	Covered	Covered		Covered	
1 d) Day-Care Procedures	Covered	Covered		Covered	
1 e) Domiciliary Treatment	Covered	Covered		Covered	
2 a) Daily cash for choosing shared accommodation	Rs.500 per day, Maximum Rs.3,000	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800
2 b) Organ Donor	Covered	Covered		Covered	
2 c) Emergency Ambulance	Upto Rs.2,000 per hospitalisation	Upto Rs.2,000 per hospitalisation		Upto Rs.2,000 per hospitalisation	
2 d) Daily cash for accompanying an insured child	Not Covered	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000
2 e) Newborn baby	Not Covered	Optional		Optional	
3 a) Maternity Expenses with waiting period of 4 years	Not Covered	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (*Including Pre/Post Natal limit of Rs. 1,500 and New Born limit of Rs.2,000)	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (*Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500)
3 b) Outpatient Dental Treatment with waiting period 3 years	Not Covered	Not Covered		Upto 1 % of Sum insured subject to a Maximum of Rs. 5,000	
3 c) Spectacles, Contact Lenses, Hearing Aid every third year	Not Covered	Not Covered		Upto Rs.5,000	
3 d) E-Opinion in respect of a Critical Illness	Not Covered	Not Covered		Covered	
4) Critical Illness	Not Offered	Optional, if opted then the Critical Illness Sum Insured as mentioned in the Schedule		Optional, if opted then the Critical Illness Sum Insured as mentioned in the Schedule	
5) Health Check-up	Upto1% of Sum Insured per Policy, only once at the end of a block of every continuous 4 claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 3 claim free years		Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2 claim free years	
Benefits under 3b), 3c), 3d) and 5) are subject to pre-authorisation by the TPA					

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