

CUSTOMER INFORMATION SHEET

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

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Energy	
What am I covered for:	<p>This Policy offers cover to individuals with Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT) and/or Hypertension.</p> <p>a. In-patient Treatment - Covers hospitalisation expenses for period more than 24 hours.</p> <p>b. Pre-Hospitalisation - Medical expenses incurred in 30 days before the hospitalisation.</p> <p>c. Post-Hospitalisation - Medical expenses incurred in 60 days after discharge from hospitalisation.</p> <p>d. Day-Care procedures - Medical expenses for enlisted 144 day care procedures.</p> <p>e. Organ Donor - Medical expenses on harvesting the organ from the donor for organ transplantation.</p> <p>f. Emergency Ambulance - Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency.</p>	<p>Section 1.a.</p> <p>Section 1.b.</p> <p>Section 1.c.</p> <p>Section 1.d.</p> <p>Section 1.e.</p> <p>Section 1.f.</p>
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, treatment of obesity and any weight control program, Psychiatric, mental disorders, congenital internal or external diseases, defects or anomalies, genetic disorders; sleep apnoea, expenses arising from HIV or AIDs and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, surgery for nasal septum deviation, circumcisions, laser treatment for correction of eye due to refractive error, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non allopathic treatment.</p>	Section 2 C.
Waiting Period	<ul style="list-style-type: none"> 24 months waiting period for specific illness/ surgeries in the first two years and is not applicable in subsequent renewals. Pre-existing conditions will be covered after a waiting period of 36 months. Any condition or illness, complication or ailment arising out of or connected to the condition of Type 2 Diabetes Mellitus or Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT) or Hypertension, shall not be considered as part of this waiting period. <p>PI Note: Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.</p>	<p>Section 2 A.i</p> <p>Section 2 A.ii</p>
Payout basis	Payout on indemnity payment basis.	Section 1
Cost Sharing	<p>Optional Basis</p> <p>If Policy Schedule shows that a Co-payment is effective and a claim has been admitted under Section 1 then, a Co-payment of 20% would apply and claim payment, if any, shall only be in excess of that amount.</p>	Section 4. t
Renewal Conditions	<ul style="list-style-type: none"> Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium. Grace period of 30 days for renewing the policy is provided. To avoid any confusion, any claim incurred during break-in period will not be payable under this policy. 	Section 4 o.
Renewal Benefits	Wellness discount upto 25% based on management of disease through wellness programme and renewal incentive for re-imburement of expenses incurred on health subject to policy terms and conditions.	Section 3
Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice without refund of premium.	Section 4.s. i) & ii)
How to Claim	Please contact Apollo Munich atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Apollo Munich within 24 hours of the event. For any claim related query, information or assistance, you can also contact Our Toll Free Line at 1800-102-0333 or visit Our website www.apollomunichinsurance.com or e-mail Us at customerservice@apollomunichinsurance.com .	Section 4 e, f, g, h & i Section 6.

Pre-Policy Check-up at our network is compulsory under this Policy. We will reimburse 100% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of Pre-Policy Check-up.

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Apollo Munich Health Insurance Company Limited will cover all Insured Persons under this Policy upto the Sum Insured. This Policy offers cover to individuals with Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT) and/or Hypertension. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Section 1. Benefits

The following benefits are available to all Insured Persons who suffer an Illness or Accident during the Policy Period which requires hospitalisation on an Inpatient basis or treatment defined as a Day Care Procedure.

We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for*:
	*The following exclusions apply in addition to the waiting periods and general exclusions specified in section 2 A and C.
In-Patient Treatment	1. Prosthetics and other devices NOT implanted internally by surgery.
a. Inpatient treatment would cover treatment arising from Accident or Illness where Insured Person has to stay in a hospital for more than 24 hours and includes hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.	2. Hospitalisation for evaluation, Investigation only For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc are not payable.
b. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 30 days before hospitalisation.	3. Treatment availed outside India.
c. Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days after discharge from hospitalisation.	4. Treatment at a healthcare facility which is NOT a hospital.
d. Day Care Procedures	1. Claims which have NOT been admitted under 1 a) and 1 d).
e. Organ Donor Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor in the case of transplant surgery	2. Any conditions which are NOT the same as the condition for which hospitalisation was required.
f. Emergency Ambulance Expenses incurred on an ambulance in an emergency, subject to Rs. 2000 per hospitalisation.	3. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place
	1. Out-Patient Treatment
	2. Admission for the purpose of only administration of any drug/medication/ formulation other than cancer chemotherapy.
	3. Treatment at a healthcare facility which is NOT a hospital
	1. Claims which have NOT been admitted under 1a).
	2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended).
	3. The organ donor's Pre and Post-hospitalisation expenses.
	1. Claims which have NOT been admitted under 1 a) and 1 d).
	2. A non-Emergencies.
	3. NON registered healthcare or ambulance service provider.

Section 2. Special terms and conditions

A. Waiting Period

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

- i) 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 said 24 months waiting period shall be applicable to all 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	Treatment / 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
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) • Perineal Abscesses • Perianal Abscesses • All forms of cirrhosis (Please Note : All forms of cirrhosis due to alcohol will be excluded) 	<ul style="list-style-type: none"> • Cholecystectomy • surgery of hernia

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SI No	Organ / Organ System	Illness	Treatment / Surgeries
e.	Urogenital	• Calculus diseases of Urogenital system Example : Kidney stone, Urinary bladder stone • Benign Hyperplasia of prostate	• Surgery on prostate • Surgery for Hydrocele/ Rectocele
f.	Eye	• Cataract	• NIL
g.	Others	• NIL	• Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs/ disciplines whether or not described above)	• Internal tumors, cysts, nodules, polyps, skin tumors	• NIL

ii) 36 months waiting period from policy commencement date for all Pre-existing Conditions. The Pre-existing condition must be declared at the time of application. Any condition or illness, complication or ailment arising out of or connected to the condition of Type 2 Diabetes Mellitus or Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT) or Hypertension, shall not be considered as part of this waiting period.

PI Note :
Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

Important terms you should know

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 48 months prior to the first policy issued by the insurer.

B. Reduction in waiting periods

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
 - i. any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the insurance regulator, OR
 - ii. any other similar health insurance plan from Us,

Then:

- (a) The waiting periods specified in section 2 A i) and ii) of the Policy stand deleted; AND:
 - (b) The waiting periods specified in the Section 2 A i) and, ii) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - (c) 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 as per Our underwriting guidelines.
 - 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. General exclusions

We will not pay for any claim in respect of any Insured Person directly or

indirectly for, caused by, arising from or in any way attributable to:

Non Medical Exclusions

- i) War or similar situations:
Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii) Breach of law:
Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- iii) Dangerous acts (including sports):
An Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.

Medical Exclusions

- i) Substance abuse and de-addiction programs:
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.
- ii) Treatment of obesity and any weight control program.
- iii) Treatment for correction of eye due to refractive error
- iv) Cosmetic, aesthetic and re-shaping treatments and surgeries:
 - (a) Plastic surgery or bariotic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
 - (b) Circumcisions (unless necessitated by Illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
- v) Types of treatment, defined Illnesses/ conditions/ supplies:
 - (a) Non allopathic treatment.
 - (b) Conditions for which hospitalisation is NOT required.
 - (c) Experimental, investigational or unproven treatment devices and pharmacological regimens.
 - (d) Admission primarily for diagnostic purposes not related to Illness for which hospitalisation has been done.
 - (e) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
 - (f) Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment and/or which are part of in-patient or day care treatment); any physical, psychiatric or psychological examinations or testing.
- (g) Enteral feedings (infusion formulas via a tube into the upper gastrointestinal

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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.

ix) Any non medical expenses mentioned in Annexure II

Section 3 Wellness Programme for Diabetes and Hypertension

Variant1 : Silver Plan

a) To avail Wellness Benefit You may choose to undergo a medical check-up twice in a Policy Period at your cost as per grid below at a diagnostic center which is approved by Us and provide Us with medical check-up reports in time during Policy Period.

Period	Diagnostic Tests
Half yearly check-up	HbA1c, Blood pressure Monitoring, BMI,
Annual check-up	HbA1c, *SMA 12, Total Cholesterol : HDL Cholesterol, ECG, Blood pressure Monitoring, BMI, Doctor Consultation

***SMA 12** - FBS, Total Cholesterol, Creatinine, High-density lipoprotein (HDL), Low-density lipoprotein (LDL), Triglycerides (TG), Total Protein, Serum Albumin, Gamma-glutamyltransferase (GGT), Serum Glutamic Oxaloacetic Transaminase (SGOT), Serum Glutamic Pyruvic Transaminase (SGPT), Billirubin

b) We may modify the nature of medical checkup / tests and the interval at which it should be conducted, to empower you to better control your health and improve your condition; You would be notified about the same accordingly, any modification to the nature of medical checkup / tests would be subject to prior approval from IRDA and shall be applicable at renewal.

c) Based on medical check-up results incentive points would be calculated as per table below, this shall be the basis for deciding appropriate level of reduction in renewal premiums.

Examination Type	Reading		Points	
HbA1c (%) – Half Yearly Examination	Upto 5.99		5	
	6.00 - 6.50		2	
	6.51 - 8.00		1	
HbA1c (%) – Annual Examination	Upto 5.99		5	
	6.00 - 6.50		2	
	6.51 - 8.00		1	
Blood Pressure – Half Yearly Examination	Systolic	Diastolic	Systolic	Diastolic
	<120	<80	2.5	2.5
	120-139	80-89	1	1
Blood Pressure – Annual Examination	>139	≥90	0.50	0.50
	<120	<80	2.5	2.5
	120-139	80-89	1	1
Body Mass Index (BMI)	>139	≥90	0.50	0.50
	18.00 – 23.00		5	
	23.01 – 27.49		2	
Total Cholesterol : HDL Cholesterol ratio	27.50 - 34		1	
	upto 4.0		2	
	4.01 to 5.00		1	
Diagnostic test undertaken	Both (Annual + Half Yearly)		3	
	Either (Annual or Half Yearly)		1	
Doctor Consultation	One Visit		2	

c) On the completion of all the above stated medical check-ups during the policy year and based on the findings and subject to Our underwriting norms applicable at that point in time, We may decide to

- (h) 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.
- (i) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- (j) Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), sleep-apnoea.
- (k) Congenital internal or external diseases, defects or anomalies, genetic disorders.
- (l) Stem cell Therapy or surgery, or growth hormone therapy.
- (m) Venereal disease, sexually transmitted disease or illness;
- (n) "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.
- (o) 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 a claim under 1.a for In-patient Treatment only.
- (p) 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.
- (q) Expenses for organ donor screening other than that as provided in 1.e.
- (r) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- (s) Dental treatment and surgery of any kind, other than accident and requiring hospitalisation.
- (t) Expense related to pancreatic islet transplantation.
- vi) Unnecessary medical expenses:
 - a) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), 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.
 - b) Vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- vii) Specified healthcare providers (Hospitals /Medical Practitioners)
 - (a) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
 - (b) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
 - (c) 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.
 - (d) 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.
- viii) Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.

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- a. continue with the published premium, or
- b. charge a reduced premium

Variant 2 : Gold Plan

- a) We will conduct Your medical check-up twice in a Policy Period as per grid below.

Period	Diagnostic Tests
Half yearly check-up	HbA1c, Blood pressure Monitoring, BMI,
Annual check-up	HbA1c, *SMA 12, Total Cholesterol : HDL Cholesterol, ECG, Blood pressure Monitoring, BMI, Doctor Consultation

***SMA 12** - FBS, Total Cholesterol, Creatinine, High-density lipoprotein (HDL), Low-density lipoprotein (LDL), Triglycerides (TG), Total Protein, Serum Albumin, Gamma-glutamyltransferase (GGT), Serum Glutamic Oxaloacetic Transaminase (SGOT), Serum Glutamic Pyruvic Transaminase (SGPT), Billirubin

- b) The medical check-up shall be conducted by empanelled medical centre and the cost of the same shall be borne by Us. If you choose to undertake medical check-up from a diagnostic center which is approved by Us, We will reimburse upto Rs.2000/- against actual diagnostic bill and You shall provide Us with medical check-up reports in time during Policy Period.
- c) We will not reimburse any amount in lieu of the medical check-up, if you choose not undergo any of the medical checkups.
- d) We shall obtain and retain Your medical reports. A copy of the medical check-up reports shall be sent to You for your reference.
- e) We may modify the nature of medical checkup / tests and the interval at which it should be conducted, to empower you to better control your health and improve your condition; You would be notified about the same accordingly, any modification to the nature of medical checkup / tests would be subject to prior approval from IRDA and shall be applicable at renewal.
- f) Based on medical check-up results incentive points would be calculated as per table below, this shall be the basis for deciding appropriate level of reduction in renewal premiums.

Examination Type	Reading	Points		
HbA1c (%) – Half Yearly Examination	Upto 5.99	5		
	6.00 - 6.50	2		
	6.51 - 8.00	1		
HbA1c (%) – Annual Examination	Upto 5.99	5		
	6.00 - 6.50	2		
	6.51 - 8.00	1		
Blood Pressure – Half Yearly Examination	Systolic	Diastolic	Systolic	Diastolic
	<120	<80	2.5	2.5
	120-139	80-89	1	1
	>139	≥90	0.50	0.50
Blood Pressure – Annual Examination	<120	<80	2.5	2.5
	120-139	80-89	1	1
	>139	≥90	0.50	0.50
	18.00 – 23.00	5		
Body Mass Index (BMI)	23.01 – 27.49	2		
	27.50 - 34	1		
	upto 4.0	2		
Total Cholesterol : HDL Cholesterol ratio	4.01 to 5.00	1		

Diagnostic test undertaken	Both (Annual + Half Yearly)	3
	Either (Annual or Half Yearly)	1
Doctor Consultation	One Visit	2

- g) On the completion of all the above stated medical check- ups during the policy year and based on the findings and subject to Our underwriting norms applicable at that point in time, We may decide to
 - i. continue with the published premium, or
 - ii. charge a reduced premium

Wellness Benefit

- a) The appropriate level of discount in renewal premium and renewal incentive would be computed as per below table. Our decision in this regard shall be final and binding on the policyholder.

Points Earned	Discount	Renewal Incentive
29-32	25% discount on renewal premium	Reimbursement upto 25% of renewal premium towards expenses incurred on health care.
25-28	20% discount on renewal premium	Reimbursement upto 20% of renewal premium towards expenses incurred on health care.
16-24	10% discount on renewal premium	Reimbursement upto 10% of renewal premium towards expenses incurred on health care
8-15	5% discount on renewal premium	Reimbursement upto 5% of renewal premium towards expenses incurred on health care
Less than 8	No discount	No Reward

- i. Reimbursement under renewal incentive can be claimed once during the Policy Period on submission of original bills or proof of such expenses incurred during the Policy Period on the health of the Insured Person.
- ii. Reimbursement can be claimed for the below mentioned health care expenses for Insured Person under the Policy.
 1. Consultation charges
 2. Medicines and drugs
 3. Diagnostic expenses
 4. Dental expenses
 5. Other miscellaneous Medical Expenses not covered under any medical insurance
- iii. We will not carry forward any un-claimed amount on subsequent renewal of policy with Us.
- b) The revised premium and renewal incentive as per clause a) above shall be applicable only for the following Policy Year onwards and shall be reassessed at the end of each Policy Year.

Section 4 General Conditions

a. Conditions to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.

b. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

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c. Insured Person

Any person named as Insured Person in the Schedule shall be covered under this Policy.

If an Insured Person dies, the Policy would automatically cease upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received IF AND ONLY IF there are no claims reported under the Policy.

Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

d. Loadings

We may apply a risk loading on the premium payable (based on the declarations made in the proposal form and the health status of the persons proposed for insurance) at the Commencement Date or on any renewal of the Policy with Us or on the receipt of a request for enhancing the Sum Insured. The maximum risk loading applicable for an individual will not exceed 100% per diagnosis / medical condition and an overall risk loading of 150% per individual.

We will send You the applicable risk loading or exclusion in writing. You shall give Us Your consent and the additional premium (if any), within 7 days of the issuance of Our letter. If You neither accept Our letter nor revert to Us within 7 days, We will cancel Your application and refund the premium paid within the next 7 days. However no risk loading shall be chargeable on account of diabetes (type II, Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT), adverse Body Mass Index (BMI) and hypertension. We will issue Policy only after getting Your consent.

i)	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.	Immediately and in any event at least 48 hours prior to the start of the Insured Person's hospitalisation.
ii)	Any treatment, consultation or procedure for which a claim may be made 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 of the start of the Insured Person's hospitalisation.

g. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf will provide Us with any documentation, medical records and information Apollo Munich may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the either 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 with detailed breakup of charges (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) Original payment receipts
- iv) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- v) Discharge Summary containing details of, Date of admission and discharge, detailed clinical history, past history, procedure details and details of treatment taken
- vi) Invoice/Sticker of the Implants.
- vii) A precise diagnosis of the treatment for which a claim is made.
- viii) A detailed list of the individual medical services and treatments provided and a unit price for each.
- ix) 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 Medical Practitioner's invoice.
- x) Obstetric history/ Antenatal card
- xi) Previous treatment record along with reports, if any
- xii) Indoor case papers
- xiii) Treating doctors certificate regarding the duration & etiology
- xiv) MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury

h. The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

i. Claims Payment

- i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with

PI Note:

The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 2 A i) & ii) above or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.

e. Notification of Claim

	Treatment, Consultation or Procedure:	Apollo Munich must be informed:
i)	If any treatment for which a claim may be made is to be taken and that treatment requires hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
ii)	If any treatment for which a claim may be made is to be taken and that treatment requires hospitalisation in an emergency:	Within 24 hours of the Insured Person's admission to hospital.

f. Cashless Service:

Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	Notice period for the Insured Person to take advantage of the cashless service* : *Written notice must be accompanied by full particulars.

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the documentation and information Apollo Munich has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

- ii) We will only make payment to You or at Your direction. If an Insured Person submits the requisite claim documents and information along with duly filled and signed claim form 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 Your death, We will make payment to the Nominee (as named in the Schedule).
- iii) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- iv) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents /information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- v) In an event a claim falls within two Policy Periods then the claim shall be settled by considering the available Sum Insured in the two Policy Periods, including Deductibles or Copayments if any for each Policy Period, and such eligible claim amount payable to the Insured shall be reduced to the extent of premium to be received for the renewal of policy, if not received earlier.

j. Non Disclosure or Misrepresentation

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

- cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule without refunding the Premium amount; and
- the claim under such Policy if any, shall be rejected/repudiated forthwith

k. Dishonest or Fraudulent Claims

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

- cancelled ab-initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule without refund of premium; and
- all benefits Payable, if any, under such Policy shall be forfeited with respect to such claim.

l. Other Insurance

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

holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause . This clause shall only apply to indemnity sections of the policy.

m. Subrogation

The Insured Person must do all acts and things that We may necessarily and reasonably require to enforce/ secure any civil / criminal rights and remedies or to obtain relief / indemnity from any other party because of making reimbursement under the Policy. This would be irrespective of whether such necessity has arisen before or after the reimbursement. These subrogation rights must NOT be prejudiced in any manner by the Insured Person. The Insured Person must provide Us with whatever assistance or cooperation is required to enforce such rights. We would deduct any amounts paid or payable and expenses of effecting recovery from any recovery that We make pursuant to this clause and pay the balance to You. This clause is only applicable to indemnity policies.

n. Endorsements

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

o. Renewal

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

- i) We are NOT under any obligation to:
 - a) Send renewal notice or reminders.
 - b) Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA
- ii) We will not apply any additional loading on your policy premium at renewal based on claim experience.
- iii) Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured increases the sum insured one grid up, no fresh medicals shall be required. In cases where the sum insured increase is more than one grid up, the case shall be subject to medicals, the cost of such medicals would be borne by You and upon acceptance of your request We shall refund 100% of the expenses incurred on medical tests. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

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p. Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person's immediate family. Such change would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

q. Notices

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

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

r. Dispute Resolution Clause

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

s. Termination

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

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

- ii) We shall terminate this Policy for the reasons as specified under aforesaid section 4 j) (Non Disclosure or Misrepresentation) & section 4 k) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

t. Co-Payment

If opted and mentioned on the Policy Schedule that a Co-payment is effective, and a claim has been admitted under Section 1 then, the insured person shall bear 20% of the eligible claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

u. Free Look Period

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Section.5 Other Important Terms You should know

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

enactment include subsequent changes to the same:

- Def. 1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Alternative treatments** means the forms of treatment other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.
- Def. 4. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- Def. 5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 7. **Co-Payment means** a cost-sharing requirement applicable under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum Insured.
- Def. 8. **Congenital Anomaly** Congenital anomaly refers to a condition(s) which is present since birth, and which is abnormal in reference to form, structure or position.
 - a) **Internal Congenital Anomaly** - Which is not in the visible and accessible parts of the body
 - b) **External Congenital Anomaly** - Which is in the visible and accessible parts of the body
- Def. 9. **Contribution** means essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- Def. 10. **Day Care centre** means any institution established for day care treatment of sickness and / or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
 - has qualified nursing staff under its employment
 - has qualified medical practitioner (s) in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out-
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- Def. 11. **Disclosure of information** norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 12. **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. 13. **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 Conditions. Coverage is not available for the period for which no premium is received.
- Def. 14. **Hospital means** any institution established for In-patient Care and Day Care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration & Regulations) Act 2010 or under the enactments specified under the schedule of Section 56 (1) of the said Act or complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock,
 - has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

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- 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. 15. **Hospitalisation** or Hospitalised means admission in a hospital for a minimum of 24 In patient care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 16. **Hypertension** is defined as a repeatedly elevated blood pressure exceeding 140 over 90 mmHg i.e. a systolic pressure above 140 with a diastolic pressure above 90. (As per JNC 7 guidelines seventh report of the Joint National Committee).
- Def. 17. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- a) Acute Condition means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b) Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms—it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
- Def. 18. **Impaired Fasting Glucose (IFG)** is impaired level of glucose, a condition under which a person has a plasma glucose values between 110 and 125 mg/dl after overnight fasting.
- Def. 19. **Impaired Glucose Tolerance (IGT)** is a pre-diabetic state of hyperglycemia (Elevated blood sugar) where 2 hours after 75 gm oral glucose tolerance test the plasma glucose level is between 140 to 199 mg/dl
- Def. 20. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 21. **In-patient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
- Def. 22. **Insured Person** means the person named in the Schedule.
- Def. 23. **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. 24. **Maternity Expense** shall include
- a) Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalisation)
- b) Expenses towards lawful medical termination of pregnancy during policy period.
- Def. 25. **Medical Advice** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription
- Def. 26. **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. 27. **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. 28. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 29. **Network Provider** means hospitals, or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- Def. 30. **Network means** any such hospitals, day care centre or other provider that Apollo Munich has mutually agreed with, to provide services like cashless access to Insured Persons. The list is available with Us on our website (www.apollomunichinsurance.com) and subject to amendment from time to time.
- Def. 31. **Non Network** means any hospital, day care centre or other provider that is not part of the Network.
- Def. 32. **Notification of Claim** means the process of notifying a claim to the insurer by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 33. **OPD treatment** means the treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient
- Def. 34. **Policy means** Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure I and the Schedule (as the same may be amended from time to time).
- Def. 35. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 36. **Portability means** transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another insurer.
- Def. 37. **Pre-Hospitalisation Medical Expenses** means the Medical Expenses incurred immediately before the Insured Person is hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalisation was required, and
 - ii. The In-patient hospitalisation claim for such hospitalisation is admissible by the Insurance Company
- Def. 38. **Post-Hospitalisation Medical Expenses** means the Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalisation was required, and
 - ii. The In-patient hospitalisation claim for such hospitalisation is admissible by the Insurance Company
- Def. 39. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- Def. 40. **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.

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- Def. 41. **Reasonable & Customary** Charges means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services by comparable providers, taking into account the nature of illness/ injury involved.
- Def. 42. **Room Rent means** the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
- Def. 43. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 44. **Subrogation means** the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 45. **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 the Policy Period.
- Def. 46. **Surgery 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. 47. **Type 1 Diabetes** also called juvenile diabetes indicates a condition in which Beta cell of pancreas are destroyed wherein insulin is required for survival.
- Def. 48. **Type 2 Diabetes** also called maturity onset diabetes indicates a condition which is characterized by either insulin resistance or relative deficiency of insulin secretion. usually present at the time of type II diabetes is clinically manifested.
- Def. 49. **Unproven/Experimental** treatment is treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 50. **We/Our/Us means** the Apollo Munich Health Insurance Company Limited.
- Def. 51. **You/Your/Policyholder means** the person named in the Schedule who has concluded this Policy with Us.
- Def. 52. **Dental Treatment** Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- Def. 53. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.
- Def. 54. **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 the Policy Period.
- Def. 55. **Day Care treatments** refers to medical treatment, and/or surgical procedure listed in Annexure I which is
 - (i) undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and,
 - (ii) which would have otherwise required a hospitalisation of more than 24 hours,

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

Section 6 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
- Email : customerservice@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,

Road No. 2, Banjara Hills,
Hyderabad-500034, Andhra Pradesh.

or : Claims Department,
Apollo Munich Health Insurance Co. Ltd.,
Plot No.277, 2nd Floor, Udyog Vihar, Phase-IV
Gurgaon-122016, Haryana.

Section 7 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.

Jurisdiction	Office Address
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email : ins.omb@rediffmail.com
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email : bimalokpalbhopal@airtelmail.in
Orissa	Shri B. P. Parija (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email : ioobbsr@dataone.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	Shri Manik Sonawane (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email : ombchd@yahoo.co.in
Jurisdiction	Office Address
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email : chennaiinsuranceombudsman@gmail.com

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Delhi & Rajasthan	Shri Surendra Pal Singh (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email : iobdelraj@rediffmail.com
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D.C. Choudhury (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email : ombudsmanghy@rediffmail.com
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi- Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax : 040-23376599 Email : insombudhyd@gmail.com
Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Shri R. Jyothindranathan (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email : iokochi@asianetindia.com
West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim	Ms. Manika Datta (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, KOLKATTA - 700 072. Tel : 033 22124346/(40) Fax : 033 22124341 Email : iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email : insombudsman@rediffmail.com
Maharashtra, Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email : ombudsmanmumbai@gmail.com

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

Annexure 1 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 under general /spinal anesthesia

Other operations on the middle & internal ear

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

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
39. Retinal detachment

Operations on the skin & subcutaneous tissues

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

Operations on the tongue

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

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Operations on the salivary glands & salivary ducts

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

Other operations on the mouth & face

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

Operations on the tonsils & adenoids

- 69. Transoral incision and drainage of a pharyngeal abscess
- 70. Tonsillectomy without adenoidectomy
- 71. Tonsillectomy with adenoidectomy
- 72. Excision and destruction of a lingual tonsil
- 73. Other operations on the tonsils and adenoids under general /spinal anesthesia

Trauma surgery and orthopaedics

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

Operations on the breast

- 79. Incision of the breast
- 80. Operations on the nipple

Operations on the digestive tract

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

Operations on the female sexual organs

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

Operations on the prostate & seminal vesicles

- 101. Incision of the prostate
- 102. Transurethral excision and destruction of prostate tissue
- 103. Transurethral and percutaneous destruction of prostate tissue
- 104. Open surgical excision and destruction of prostate tissue

- 105. Radical prostatovesiculectomy
- 106. Other excision and destruction of prostate tissue
- 107. Operations on the seminal vesicles
- 108. Incision and excision of periprostatic tissue
- 109. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

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

Operations on the testes

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

Operations on the spermatic cord, epididymis and ductus deferens

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

Operations on the penis

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

Operations on the urinary system

- 136. Cystoscopic removal of stones

Other Operations

- 137. Lithotripsy
- 138. Coronary angiography
- 139. Haemodialysis
- 140. Radiotherapy for Cancer
- 141. Cancer Chemotherapy
- 142. Renal biopsy
- 143. Bone marrow biopsy
- 144. Liver biopsy

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 hospitalisation is not mandatory

Annexure II

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
1	HAIR REMOVAL CREAM CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable

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S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BUDS	Not Payable
16	BARBER CHARGES	Not Payable
17	CAPS	Not Payable
18	COLD PACK/HOT PACK	Not Payable
19	CARRY BAGS	Not Payable
20	CRADLE CHARGES	Not Payable
21	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified

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S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/ AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTION	Not Payable - Part of Dressing charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable - Part of Dressing charges
89	COTTON BANDAGE	Not Payable - Part of Dressing charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
92	APRON	Not Payable-Part of hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SURCHARGES	Part of Room Charge, Not payable separately
100	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
101	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	BLANKET/WARMER BLANKET	Not Payable - Part of Room Charges
106	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
ADMINISTRATIVE OR NON-MEDICAL CHARGE		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable

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S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	WASHING CHARGES	Not Payable
127	MEDICINE BOX	Not Payable
128	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHIELD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalisation nursing charges not Payable
157	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
158	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
159	SUGAR FREE TABLET	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NOVARAPID	Payable when prescribed
169	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed

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S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
170	NEBULISATION KIT	If used during hospitalisation is payable reasonably
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

CLAIM PROCEDURE

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Please review your Energy policy and familiarize yourself with the benefits available and the exclusions.

To help us to provide you with fast and efficient service, We kindly ask you to note the following.

1. We recommend that you keep copies of all documents submitted to Apollo Munich Health Insurance Co. Ltd.
2. Please quote your member ID/policy number in all your correspondences.

Claim Procedure for Hospitalisation related benefits

What do I do in case of a claim or any assistance?

Intimation & Assistance	Procedure for Reimbursement of Medical Expenses	Procedure to avail Cashless facility
<p>Please contact Apollo Munich atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Apollo Munich within 24 hours of the event.</p> <p>Apollo Munich can be contacted through:</p> <ul style="list-style-type: none"> - 24 x 7 Toll free: 1800 - 102 - 0333 - E-mail at: customerservice@apollomunichinsurance.com - Fax at: 1800 - 425 - 4077 - Post and Courier to the nearest claims hub: Claims Department, Apollo Munich Health Insurance Co. Ltd., Ground Floor, Srinilaya - Cyber Spazio, Road No. 2, Banjara Hills, Hyderabad-500034, Andhra Pradesh. <p>or : Claims Department, Apollo Munich Health Insurance Co. Ltd., Plot No.277, 2nd Floor, Udyog Vihar, Phase-IV Gurgaon-122016, Haryana.</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p>	<ul style="list-style-type: none"> • Please send the duly signed claim form and all the information/documents mentioned* therein to Apollo Munich within 15 days of the completion of the treatment. * Please refer to Claim Form for complete documentation. • If there is any deficiency in the documents/information submitted by you, Apollo Munich will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, Apollo Munich will make the payment for the admissible amount, along with a settlement statement within 30 days. • The payment will be made in the name of the proposer. <p>Note : Payment will only be made for items covered under your policy and upto the limits therein.</p>	<ul style="list-style-type: none"> • For any emergency Hospitalisation, Apollo Munich must be informed no later than 24 hours after hospitalisation. • For any planned hospitalisation, kindly seek cashless authorization from Apollo Munich atleast 48 hours prior to the hospitalisation. • Apollo Munich will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents. • Please pay the non-medical and expenses not covered to the hospital prior to the discharge. • In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours. <p>Note :</p> <ul style="list-style-type: none"> • Insured person is entitled for cashless only in our empanelled hospitals. • Please refer to the list of empanelled hospitals on our website Or the list provided in the guidebook or welcome kit. • Rejection of cashless in no way indicates rejection of the claim.

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-102-0333 or log on to our website www.apollomunichinsurance.com or e-mail us at customerservice@apollomunichinsurance.com