

Description is illustrative and not exhaustive.

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Dengue Care	
What am I covered for:	<p>Inpatient Benefits</p> <ul style="list-style-type: none"> a. In-patient Treatment - Covers hospitalisation expenses for period more than 24 hrs b. Pre-Hospitalisation - Medical Expenses incurred in 15 days before the hospitalisation c. Post-Hospitalisation - Medical Expenses incurred in 15 days after the hospitalisation d. Shared Accommodation Benefit - If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, Section III C v) of Policy wordings will be waived off. <p>Outpatient Benefits</p> <ul style="list-style-type: none"> a. Outpatient Consultations - covers outpatient consultation by a general Medical Practitioner for treatment of Dengue fever. b. Diagnostic Tests - covers outpatient diagnostic tests for Dengue fever taken by the Insured Person from a diagnostic centre c. Pharmacy - reimburses for medicines purchased by the Insured Person from a pharmacy, provided that such medicines have been prescribed for treatment of Dengue fever d. Home Nursing - reimburses the Medical Expenses for necessary medical treatment taken by the Insured Person by our empanelled medical practitioner at home for treatment of Dengue fever 	<p>Section I 1 a)</p> <p>Section I 1 b)</p> <p>Section I 1 c)</p> <p>Section I 1 d)</p> <p>Section II 2 a)</p> <p>Section II 2 b)</p> <p>Section II 2 c)</p> <p>Section II 2 d)</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>Any Treatment other than for Dengue fever; 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; Vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim; Specified healthcare providers (Hospitals /Medical Practitioners); 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 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; 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; 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; Any non medical expenses mentioned in Annexure I of Policy wordings</p>	Section III
Waiting Period	<ul style="list-style-type: none"> • 15 days for Dengue fever in the first year and is not applicable in subsequent renewals 	Section IIIA i)
Payout basis	Inpatient Hospitalisation benefit on indemnity payment basis.	Section I
Cost Sharing	Not Applicable	
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 IV m)
Renewal Benefits	NA	
Cancellation	This policy will be terminated for the reasons as specified under section Non Disclosure or Misrepresentation & Section 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.	Section IV p)

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the key featured document and the policy document the terms and conditions mentioned in the policy document shall prevail.

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

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Apollo Munich Health Insurance Company Limited will cover all Insured Person/s under this Policy upto the Sum Insured. The insurance cover at all times shall be governed by and shall be subject to the terms, conditions and exclusions under this Policy.

Section I. Inpatient Benefits

The following benefits are available to all Insured Persons who gets hospitalized on Inpatient care basis for suffering from Dengue fever during the Policy Period.

a. In-Patient Treatment

Treatment arising from Dengue fever where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses (Single private A/c room), nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, medicines, drugs, consumables, diagnostic procedures. If the Insured Person is admitted in a room where the room rent incurred is greater than Single private A/C room, then the Policyholder shall bear the ratable proportion of the total variable medical expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and single private room.

b. Pre-Hospitalization expenses

Expenses for consultations, investigations and medicines incurred upto 15 days before Hospitalisation.

c. Post-Hospitalization expenses

Expenses for consultations, investigations and medicines incurred upto 15 days after discharge from Hospitalisation.

d. Shared accommodation Benefit

If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, the exclusion prescribed under Section III C v) in this Policy will be waived off.

Section II. Outpatient Benefits:

The following benefits are available to all Insured Persons during the Policy Period if NS1 (nonstructural protein 1) or any equivalent test as directed by us is positive in result. Any claims made under these benefits will be subject to Out-patient Sum Insured.

a. Outpatient Consultations

Outpatient consultation from a Medical Practitioner as defined under this Policy for treatment of Dengue fever.

b. Diagnostic Tests

Outpatient diagnostic tests for Dengue fever taken by the Insured Person from a diagnostic centre.

c. Pharmacy

Medicines purchased by the Insured Person from a pharmacy, provided that such medicines have been prescribed for treatment of Dengue fever by the treating medical practitioner only.

d. Home Nursing

Medical Expenses for necessary medical treatment taken by the Insured Person by our empanelled medical practitioner at home for treatment of Dengue fever.

Section III. Special terms and conditions

A. Waiting Period

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

- i) We are not liable for any claim arising due to treatment and admission within 15 days from policy commencement date, which shall be mentioned over schedule of policy details that will be sent to you.

B. Reduction in waiting periods

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
 - (a) any health insurance plan with an Indian non life insurer as per guidelines on portability, OR
 - (b) any other similar health insurance plan from Us,Then:
 - (a) The waiting periods specified in Section III A i) of the Policy stand deleted; AND :
 - (b) 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 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 and information.
 - c) We will retain the right to underwrite the proposal.
 - d) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

C. 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:

- i) Any Treatment other than for Dengue fever
- ii) 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 incidental services and supplies of similar nature.
- iii) Treatment taken by following 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 treating doctors prescription.
 - d) Charges related to a Hospital stay not expressly mentioned as being covered in this Policy, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- iv) The costs of any procedure or treatment by any person or institution that we have told you (in writing) is not to be used at the time of renewal or at any specific time during the policy period.
- v) Any non medical expenses mentioned in Annexure I.

Section IV. 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 Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to admissibility of any claim under this Policy. The premium for the policy will remain the same for the policy period as mentioned in policy schedule.

b. Geography

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

c. Insured Person

Only those persons named as Insured Persons in the Policy Schedule shall be covered under this 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 waiver of waiting period, exclusions under that policy etc. provided the policy has been maintained without a break as per portability guidelines prescribed by IRDAI.

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

d. Notification of Treatment

i) For Cashless Service:

Planned Treatment	Emergency
For any planned treatment for Dengue fever for which a claim may be made, requiring Hospitalisation, Apollo Munich must be notified preferably 48 hours prior to the start of the Insured Person's Hospitalisation	For any treatment for Dengue fever for which a claim may be made, requiring Hospitalisation in an Emergency, Apollo Munich must be notified within 24 hours of the start of the Insured Person's Hospitalisation.

ii) For Reimbursement

Reimbursement claims must be informed no later than 7 days of completion of such treatment, consultation or procedure. Duly signed claim form and all the information/documents mentioned should be submitted within 15 days of the occurrence of the Incident.

e. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf will provide Us with the list of documentation, medical records and information mentioned below and any other documentation, medical records and information that We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the either of the Insured Person's discharge from Hospitalisation or completion of treatment or Our request. 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. List of documentation as referred above 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 original reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.

- v) Original Discharge Summary containing details of Date of admission and discharge detailed clinical history, detailed past history, procedure details and details of treatment taken
 - vi) A precise diagnosis of the treatment for which a claim is made.
 - vii) A detailed list of the individual medical services and treatments provided and a unit price for each.
 - viii) Original 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.
 - ix) Indoor case papers
- f. 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 evaluating the admissibility of the claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

g. Claims Payment

- i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have 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 under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule). No assignment of this Policy or the benefits thereunder shall be permitted.
- iii) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- iv) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (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 IRDAI (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- v) In an event claim event falls within two Policy Period then We shall settle claim by taking into consideration the available in the two Policy Periods. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the renewal /due date of the premium of health insurance policy, if not received earlier.

h. 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 Policy Schedule without refunding the Premium amount; and
- and the claim under such Policy if any, shall be rejected/repudiated forthwith.

i. 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 Policy Schedule without refund of premium; and
- all benefits Payable, if any, under such Policy shall be forfeited with respect to such claim.

j. 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.

k. 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 authority, 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.

l. Endorsements

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

m. Renewal

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

We are NOT under any obligation to:

- Send renewal notice or reminders to You.
- 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 waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines prescribed by IRDAI.

Sum Insured can be enhanced only at the time of renewal. 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.

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

All applications for renewal of the Policy must be received by Us on or 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.

We will not apply any additional loading on your policy premium at renewal based on claim experience.

n. Notices

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

- Any Insured Person, it would be sent to You at the address specified in Policy Schedule / endorsement
- Us, shall be delivered to Our address specified in the Policy Schedule.
- No insurance agents, brokers or other person/ entity is authorised to receive any notice on Our behalf.

o. Dispute Resolution Clause

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

p. Termination

- 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

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

- We shall terminate this Policy for the reasons as specified under aforesaid section IV h) (Non Disclosure or Misrepresentation) & section IV i) (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 Policy Schedule, without refunding the Premium amount.

q. 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.

r. Wellness Offers

From time to time, we will provide insured the opportunity to purchase items or services curated by Us and related to prevention of Dengue on Our website or through other means. These items or services, which may be offered by Us or selected partners, may be offered with a discount or as part of a special scheme.

Section V. 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. **Age or Aged** means completed years as at the Commencement Date
- Def.2. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- Def.3. **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.4. **Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule.
- Def.5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def.6. **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 rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- Def.7. **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.8. **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.9. **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.10. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified 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.11. **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.12. **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.13. **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.14. **Insured Person** means You and the persons named in the Policy Schedule.
- Def.15. **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.16. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def.17. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def.18. **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 Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- Def.19. **Post- Hospitalisation Medical Expenses** means 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 hospitalization was required and
 - ii) The inpatient hospitalization claim for such hospitalization is admissible by the insurance company
- Def.20. **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.21. **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 licence.'
- Def.22. **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.23. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- Def.24. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def.25. **Outpatient 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.26. **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.

Dengue Care

Policy Wording

- Def.27. **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.28. **Policy** means and includes Your statements in the proposal form (which are the basis for this Policy), this Dengue Care Policy wording (including endorsements, if any), Annexure 1 and the Policy Schedule (as may be amended from time to time).
- Def.29. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule.
- Def.30. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def.31. **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.32. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- Def.33. **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.34. **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.35. **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.36. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
- Def.37. **Shared accommodation** means a Hospital room with two or more patient beds.
- Def.38. **TPA** means the third party administrator that We appoint from time to time as specified in the Policy Schedule.
- Def.39. **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- Def.40. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def.41. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

Section VI. Claim Related Information

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

Website : www.apollomunichinsurance.com
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, Telangana.

or : Claims Department,
 Apollo Munich Health Insurance Co. Ltd.,
 Central Processing Center,
 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405,
 Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.

Section X. 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:

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., Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana**

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

Address & Contact Details of Ombudsmen Centres

Office of The Governing Body of Insurance Council

(Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. **Tel:** 26106671/ 6889.
Email id: inscoun@gbic.co.in **Website:** www.gbic.co.in

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

Office of the Insurance Ombudsman,
 2nd Floor, Ambica House, Ashram Rd,
AHMEDABAD - 380 014.
Tel: 079 - 27545441/ 27546840
Fax: 079 - 27546142
Email: bimalokpal.ahmedabad@gbic.co.in

Office of the Insurance Ombudsman,
 2nd Floor, Janak Vihar Complex, 6,
 Malviya Nagar, **BHOPAL - 462 003.**
Tel: 0755 - 2769201/ 9202
Fax: 0755 - 2769203
Email: bimalokpal.bhopal@gbic.co.in

Office of the Insurance Ombudsman,
 62, Forest Park,
BHUBANESHWAR - 751 009.
Tel: 0674 - 2596455/2596003
Fax: 0674 - 2596429
Email: bimalokpal.bhubaneswar@gbic.co.in

Office of the Insurance Ombudsman,
 SCO No.101-103,2nd Floor, Batra
 Building, Sector 17-D,
CHANDIGARH - 160 017.
Tel: 0172 - 2706468/2772101
Fax: 0172 - 2708274
Email: bimalokpal.chandigarh@gbic.co.in

Office of the Insurance Ombudsman,
 Fathima Akhtar Court, 4th Floor, 453 (old
 312), Anna Salai, Teynampet,
CHENNAI - 600 018.
Tel: 044 - 24333668/ 24335284
Fax: 044 - 24333664
Email: bimalokpal.chennai@gbic.co.in

Office of the Insurance Ombudsman,
 2/2 A, Universal Insurance Bldg.,
 Asaf Ali Road,
NEW DELHI - 110 002.
Tel: 011 - 23234057/ 23232037
Fax: 011 - 23230858
Email: bimalokpal.delhi@gbic.co.in

Office of the Insurance Ombudsman,
 "Jeevan Nivesh", 5th Floor,
 S.S. Road,
GUWAHATI - 781 001.
Tel: 0361 - 2132204/ 5
Fax: 0361 - 2732937
Email: bimalokpal.guwahati@gbic.co.in

Office of the Insurance Ombudsman,
 6-2-46, 1st Floor, Moin Court, A.C.
 Guards, Lakdi-Ka-Pool,
HYDERABAD - 500 004.
Tel: 040 - 65504123/ 23312122
Fax: 040 - 23376599
Email: bimalokpal.hyderabad@gbic.co.in

Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM - 682 015. Tel: 0484 - 2358759/ 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel: 033 - 22124339/ 22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW - 226 001. Tel: 0522 - 2231331/ 2231330 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), MUMBAI - 400 054. Tel: 022 - 26106960/ 26106552 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302 005. Tel: 0141 - 2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411 030. Tel: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560 025. Tel: 080 - 26652049/ 26652048 Email: bimalokpal.bengaluru@gbic.co.in	Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201 301. Tel: 0120 - 2514250/ 51/ 53 Email: bimalokpal.noida@gbic.co.in
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800 006. Tel: 0612 - 2680952 Email id: bimalokpal.patna@gbic.co.in.	

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

Schedule of Benefits

Benefits	Sum Insured - Rs 50,000; 100,000
1 a.) In-patient Treatment	Covered
1 b.) Room Rent	Single private A/c room
1 c.) shared accommodation Benefit	Covered
1 d.) Pre-hospitalization	15 Days
1 e.) Post-hospitalization	15 Days
Outpatient Treatment	
a.) Pharmacy	
b.) Diagnostic tests	Rs 10,000
c.) Outpatient Consultation	
d.) Home nursing	

Annexure 1:

List of excluded expenses (Non-Medical) under indemnity policy are uploaded on our website. Please login to www.apollomunichinsurance.com

Please review your 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
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 7days 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. 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, Telangana. <p>or : Claims Department, Apollo Munich Health Insurance Co. Ltd., 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p>	<ul style="list-style-type: none"> • We must be informed no later than 7 days of completion of such treatment, consultation or procedure. • Please send the duly signed claim form and all the information/documents mentioned* therein to us within 15 days of the occurrence of the Incident. 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. <p><i>*Please refer to claim form for complete documentation.</i></p> <ul style="list-style-type: none"> • If there is any deficiency in the documents/ information submitted by you, we will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement within - 30 days. • The payment will be made in the name of the proposer. <p>Note: Payment will only be made for items covered under your policy and upto the limits therein.</p>	<ul style="list-style-type: none"> • For any emergency Hospitalisation, we must be informed no later than 24 hours after hospitalization. • For any planned hospitalization, kindly seek cashless authorization from us atleast 48 hours prior to the hospitalization. • We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents. • Please pay the non-medical and expenses not covered to the hospital prior to the discharge For details on non medical items, please refer to Annexure 1 of Policy Wordings. • 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 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 1800-1020-333 or log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com

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