

EASY TRAVEL GLOBAL HEALTH INSURANCE [INDIVIDUAL] POLICY WORDINGS

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

BENEFITS

We will provide the Benefits as detailed below and shown in the Schedule to be operative for an event or occurrence described in such Benefits that occurs during the Policy Period. The Sum Insured for each Section represents Our maximum liability for each Insured Person for any and all claims made under that Section during the Policy Period, but Our maximum liability to make payment in respect of any and all Benefits for each Insured Person shall be limited to the Medical Inpatient Treatment Sum Insured unless expressly stated to the contrary.

Section. 1 Medical Inpatient Treatment

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

1.a) Hospitalisation

If an Insured Person requires inpatient treatment in a Hospital, then We will reimburse the Medical Expenses for:

- 1).a). i) Room rent and boarding expenses, upto the limit mentioned in the Schedule of Benefits, for the period that the Insured Person requires Hospitalisation. We will also pay for air conditioning charges, access to television and access to a telephone (but not for the cost of calls or other telephone services), subject to Exclusion 6.o)
- 1).a). ii) Medical examination, diagnostic procedures
- 1).a). iii) Nursing, care provided by the Hospital for the Insured Person while he is Hospitalised.
- 1).a). iv) Operating theatre charges and intensive-care unit charges.
- 1).a). v) Surgery, provided that:
If an Insured Person requires inpatient surgery in a Hospital and such surgery is undertaken as an outpatient at a Hospital or by a specialist Doctor outside a Hospital, in lieu of inpatient treatment in which case We will pay:
 - (a) The Medical Expenses actually incurred for that surgery on the Insured Person, and
 - (b) The Medical Expenses for further necessary medical treatment taken by the Insured Person following the outpatient surgery in the four week period following such surgery.
- 1).a). vi) Drugs and dressings, provided that the drugs or dressings are prescribed by the Hospital for the Insured Person and dispensed by the Hospital pharmacy or other Dispensary.
- 1).a). vii) Physical medical services (inhalation, physical exercise, massage, packs, medicinal baths, thermo-therapy, electrotherapy or light therapy only. Thermal baths, saunas and other similar baths are excluded) provided that:
 - (a) the services are prescribed by a Doctor before their commencement, and
 - (b) the services are administered by a Doctor or a duly qualified and properly licensed physiotherapist, and
 - (c) the services are provided by the Hospital for the Insured while he is Hospitalised.
- 1).a). viii) Therapeutic aids and appliances, provided that:
 - (a) The aids or appliances are designed to directly alleviate or compensate physical ailments or handicaps (including cardiac pacemakers, artificial limbs or prostheses

but not dentures or visual aids) that first arose during the Risk Period during which the Insured Person was Hospitalised, and

- (b) The aids or appliances are fitted to the Insured Person during his Hospitalisation and remain in or on the Insured Person's body, and
- (c) If We have reimbursed the cost of therapeutic aids and appliances under this Section, then We will also reimburse the expenses of repairing the same if the repair is required and undertaken during the Policy Period.

- 1).a). ix) Chemotherapy, Radiotherapy and other oncological performances which are provided for the Insured Person while he is Hospitalised.

1.b) Maternity

We will reimburse the Medical Expenses for necessary medical treatment required by an Insured Person in the course of her pregnancy (including at the time of delivery, lawful medical termination of pregnancy and the cost of a midwife or obstetric nurse) during the Risk Period at a Hospital, maternity home or comparable institution, provided that:

- (a) The Insured Person was not pregnant at the commencement of the Policy Period, and
- (b) The Insured Person has been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits, and
- (c) A waiting period of 10 months will apply to all claims for this Benefit.

1.c) Transportation cost for Ambulance

If We have accepted a claim under Section 1 a) then We will also reimburse the expenses incurred on an ambulance, offered by a healthcare or ambulance service provider, used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention).

1.d) Nursing Care at Home and Domestic Help

If We would have accepted a claim under Section 1 a) then We will also reimburse the Medical Expenses for necessary medical treatment taken by the Insured Person at home and nursing care prescribed by a Doctor taken by the Insured Person at home provided that:

- 1).d). i) The medical treatment and nursing care is provided by nursing staff (meaning duly trained and qualified nursing staff) and domestic help (meaning in this section persons who assist the Insured Person with the usual, recurrent tasks of everyday life associated with the running of a home, such as shopping, cooking, cleaning the home, washing-up, changing and washing the laundry and clothes) wherever required to be so registered or licensed in overseas destination, for a period of up to 30 days immediately following the Insured Person's Hospitalisation, and
- 1).d). ii) Our TPA has agreed in writing to reimburse such expenses before treatment commences, and
- 1).d). iii) We are satisfied that such nursing care and domestic help replaces or shortens the time that the Insured Person would otherwise have spent in Hospital and in no case shall We pay more for nursing care and domestic help at home than would have been payable if the Insured Person had remained in Hospital.

1.e) Bone marrow and Organ Transplants

We will reimburse Medical Expenses for a bone marrow donor or organ donor's treatment for the transplantation of bone marrow or harvesting of the organ donated, provided that:

- 1).e). i) We will reimburse only the cost incurred by the donor in conjunction with procuring the bone marrow or organ, the cost of transporting the bone marrow or organ, and the cost of Hospital room rent and boarding expenses if a Doctor has required the donor to be Hospitalised, and

- 1).e). ii) We will not reimburse any costs related to finding the organ to be transplanted or a suitable donor, and
- 1).e). iii) The treatment commences during the Risk Period, and
- 1).e). iv) Our TPA has agreed in writing to reimburse such expenses before the treatment commences.

1.f) Inpatient Follow-up Rehabilitation

If We have accepted a claim under Section 1 a) then We will also reimburse the Medical Expenses for medically necessary inpatient treatment required to restore the Insured Person to his former physical condition following the treatment for which Hospitalisation was originally required, provided that:

- 1).f). i) The follow up inpatient treatment commences in the 14 days immediately following the end of the original Hospitalisation, and
- 1).f). ii) The follow-up inpatient treatment is completed within 28 days of that original Hospitalisation, and
- 1).f). iii) The follow up inpatient treatment is recommended by the treating Doctor, and
- 1).f). iv) Our TPA has agreed in writing to reimburse such expenses before treatment commences.

1.g) Parent Rooming-in During Child Inpatient Treatment

If We have accepted a claim under Section 1 a) and the Insured Person Hospitalised is aged 18 years or less, then We will pay for the room rent and boarding expenses of the Insured Person's parent for the period that the Insured Person requires Hospitalisation provided that the parent is instructed by the attending Doctor to accompany the Insured Person and Our TPA has agreed in writing to reimburse such expenses.

1.h) Repatriation of mortal remains

If the Insured Person dies during the Risk Period, then We will reimburse the expenses of either transporting the mortal remains from the foreign country to his permanent place of residence or to a cremation or burial ceremony in the foreign country provided that Our TPA has agreed in writing to reimburse such expenses

1.i) Emergency Dental treatment following an Accident

We will pay the Medical Expenses for emergency dental treatment of the Insured Person following an Accident during the Risk Period provided by the Hospital or the nearest dental facility, provided that We will not pay for any treatment caused by or related to the deterioration and/or decay of teeth or associated tissue or involving the use of precious metals or treatment of an elective nature, screenings, dentures, implants and orthodontics.

1.j) Emergency Outpatient Treatment following an Accident

If an Insured Person requires emergency Outpatient Treatment following an Accident to stabilise a sudden and unforeseen occurrence or the sudden onset of a medical or behavioural condition manifesting itself by acute symptoms of severity (including severe pain) such that the failure to provide immediate medical attention could reasonably be expected to result in serious risk to life, limb or function, then We will reimburse the Medical Expenses (including drugs and dressings which are prescribed by the attending Doctor) for the Outpatient Treatment.

1.k) Inpatient psychotherapy

If an Insured Person requires inpatient psychotherapy then We will reimburse the Medical Expenses for such treatment provided by a psychiatrist, psychotherapist or other specialist that is duly qualified and properly licensed to practise psychiatry, psychotherapy or psychoanalysis, and Our TPA has agreed in writing to reimburse such costs before treatment commences.

1.l) E-Opinion in respect of a Critical Illness or Permanent Total Disablement

If an Insured Person suffers a Critical Illness or Permanent Total Disablement (meaning disablement remaining after completion of the healing process or 365 days after the Accident whichever is earlier and which will, in Our opinion, entirely prevent him from engaging in any occupation for which he is qualified by reason of education, training or experience (or, if he has no occupation, from engaging in gainful employment) for the remainder of his life, and which We are satisfied is beyond hope of improvement) during the Risk Period, and no previous claim has been made for this benefit in the Policy Period, then at the Insured Person's request We will arrange a second opinion from a Doctor selected by the Insured Person from Our panel. The second opinion will be based only on the information and documentation provided to the Doctor by or on behalf of the Insured Person, and the second opinion will be sent directly to the Insured Person by the Doctor.

In opting for this benefit and deciding to obtain an E-opinion, each Insured Person expressly notes and agrees that:

- 1).l). i) It is entirely for the Insured Person to decide whether to obtain an E-opinion, from which person from Our Panel to take the E-opinion and the use (if any) to which the E-opinion so obtained is put.
- 1).l). ii) We do not provide an E-opinion or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same, or the use to which the E-opinion is put.
- 1).l). iii) We assume no responsibility for and will not be responsible for any actual or alleged errors, omissions or representations made by any Doctor or in any E-opinion or for any consequences of any action taken or not taken in reliance thereon.

1.m) Medical Evacuation

We will reimburse the cost of the transportation of the Insured Person (and an attending Doctor if We are satisfied this is necessary) from a Hospital to the nearest facility which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that:

- 1).m). i) Transportation has been prescribed by a Doctor and is medically necessary, and
- 1).m). ii) Our TPA has agreed to the reimbursement of the costs of transportation in writing in advance of the transportation, and
- 1).m). iii) If transportation is required, then Our TPA will discuss with the Doctor whether to transport the Insured Person to a more suitable country for medical treatment or to India.

Section. 2 Outpatient Treatment

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

If the Schedule shows a Deductible is applicable, then Our liability to make any payment will only be above that Deductible.

If an Insured Person requires Outpatient Treatment due to an Illness or Accident during the Risk Period, then We will pay:

2.a) Outpatient Medical Expenses

The Medical Expenses for necessary medical treatment taken by the Insured Person in a Hospital, clinic or associated facility, for medical practice in accordance with the relevant regulations in the Overseas Destination (wherever required to be so registered or licensed), on an outpatient basis for:

- 2).a). i) Examination, diagnosis or therapy by a Doctor who is a general health practitioner or a specialist in the field of medicine in which treatment has been taken, and
- 2).a). ii) Diagnostic Procedures

2.b) Ayurveda, Homeopathy, Osteopathy & Chiropractic

We will reimburse the Medical Expenses for ayurveda, homeopathy, osteopathy or chiropractic treatment (including drugs and dressings required as part of the treatment) in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health, provided that:

- 2).b). i) We are satisfied that such treatment is provided by a Doctor or other therapist that is duly qualified and properly licensed by a recognised body in the Overseas Destination, and
- 2).b). ii) Our liability is limited to the amount stated in the Schedule of Benefits.

2.c) Outpatient Psychotherapy

We will pay the Medical Expenses for psychotherapy taken as Outpatient Treatment provided that:

- 2).c). i) We are satisfied that such Outpatient Treatment is provided by a psychiatrist, psychotherapist or other specialist that is duly qualified and properly licensed to practise psychiatry, psychotherapy or psychoanalysis, and
- 2).c). ii) Our liability is limited to up to 20 sessions in each Policy Period, and
- 2).c). iii) Our TPA has agreed in writing to reimburse such costs before the treatment commences.

2.d) Drugs & Dressings

We will reimburse the Medical Expenses for drugs and dressings if prescribed by a Doctor, Dentist or properly qualified and duly licensed therapist for the Insured Person and dispensed by a pharmacy or Dispensary.

2.e) Physical Medical Services

We will reimburse the Medical Expenses for physical medical services (inhalation, physical exercise, massage, packs, medicinal baths, thermo-therapy, electrotherapy or light therapy only. Thermal baths, saunas and other similar baths are excluded) provided that:

- 2).e). i) the services are prescribed by a Doctor before their commencement, and
- 2).e). ii) the services are administered by a Doctor or a duly qualified and properly licensed medical assistant (meaning in this Section a massage and balneotherapist or physiotherapist only) at his own practice or in a Hospital.

2.f) Outpatient Therapeutic Aids & Appliances

We will reimburse the Medical Expenses for the therapeutic aids and appliances listed below to prevent, alleviate or compensate physical disabilities if required by the Insured Person provided that these are prescribed by a Doctor:

- i) bandages
- ii) trusses
- iii) insole supports for shoes (a maximum 2 pairs per Policy Period will be reimbursed)
- iv) walking aids
- v) hearing aids, excluding batteries
- vi) compression stockings
- vii) corrective splints
- viii) artificial limbs/prostheses
- ix) plaster shells for lying and sitting
- x) orthopaedic arm
- xi) leg and body braces
- xii) speaking aids (electronic larynx), excluding batteries.

If Our TPA has agreed in writing to reimburse such Medical Expenses before the Insured Person's treatment commences, then We will also pay for:

- xiii) wheelchairs, excluding batteries

- xiv) cardiac and respiratory monitors
- xv) infusion pumps
- xvi) inhalation devices
- xvii) oxygen devices and monitors for new-born babies.

If We have accepted a claim under this Benefit, then We will also reimburse expenses for repairing the same if the repair is necessary and undertaken during the same Policy Period but We will not pay for the cost of repair or replacement of sanitary commodities (such as electric cushions and massage devices) or the usual cost of maintenance.

2.g) Medical Check-up

We will pay the expenses incurred by an Insured Person of obtaining a health check-up provided that:

- 2).g). i) The health check up is required by the appropriate authority in the Overseas Destination, and
- 2).g). ii) Our liability is limited to the amount specified in the Schedule of Benefits, and
- 2).g). iii) Our TPA has agreed in writing to reimburse such costs before the Insured Person undergoes such check-up.

2.h) Speech Therapy

We reimburse the Medical Expenses for speech therapy and exercises for treating speech and voice disorders, provided that they are prescribed by a Doctor or a duly qualified and properly licensed speech therapist and Our TPA has agreed in writing to reimburse such costs before treatment commences.

2.i) Maternity

We will pay the Medical Expenses for necessary medical treatment required by an Insured Person in the course of her pregnancy (including at the time of delivery, abortion and the cost of a midwife or obstetric nurse) at a Hospital, maternity home or comparable institution, provided that:

- (a) The Insured Person was not pregnant at the commencement of the Policy Period, and
- (b) The Insured Person has been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits, and
- (c) A waiting period of 10 months will apply to all claims for this Benefit.

2.j) Vaccinations and prophylactic measures

We will reimburse the Medical Expenses for vaccinations and prophylactic measures if such measures are mandatory by the relevant authority in the Overseas Destination.

2.k) Vaccinations and prophylactic measures including those undertaken 30 days prior to the inception of the insurance

We will reimburse the Medical Expenses for vaccinations and prophylactic measures including those undertaken 30 days prior to the commencement of the Risk Period if such measures are mandatory by the relevant authority in the Overseas Destination.

Section. 3 Dental & Vision Aids

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

We will reimburse the Medical Expenses for the following taken during the Risk Period, provided that the Insured Person must have been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits:

3.a) Dental Treatment

- 3).a). i) Dental check ups carried out by a Dentist for the early detection of disorders of the teeth, mouth or jaw.
- 3).a). ii) Dental treatment provided by a Dentist, which includes examination or diagnosis, treatment for the conservation of teeth (such as cavity fillings and inlay fillings), dental surgery and treatment of the oral mucosa and paradontium, provided that any payment We make for inlay fillings shall be limited to the cost of metal version without caps.
- 3).a). iii) Dentures including prosthetic performances (such as dental bridges and false teeth) and crowns, provided that any payment We make is limited to the cost of the metal version with caps from tooth 1 to tooth 5; and the cost of the metal version without caps from tooth 6 onwards.
- 3).a). iv) Dental Implants provided that a Dentist has certified in advance that there is no other alternative and Our TPA has agreed in writing to reimburse such expenses, in which case We will reimburse the cost of incorporating up to four implants per jaw and the dentures to be secured to these implants.
- 3).a). v) Function-analytic and function-therapeutic measures carried out by a Dentist, which are designed and intended to diagnose and repair disturbances of the function of the jaw joints, the chewing musculature and the teeth.
- 3).a). vi) Orthodontics performances carried out by a Dentist.
- 3).a). vii) Dental laboratory work and materials
- 3).a). viii) A Dentist's compilation of a plan of treatment and costs.

Our reimbursement for 3).a). iii) to 3).a). viii) above and any preceding and subsequent treatment associated with the same will be limited per Insured Person to the amounts specified in the Schedule of Benefits.

Special Condition to Dental Treatment

- (1) A waiting period of 10 months will apply to all claims for this Benefit.

3.b) Vision Aids

We will reimburse the Medical Expenses for medically necessary spectacles or contact lenses (but excluding lens cleaning liquid) used to correct the vision which are required by the Insured Person and prescribed by a Doctor provided that:

- 3).b). i) Only one pair spectacles or one pair of contact lenses can be claimed by each Insured Person in the Policy Period.
- 3).b). ii) Our liability is limited to the amount mentioned in the Schedule of Benefits.
- 3).b). iii) Sunglasses or tint glasses are not covered unless they are medically necessary and prescribed by a Doctor.

Section. 4 Personal Liability & Personal Accident

If the Schedule shows a Deductible is applicable, then Our liability to indemnify will only be above the Deductible.

4.a) Personal Liability

- 4.a) i) We will indemnify an Insured Person in excess of the Deductible and subject to the Limit of Indemnity specified in the Schedule against his actual legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim first made against the Insured Person during the Policy Period for third party death, bodily injury or property damage.

4.a) ii) To the extent that We accept a claim under i) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defence or settlement of any claim.

4.a) iii) Coverage under a) is limited to third party civil claims for third party death, bodily injury or property damage occurring in the overseas Destination and made against the Insured Person during the Risk Period and made against the Insured Person within 365 days of the occurrence of the incident giving rise to the claim.

4.a) iv) Special Conditions to 4.a)

(1) The Insured Person shall:

(a) Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.

(b) Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.

(c) Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.

(2) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.

(3) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.

(4) Any and all amounts We expend in the payment of any claim or defence costs will reduce the Limit of Indemnity.

4.a) v) Special Exclusions to 4.a)

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

(1) A claim by one Insured Person against another or against an Insured Person by a relation, a travelling companion or work colleague.

(2) The transmission of an illness or disease by an Insured Person.

(3) The Insured Person's professional activities or the supply of goods or services.

(4) Being a keeper or owner of animals.

(5) The ownership, possession or use of vehicles, aircraft or watercraft.

(6) The use or misuse of weapons, including firearms.

(7) Any deliberate, wilful, malicious act or omission, breach of law with criminal intent

(8) Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).

(9) Any ownership or occupation of land or buildings other than for occupational purposes or as a temporary residence for the Insured Person.

(10) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

4.b) Personal Accident

If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:

- 4).b). i) His death as a result of the injury within 365 days of its occurrence, We will pay the Sum Insured.
- 4).b). ii) His permanent total disablement, (disablement remaining after completion of the healing process or 365 days after the Accident whichever is earlier and which will, in Our opinion, entirely prevent him from engaging in any occupation for which he is qualified by reason of education, training or experience (or, if he has no occupation, from engaging in gainful employment) for the remainder of his life, and which We are satisfied is beyond hope of improvement, then We will pay the Sum Insured.
- 4).b). iii) The permanent impairment of the Insured Person's mental or physical capabilities due to the injuries in the table below within 365 days of the Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Doctor and Our medical advisor within 365 days of the Accident:.

Loss or impairment to function of:	% of the Sum insured
An arm at the shoulder joint	70 %
An arm to a point above the elbow-joint	65 %
An arm below the elbow joint	60 %
A hand at the wrist	55 %
A thumb	20 %
An index finger	10 %
Any other finger	5 %
A leg above knee joint	70 %
A leg below knee joint	65 %
A leg up to a point below the knee	50 %
A leg up to the centre of the tibia	45 %
A foot at the ankle	40 %
A big toe	5 %
Some other toe	2 %
Any eye	50 %
Hearing in one ear	30 %
Sense of Smell	10 %
Sense of taste	5 %

4).b). iv) Special Conditions to 4.b)

- 1) If the Insured Person suffers a partial loss or impairment of the function of one of the aforementioned body parts or senses, We will determine the appropriate proportion of the percentage stated in the table with Our medical advisor and We will make payment accordingly.
- 2) If the injury impairs more than one of the aforementioned body parts or senses, Our payment will not exceed 100% of the Sum Insured.
- 3) If the effect of the injury is not mentioned in the table, then We will determine the appropriate payment to be made with Our medical advisor and We will make payment accordingly.
- 4) If the injury affects any physical function that was previously impaired, We will make a deduction proportionate to the extent of this prior disablement, which We will determine with Our medical advisor, and We will make payment accordingly.
- 5) If the Insured Person dies as a result of the injury within 365 days of its occurrence or thereafter for any reason and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment.

- 6) The Sum Insured represents Our maximum liability to make payment for any claim for death and/or permanent impairment.

4).b). v) Special Exclusions to 4.b)

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- (1) The Insured Person suffering from a sickness, disease, gradually occurring conditions or a physical or mental condition that are commonly associated with advancement of age such as osteoporosis..
- (2) The Insured Person travelling in an aircraft (except as a fare-paying passenger in a fully-licensed, passenger-carrying aircraft).
- (3) The Insured Person travelling on a motorcycle, unless the driver holds a valid licence and the Insured Person is wearing a crash helmet.

Section. 5 Assistance Services and benefits

Our TPA will provide additional medical support, comprising of:

- 5.a) medical assistance and emergency services 24/7/365.
- 5.b) Information regarding local medical infrastructure, such as the names and addresses of local doctors (including multilingual doctors) and Hospitals or special clinics.
- 5.c) Assistance regarding the availability of direct payments for inpatient treatment to service providers and organising transport to a Hospital.
- 5.d) If the Insured Person becomes ill, general information on the nature, possible causes and possible treatment of the illness, an explanation of the medical terms used, general information concerning drugs and comparable drugs, their side effects and their interactions.
- 5.e) For medical treatment covered by the Policy, the coordination of the treatment and its progress, consultations between Doctors, monitoring of the progress made and the further support required, and organising and dispatching vital medication or conserved blood.

Section. 6 General Exclusions

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

- 6.a) A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Section 1 a) for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, provided that those measures are authorised by Our TPA.
- 6.b) An event occurring or costs or expenses incurred outside the Risk Period or outside the Overseas Destination stated in the Schedule except to the extent expressly stated to the contrary in this Policy.
- 6.c) 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, riot, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, nuclear, biological or chemical contamination, radiation of any kind, any act of Terrorism.
- 6.d) Any Insured Person's participation or involvement in naval, military or air force operation or racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- 6.e) Any insured person's breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.

- 6.f) Any act, event or circumstance which is prohibited by the statutes, rules, regulations or government stipulation in the country in which the act, event or circumstance occurs.
- 6.g) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or any weight control program, services, or supplies.
- 6.h) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- 6.i) The costs of any procedure or treatment by any person or institution that We have told You (in writing) is not to be used.
- 6.j) We will not be liable for any fees, liability, fine, penalty or charge levied on the Insured Person or Policyholder in relation to (1) a tax benefit Policyholder or Insured Person was entitled to on the premium amount; or (2) taxes that Policyholder or Insured Person was eligible to pay by virtue of the purchase of the policy or cover under the policy or income earned in an Overseas Destination; or (3) applicable exchange rates.
- 6.k) Any treatment or part of a treatment that is not medically necessary; drugs or treatments not supported by prescription.
- 6.l) Circumcisions, plastic surgery, cosmetic or aesthetic or change-of-life treatments of any description, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improves physical appearance, unless necessary as a part of medically necessary treatment certified by the attending Doctor for reconstruction following an Accident or Illness.
- 6.m) Naturopathy or any other form or type of alternative treatment as well as experimental treatment except to the extent expressly stated to the contrary in this Policy.
- 6.n) Save as and to the extent provided for in 1.d, 1.f, 2.e, and 2.f, Convalescence, cure, rest cure, health resorts, spas, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, domiciliary care, long-term nursing care or custodial care unless any such treatment is provided in a Hospital and is confirmed by Our TPA in writing before the treatment commences.
- 6.o) Save as and to the extent provided for in 1.a items of personal comfort and convenience including but not limited to charges for telephone calls, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins, nutriments, tonics, unless such vitamins, nutriments and tonics are certified to be required by the attending Doctor for treatment of cancer.
- 6.p) The Insured Person's treatment in any Overseas Destination if medical treatment was the main reason for the Insured Person to travel to that destination, unless Our TPA has authorised such treatment in writing prior to the Insured Person travelling to that destination.
- 6.q) Congenital internal or external diseases, defects or anomalies, complications or conditions arising therefrom.
- 6.r) Sexually transmitted diseases, "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.
- 6.s) Save as and to the extent provided for in 1.b) and 2.a) pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section).
- 6.t) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital

- 6.u) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.
- 6.v) Any non medical expenses mentioned in Annexure I

Section. 7 General Conditions

a) Conditions precedent

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.

b) Insured Person

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

The maximum cover ceasing age under this policy is 70 years.

c) Notification of Claims

- i) If the Insured Person requires Inpatient Hospitalisation or Outpatient Surgery, then Our TPA must be informed immediately and in any event at least 5 days prior to the Insured Person's admission.
- ii) If Hospitalisation is required in an emergency, then Our TPA must be informed no later than the time of the Insured Person's admission to Hospital.
- iii) For all benefits contingent on Our prior acceptance of a claim under 1.a), Our TPA must be informed within 7 days of the Insured Person's discharge post Hospitalisation.
- iv) In all other cases, Our TPA must be informed of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure being taken and Our TPA must authorise such treatment, consultation or procedure.
- v) If any time period is specifically mentioned in Sections 1-4, then this shall supersede the time periods mentioned at i) to iii) above.

d) Supporting Documentation & Examination

The Insured Person shall provide Us with any documentation and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of such request.. Such documentation will include but is not limited to the following in English:

- (1) Our claim form, duly completed and signed for on behalf of the Insured Person.
- (2) Original bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- (3) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- (4) A precise diagnosis of the treatment with ICD codes for which a claim is made.
- (5) A detailed list of the individual medical services and treatments provided and a unit price for each.
- (6) Prescriptions that name the Insured Person and
 - (a) in the case of drugs: the drugs prescribed, their price and a receipt(where charged by prescribing doctor) for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.

- (b) In the case of any claim under 1).a). vii) or 2.e): specification of the diagnosis, nature and number of sessions required.
- (7) Invoices for therapies and therapeutic aids and appliances submitted with the corresponding prescription.

vi) The Insured Person additionally hereby consents to:

- The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
- Being examined by any Doctor We authorise for this purpose when and so often as We may reasonably require. We will bear the costs towards performing such medical examination (at the specified location) of the Insured Person.

e) Claims Payments

- i) We shall be under no obligation to make any payment under this Policy unless We have received premium for the period the claim pertains and this payment have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) We are not obliged to make payment for:
 - (a) Any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care or could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us or by Our TPA or by a Doctor.
 - (b) Any medical treatment that is not permitted by the relevant laws and regulations in the Overseas Destination.
 - (c) Any amount that falls within the Deductible
- iii) If agreed to by Our TPA in writing in advance of any treatment:
 - (a) We may make payment directly to the service provider of all or part of the payment due.
 - (b) You may assign Your entitlement to reimbursement from Us to the service provider.
- iv) We will make payment to or at Your direction. If an Insured Person submits, the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses this person will be deemed to be authorized by You to receive the concerned payment. In the event of death of an Insured Person We will make payment to the Nominee (as named in the Schedule).
- v) Our reimbursement will be in Indian Rupees. We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices.
- vi) If any treatment, consultation or procedure for which a claim will be made is to be taken at a non-Network Hospital in the USA, then in addition to any applicable Deductible the Insured Person will also be responsible for 20% of the remaining Medical Expenses to be reimbursed and Our liability to make any payment shall only be for the balance remaining to the extent covered by this Policy. This provision will not be applicable to any treatment, consultation or procedure that is that is taken by an Insured Person in an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention).
- vii) 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 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.

f) Proof of Residence

The Insured Person agrees to send Us documentation that We consider appropriate evidence of his absence abroad or presence in India and that such absence or presence is for professional reasons, studies or vacation.

g) Subrogation

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

h) Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You, any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

i) Other Insurance or Source of Payment

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 condition shall not apply to claims made under Section 4.

j) Alterations to the Policy

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

k) Notices

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

- i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
- ii) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

l) Change in name or address

You must inform Us of any change in name or address or Overseas Destination of any Insured Person. It is agreed that any notice sent by Us to You at the address recorded in the Schedule prior to Our receipt of notice of change of address shall be good and effective notice to any or all Insured Persons for whom the notice was intended.

m) Electronic Transactions

You expressly agree that all transactions effected by or through any facilities for conducting remote transactions, or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on Our behalf, for and in respect of the Policy or Our other products and services, shall be legally binding and valid transactions when conducted in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed and amended from time to time.

n) 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.

o) Renewal

- i) This Policy will automatically terminate at the end of the Policy Period. We are under no obligation to give notice that it is due for renewal, or to renew it or to renew it on the same terms whether as to premium or otherwise. In respect of all applications for renewal received by Us before the end of the Policy Period, We will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard. We shall be entitled to call for and receive any information or documentation before agreeing to renew the Policy, and in renewing We are not bound to renew for all Insured Persons.
- ii) All applications for renewal of the Policy must be received by Us at least 30 days before the end of the Policy Period.

p) Geography

This Policy applies only in the countries stated in the Schedule except for those countries where the Insured Person holds citizenship or has a permanent place of residence.

q) Termination

- i) You may terminate this Policy, or its application to any Insured Person, or the application of any Section to any Insured Person at any time by giving Us advance written notice of at least 30 days. We will be entitled to premium due to the date of termination and may at Our discretion offset such premium due against claims payments due under the Policy. We will not be liable for any reimbursement of any continuing treatment under this Policy after the date of termination, except such treatment that was otherwise covered under this Policy due to an event occurring during the Risk Period and in such cases Our liability for reimbursement will end no later than 30 days after cancellation.
- ii) If We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the continuance of the Policy poses a moral hazard then We may terminate this Policy upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.
- iii) We will not be liable for any reimbursement of any continuing treatment under this Policy after the date of termination, except such treatment that was otherwise covered under this Policy due to an event occurring during the Risk Period and in such cases Our liability for reimbursement will end no later than 30 days after cancellation.

- iv) The Policy shall automatically terminate:
 - (1) as regards any Insured Person if he dies or
 - (2) no longer ordinarily resides in India if he is an Inpatriat or no longer ordinarily resides in the Overseas Destination if he is an Expatriat and if termination occurs for this reason, then any other Insured Person may apply to continue the Policy within 7 days of the termination with that Insured Person as the new policyholder. We are under no obligation to accept such an application, but if We accept the application, then the Policy shall be treated as continuing without any break in cover.

Section. 8 Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to the male include the female and references to any statutory enactment include subsequent changes to the same.

- a) **Accident or Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means
- b) **Age or Aged** means completed years as at the commencement date.
- c) **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence for the transportation of goods or passengers by air, sea, road or rail for a fee.
- d) **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- e) **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- f) **Critical Illness** means Cancer, Coronary Artery (Bypass) Surgery, First Heart Attack (Myocardial Infarction), Kidney Failure (end stage renal disease), Major Organ Transplantation, Multiple Sclerosis, Paralysis and Stroke only.
- g) **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured
- h) **Dentist** is a Doctor who is licensed to practice dentistry.
- i) **Dependent** means the persons named in the Policy Schedule who are the Insured Person's:
 - a. Spouse - The Insured Person's legally married spouse as long as she continues to be married to him.
 - b. Children - The Insured Person's children aged between 90 days and 21 years as long as they are unmarried, still financially dependant on him and have not established their own independent households.
- j) **Dispensary** means the shop established for dispensing drugs and is recognised as a dispensary/pharmacy in the country in which it is situated, and which is appropriately licensed (where required to be licensed) to operate as a dispensary in that country.
- k) **Disclosure to information norm**
The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- l) **Emergency Care**
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.

- m) **Expatriats** means a person whose home country is deemed to be India and who is leaving India for a temporary period of time period for study or business purposes.
- n) **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.
- o) **Expatriats** means a person whose home country is deemed to be India and who is leaving India for a temporary period of time period for study or business purposes.
- p) **Hospital** means:
- (1) Outside India, any institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps medical records, is recognised as a hospital in the country in which it is situated, and which is appropriately licensed (where required to be licensed) to operate as a hospital in that country.
 - (2) In India, 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:
 - i) has qualified nursing staff under its employment round the clock;
 - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii) has qualified medical practitioner(s) in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- q) **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.
- i) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - ii) **Chronic condition** - A chronic condition is defined as 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.
- r) **Insured Person** means You and the persons named in the Schedule. The term will also include an Insured Person's new born baby to the extent of the cover held by the Insured Person if:
- (1) We receive an application for insurance in respect of the new born baby within 30 days of the baby's birth, and
 - (2) the Insured Person who gave birth had been insured under the Policy for at least 90 days before
- If an application for insurance is made for the new born baby later than 30 days from delivery, We reserve the right to agree to provide insurance.
- s) **Inpatriat** means a person whose home country is deemed not to be India and who is coming to India for a temporary period of time period for study or business purposes.

- t) **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.
- u) **Medically Necessary treatment** is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
- i) is required for the medical management of the illness or injury suffered by the insured;
 - ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii) must have been prescribed by a *medical practitioner*;
 - iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- v) **Network** means all the Hospitals or other institutions or persons with whom We or the appoint TPA have special agreements for the provision of medical services.
- w) **OPD (Outpatient) Treatment** -OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- x) **Overseas Destination** means:
- (1) In the case of an Expatriat, the country, other than India, named in the Schedule in which the Insured Person will be temporarily resident for a period of at least 6 months.
 - (2) In the case of an Inpatriat, India, where the Insured Person will be temporarily resident for a period of at least 6 months.
- y) **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any) and the Schedule (as the same may be amended from time to time).
- z) **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- aa) **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 to prior to the first policy issued by the insurer.
- bb) **Risk Period** means only the period between:
- i) The time when an Expatriat who is an Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier or the time when an Inpatriat who is an Insured Person crosses the border of his home country (as specified in the answer to question 6 in the proposal form) to leave his home country as a fare paying passenger on a Carrier, and
 - ii) The earlier of:
 - (a) The time when the Expatriat crosses the Indian border to return to India as a fare paying passenger on a Carrier or the time when an Inpatriat crosses the border of his home country(as specified in the proposal form) to return to that home country as a fare paying passenger on a Carrier , and
 - (b) The expiry date of the Policy Period.
- Provided that:
- (a) the Risk Period will continue without a break if an Expatriat returns to India or an Inpatriat returns to his home country for a period of less than 84 days and for the purpose of a vacation during the Policy Period.
 - (b) Events or occurrences which occur while the Insured Person is temporarily absent from the Overseas Destination will be deemed to have occurred during the Risk Period provided that:

- i. The claim is otherwise subject to the terms and conditions of the Policy
 - ii. Such temporary absence continuously or cumulatively does not exceed 84 days per Policy Period.
 - iii. Such temporary absence is not for the purpose of obtaining any medical treatment.
- cc) **Sum Insured means**, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Benefit, provided that Our maximum liability for each Insured Person for any and all claims made during the Policy Period for Benefit under Section 1, 2, 3 shall be limited to the Medical Inpatient Treatment Sum Insured unless expressly stated to the contrary.
- dd) **Terrorism** means any act including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- ee) **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- ff) **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- gg) **We/Our/Us** means the Apollo Munich health Insurance Company Limited.
- hh) **You/Your** shall means the person named in the Schedule who has concluded this Policy with Us.
- ii) .



Section. 9 Endorsements

It is hereby agreed that any and all endorsements issued with this Policy or endorsed on it shall be expressly subject to the terms and conditions and exclusions of this Policy, except to the extent expressly varied by the endorsement, and shall become applicable only upon endorsement and after Our receipt of requisite additional premium. All other Policy terms, conditions and exclusions shall remain unchanged.

Endorsement No. 1. Terrorism Exclusion

Policy Exclusion ii) shall be replaced with the following:

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, riot, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, nuclear, biological or chemical contamination, radiation of any kind.

Special Exclusion

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Terrorism if coverage can or could have been obtained from a government institution, as a result of national legislation or through an insurance or reinsurance pool or a market solution for Terrorism.
- b) The use of atomic, biological or chemical weapons or radioactive, biological or chemical contamination due to any Terrorism where "contamination" means the contamination, poisoning, or prevention and/or limitation of the use of objects due to the effects of nuclear, chemical, biological and/or radioactive substances.
- c) The Insured Person travelling to a country where there is a war whether war has been declared or not or after it has been recognized as a war zone by the United Nations or where there are war like operations where "Warlike operations" means hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power and martial law or state of siege.

Section. 10 Grievance Redressal Procedure

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Our website : www.apollomunichinsurance.com
- Email : customerservice@apollomunichinsurance.com
- Telephone : 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, iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase - III, Gurgaon -122016, Haryana

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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.

Areas of Jurisdiction	Name of the Ombudsman	Contact Details
Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy	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, 2 nd 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	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	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
Tamil Nadu, UT-		Insurance Ombudsman,

Pondicherry Town and Karaikal (which are part of UT of Pondicherry)		Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: chennaiinsuranceombudsman@gmail.com
Delhi & Rajasthan	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.:- 011-23239633 Fax : 011-23230858 Email: jobdelraj@rediffmail.com
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D. C. Choudhury	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> 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		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> 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	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel : 0484-2358759 Fax : 0484-2359336 Email: iokochi@asianetindia.com
West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Ms. Manika Datta	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <u>Kolkatta - 700 072.</u> Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u> 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
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Annexure I

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
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	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24		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)	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
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/TPA 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

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	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		
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	SAVLON	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
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	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
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	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
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
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	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	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.
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/quadriplegia for any reason and at reasonable cost of approximately Rs 200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	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	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
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	EKG 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	NEBULISATION KIT	If used during hospitalization is payable reasonably

169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite
	<i>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</i>	
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
	<i>OTHERS</i>	
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
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 medically 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.

SCHEDULE OF BENEFITS

Plans [All figures in USD]	Platinum	Gold	Silver
Section 1. Medical Inpatient Treatment	1,000,000	750,000	500,000
Co-insurance 20% of the costs incurred for using non-network hospital in the USA in case of a planned treatment	-	Yes	Yes
1).a). Hospitalisation	Covered	Covered	Covered
1).a).i). Room rent and boarding expenses			
Accommodation [More than 2 beds per room]	Covered	Covered	Covered
Accommodation [Semi-private Room / Twin Sharing]	Covered	Covered	-
Accommodation [Private Room / Single Bed]	Covered	-	-
1).a).ii). Medical examination, diagnostic procedures	Covered	Covered	Covered
1).a).iii). Nursing Care	Covered	Covered	Covered
1).a).iv). Operation theatre and Intensive Care Unit charges	Covered	Covered	Covered
1).a).v). Surgery (Including Outpatient Surgery in lieu of in-patient treatment)	Covered	Covered	Covered
1).a).vi). Drugs and Dressings	Covered	Covered	Covered
1).a).vii). Physical Medical Services	Covered	Covered	Covered
1).a).viii). Therapeutic aids and appliances	Covered	Covered	Covered
1).a).ix). Chemotherapy, Radiotherapy and other Oncological Performances	Covered	Covered	Covered
1).b). Maternity [Waiting period of 10 months]	Covered	Covered	Covered
1).c). Transportation cost for Ambulance	Covered	Covered	Covered
1).d). Nursing care at Home and Domestic Help [For a period upto 30 days]	Covered	Covered	-
1).e). Bone marrow and Organ Transplants	Covered	-	-
1).f). Inpatient Follow-up Rehabilitation (provided treatment commences within 14 days and covered upto 28 days)	Covered	-	-

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1).g).	Parent Rooming-in During Child Inpatient Treatment (provided child is aged 18 years or less)	Covered	-	-
1).h).	Repatriation of mortal remains	15,000	15,000	15,000
1).i).	Emergency Dental Treatment following an Accident	Covered	Covered	Covered
1).j).	Emergency Outpatient Treatment following an Accident	Covered	-	-
1).k).	Inpatient Psychotherapy	Covered	-	-
1).l).	E-Opinion in respect of a Critical Illness or Permanent Total Disablement	Covered	-	-
1).m).	Medical Evacuation	Covered	Covered	-
Section 2. Outpatient Treatment		1,00,000	75,000	50,000
Deductible [Option for Nil, 500, 1000, 2000]		As mentioned in the Policy Schedule		
2).a).	Outpatient Medical Expenses	Covered	Covered	Covered
2).a.i).	Examination, diagnosis or therapy by a general health practitioner or a specialist	Covered	Covered	Covered
2).a.ii).	Diagnostic Procedures	Covered	Covered	-
2).b).	Ayurveda, Homeopathy, Osteopathy & Chiropractic	1,500	-	-
2).c).	Outpatient Psychotherapy (up to 20 sessions per Policy Year)	Covered	-	-
2).d).	Drugs and Dressings	Covered	Covered	Covered
2).e).	Physical Medical Services	Covered	Covered	-
2).f).	Out-patient Therapeutic Aids and appliances	Covered	-	-
2).g).	Medical Check-Up	1,200	1,200	-
2).h).	Speech Therapy	Covered	-	-
2).i).	Maternity [Waiting period of 10 months]	Covered	Covered	Covered
2).j).	Vaccinations and prophylactic measures	Covered	Covered	-
2).k).	Vaccinations and prophylactic measures including those undertaken 30 days prior to the inception of the insurance	Covered	-	-
Section 3. Dental & Vision Aids				
3).a).	Dental Treatment	7,750	4,650	1,550
3).a.i).	Screenings for early detection of disorders of the teeth, mouth and jaw	Covered	Covered	Covered
3).a.ii).	Dental treatment Reimbursement for inlay fillings is limited to the metal version without caps	Covered	Covered	Covered
3).a.iii).	Dentures including prosthetic performances (such as dental bridges and false teeth) and crowns. Reimbursement for crowns and dental bridges is limited to a metal version with caps up to tooth 5; from tooth 6 onwards, it is limited to a metal version without caps	Covered	Covered	Covered
3).a.iv).	Dental Implants Reimbursement is limited to incorporation of four implants per jaw and the dentures to be secured to these implants	Covered	Covered	Covered
3).a.v).	Function-analytic and function-therapeutic measures to diagnose and repair disturbances of the function of the jaw joints, the chewing musculature and the teeth.	Covered	Covered	Covered
3).a.vi).	Orthodontics performances	Covered	Covered	Covered
3).a.vii).	Dental laboratory work and materials	Covered	Covered	Covered
3).a.viii).	Dentist's compilation of a plan of treatment and costs.	Covered	Covered	Covered
3).b).	Vision Aids [one pair spectacles or contact lens]	300	150	-
Section 4. Personal Liability & Personal Accident				
4).a).	Personal Liability [Deductible of 200]	150,000	100,000	50,000
4).b).	Personal Accident	50,000	25,000	10,000
4).b.i).	Accidental Death	50,000	25,000	10,000
4).b.ii).	Permanent Total Disablement	50,000	25,000	10,000
4).b.iii).	Permanent Partial Disablement	50,000	25,000	10,000
Section 5. Assistance Services and Benefits				
5).a).	Medical assistance and emergency services 24/7/365.	Covered	Covered	Covered
5).b).	Information regarding local medical infrastructure	Covered	Covered	Covered
5).c).	Direct payments for inpatient treatment to service providers and Organising hospital transport for patient	Covered	Covered	Covered
5).d).	General information on the illness suffered	Covered	Covered	Covered
5).e).	Organising medical treatment; Organising & dispatching vital medication or conserved blood.	Covered	Covered	Covered
Terrorism Endorsement [Optional Benefits]				
Terrorism Exclusion Waiver		Covered	Covered	Covered

The benefits under Section 1, 2 & 3 will be sublimit under Medical Inpatient Treatment Sum Insured.

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