

POLICY WORDING

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

Section 1. Benefits

Claims made in respect of any of the benefits below will be subject to the Sum Insured and will affect the entitlement to Renewal Incentives under Section 2.

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

a) In-patient Hospitalisation

The Medical Expenses for:

- i) Room rent and boarding expenses upto the daily amount mentioned in the Schedule of Benefits,
- ii) Intensive care unit upto the daily amount mentioned in the Schedule of Benefits,
- iii) Nursing,
- iv) Medical Practitioner,
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Provided that, Our maximum liability for a continuous period of Illness, including relapses within 45 days of the last date of consultation at the Hospital or nursing home where treatment was last taken, or Surgical Procedure shall be limited to the amount mentioned in the Schedule of Benefits.

b) Pre-Hospitalisation

If We have accepted a claim under Benefit 1 a), then We will pay the amount specified in the Schedule of Benefits towards pre-hospitalisation expenses for the same Illness for which the Insured Person was Hospitalised.

c) Post-hospitalisation

If We have accepted a claim under Benefit 1 a), then We will pay the amount specified in the Schedule of Benefits towards post-hospitalisation expenses for the same Illness for which the Insured Person was Hospitalised.

d) Day Care Procedures

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

e) Organ Donor

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

- i) The organ donor is any person in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules,
- ii) The organ donated is for the use of the Insured Person, and
- iii) We will not pay the donor's pre- and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
- iv) We have accepted an In-patient Hospitalisation claim under Benefit 1a).

f) Ayush Benefit

The Medical Expenses for in-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy will be covered provided that Our maximum liability will be limited to the amounts specified in the Schedule of Benefits and Exclusion 3e) stands revised for all Insured Persons subject always

to the Sum Insured.

If We accept any claim under this benefit, then We will not make any payment under allopathic treatment of the same Insured Person for the same Illness or Accident under this policy.

Section. 2 Renewal Incentives

a) Loyalty Discount

If no claim has been made in respect of any benefits and You have maintained an Insure Health Policy with Us for the period of time mentioned in the Schedule of Benefits without any break, then in every subsequent Policy Year We will discount the premium payable by any Insured Person while purchasing any other product from Us, provided that this discount is utilised within 365 days from the Commencement Date of the renewed policy.

Section. 3 Exclusions

Waiting Periods

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

30 days Waiting Period

- b) A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless:
 - i) The Insured Person has been insured under an Insure Health Policy continuously and without any break in the previous Policy Year, or
 - ii) The Insured Person was insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.
 - iii) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

- c) The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Insure Health Policy continuously and without any break:
 - i) **Illnesses:** Internal congenital diseases, arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses, Nasal Septum Deviation.
 - ii) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any other individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital
 - iii) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured upon renewal with Us), then this

exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

d) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Insure Health policy with us, but

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

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

b) any other similar health insurance plan from Us, then Section 3 d. of the Policy stands deleted and shall be replaced entirely with the following:

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

ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.

2) The reduction in the waiting period specified above shall be applied subject to the following:

a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);

b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation

We shall 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

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

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

ii) Any Insured Person's breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.

iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.

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

v) Treatment of Obesity or morbid obesity and any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 and morbid obesity means a condition where BMI is above 37.

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

vii) Sleep apnoea

viii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.

ix) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to Benefit 1) a) only.

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

xi) Dental treatment and surgery of any kind, unless requiring Hospitalisation.

xii) Expenses for donor screening, or, save as and to the extent provided for in Benefit 1)e), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).

xiii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures and dislocations of the extremities).

xiv) Nasal concha resection; circumcisions unless medically necessary; laser treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.

xv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or Illness.

xvi) 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.

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

xviii) Save as and to the extent provided for under 1(f) Any non allopathic treatment.

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

xx) 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.

xxi) Items of personal comfort and convenience including but not limited to television, telephone, 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 and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; referral-fees (for example, fees charged by a doctor who is not the treating doctor or specialist or any fee charged by a doctor who is not the treating doctor while referring the Insured Person to a specialist) or out-station consultations (for example, costs incurred in obtaining a consultation in another city, town or district when doctors with the requisite qualifications and experience to treat the Insured Person's ailment are available in the same location as the Insured Person); treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an

Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

- xxiii) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiv) Any treatment or part of a treatment that is not of a reasonable cost, not medically necessary; non-prescription drugs or treatments not supported by prescription.
- xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment.

Section. 4 General Conditions

Condition precedent

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

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 during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

The maximum cover ceasing age under this policy is 75 years.

c) Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 7 days prior to the Insured Person's admission.
2)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an emergency:	No later than the time of the Insured Person's admission to Hospital.
3)	For all benefits which are contingent on Our prior acceptance of a claim under Section 1)a):	Within 7 days of the Insured Person's discharge post-Hospitalisation.
4)	If any treatment, consultation or procedure for which a claim may be made is required in an emergency:	Within 7 days of completion of such treatment, consultation or procedure.
5)	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorise such treatment, consultation or procedure.

d) All payments made under this Policy shall first be subject to the applicable Co-payment by the Insured Person in respect of the Medical Expenses to be reimbursed and Our liability to make any payment shall only arise after the Co-payment has been made.

Supporting Documentation & Examination

e) 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 the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been

provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv) A precise diagnosis of the treatment for which a claim is made.
 - v) A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment.
- f) The Insured Person additionally hereby consents to:
- i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
 - ii) Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require at Our cost.

Claims Payment

- g) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- h) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- i) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- j) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person 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 a Medical Practitioner.

Fraud

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

Other Insurance

l) If at the time when any claim arises under this Policy, there is in existence any other Policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy. This clause is not applicable for the benefits under Section 1) b) and 1) c).

If at the time when any claim arises under this Policy and there is in existence any other Insure Health Policy issued by Us for the Insured Person, then Our total liability shall not exceed Rs. 200,000 in aggregate per Insured Person (We will terminate coverage for those Insured Persons with refund of premium in full so as to limit Our liability to Rs. 200,000), and further Our liability shall be restricted to Our rateable proportion if there is a Policy issued by another Insurer.

Subrogation

m) You and/or any Insured Persons shall concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You. This clause is not applicable for the benefits under Section 1) b) and 1) c).

Alterations to the Policy

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

Renewal

o) All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard. The grace period of 30 days for renewing the policy is provided at Our sole discretion. If policy is renewed within 30 days from the due date of renewal, policy cover will be considered continuous in terms of continuity benefits such as waiting periods and coverage of pre-existing diseases. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.
 p) We may vary the renewal premium payable with prior approval of the IRDA.

Change of Policyholder

q) If You do not renew the Policy the Insured Persons may apply to renew the Policy within 7 days of the end of the Policy Period provided that they have identified a new adult Policyholder who is a member of their immediate family. If We accept such application and the premium for the renewed policy is paid on time, then the Policy shall be treated as having been renewed without any break in cover.

Notices

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

Dispute Resolution Clause

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

Termination

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

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

u) 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.
 v) The Policy shall automatically terminate if:
 i) You no longer reside in India, or in the case of Your demise. However, the other Insured Persons may apply to continue the Policy within 30 days of Your death or move out of India provided that they have identified a new adult Policyholder who is a member of Your immediate family. All relevant particulars in respect of such person (including their relationship to You) must be given to Us along with the application. If We accept such application, then the Policy shall be treated as having been renewed without any break in cover.
 ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

Section. 5 Interpretations & Definitions

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

- Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means (but does not include any Illness) which results in physical bodily injury.
- Def. 2. **Admissible claim amount** means the eligible amount payable to the Insured Person subject to Sum Insured.
- Def. 3. **Age** or **Aged** means completed years as at the Commencement Date.
- Def. 4. **Copayment** means, in respect of each and every admissible claim, the percentage amount stated in the Schedule which will be paid by each Insured Person.
- Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 6. **Dependents** means only the family members listed below:
 - i) Your legally married spouse as long as He/ She continues to be married to You;
 - ii) Your children Aged between 91 days and 21 years if they are unmarried, still financially dependant on You and have not established their own independent households;
 - iii) Your natural parents or parents that have legally adopted You, provided that:
 - a) The parent was below 50 years at his initial participation in this Policy, and
 - b) Parents shall not include Your spouse's parents.
- Def. 7. **Hospital** means any institution in India (including nursing homes) established for Medical Treatment which:
 - i) Either:
 - (a) has been registered and licensed as a hospital with the appropriate local or other authorities competent to register hospitals in the relevant area and is under the constant supervision of a Medical Practitioner and is not, except incidentally, a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution.
 - (b) Or
 - (i) is under the constant supervision of a Medical Practitioner, and
 - (ii) has fully qualified nursing staff (that hold a certificate issued by a recognised nursing council) under its employment in constant attendance, and
 - (iii) maintains daily records of each of its patients, and

- (iv) has at least 10 Inpatient beds, and
 (v) where surgeries are conducted and has a fully equipped and functioning operation theatre.
- Def. 8. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for medically necessary treatment as an inpatient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Policy Period.
- Def. 9. **Insured Person** means You and the persons named in the Schedule.
- Def. 10. **Illness** means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (affliction of the bodily organs having a defined and recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment. For the avoidance of doubt, Illness does not mean and this Policy does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.
- Def. 11. **Medical Expenses** means those reasonable and customary medical expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Policy Period on the advice of a Medical Practitioner due to Illness or Accident occurring during the Policy Period, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 12. **Medical Practitioner** means a person who holds a qualification in medicine from a recognised institution and is registered and licensed by a state council, governed by the Medical Council of India, in which he operates and is practicing within the scope of such license and will include (but is not limited to) physicians, specialists and surgeons who satisfy the aforementioned criteria.
- Def. 13. **Network** means all the Hospitals or other institutions or persons with whom We or the appointed TPA have special agreements for the provision of medical services.
- Def. 14. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 15. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 16. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 17. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the commencement of his first policy with Us.
- Def. 18. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits (subject always to any sub-limit mentioned in the Schedule of Benefits in respect of any benefits) claimed for during the Policy Period.
- Def. 19. **Surgical Procedure** means an operative procedure for the correction of deformities and defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.
- Def. 20. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 21. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited
- Def. 22. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Schedule of Benefits

Benefits	Details [All Figures in INR]				
Sum Insured per person per Policy year	25,000	50,000	75,000	1,00,000	2,00,000
1. In-patient Treatment	Covered				
a. Room rent per day [Rs.]	500	500	750	1,000	2,000
b. ICU rent per day [Rs.]	1,000	1,000	1,500	2,000	2,000
2. Pre Hospitalisation	1% of admissible claim amount per hospitalisation				
3. Post Hospitalisation	1% of admissible claim amount per hospitalisation				
4. Day Care Procedures	Covered				
5. Donor Expenses	Covered				
6. Ayush Benefit	2,500	5,000	7,500	10,000	20,000
Co-payment [As specified in the policy schedule]	15%	15%	15%	15%	15%
Loyalty Discount- 5% on the renewal premium of the Insure Health Policy as a cross selling credit to buy any other Apollo Munich Health product within 365 days from the renewal date provided that You have maintained an Insure Health Policy with Us for the last Policy Period.					

Appendix I: Day Care Procedure

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

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/ reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

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

Operations on the eyes

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

Operations on the skin & subcutaneous tissues

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

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

Operations on the tongue

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

Operations on the salivary glands & salivary ducts

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

Other operations on the mouth & face

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

Operations on the tonsils & adenoids

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

Trauma surgery and orthopaedics

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

Operations on the breast

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

Operations on the digestive tract

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

Operations on the female sexual organs

87. Incision of the ovary
88. Insufflation of the Fallopian tubes
89. Other operations on the Fallopian tube
90. Dilatation of the cervical canal
91. Conisation of the uterine cervix
92. Other operations on the uterine cervix
93. Incision of the uterus (hysterotomy)
94. Therapeutic curettage
95. Culdotomy
96. Incision of the vagina

97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
98. Incision of the vulva
99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

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

Operations on the scrotum & tunica vaginalis testis

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

Operations on the testes

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

Operations on the spermatic cord, epididymis and ductus deferens

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

Operations on the penis

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

Operations on the urinary system

135. Cystoscopic removal of stones

Other Operations

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

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

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

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

Ombudsman Offices

Jurisdiction	Office Address
Delhi & Rajasthan	2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002.
West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta - 700 072.
Maharashtra, Goa	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI - 400 054.
Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018.
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry	6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace A. C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004
Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD - 380 014.
Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015.
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	"Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 (ASSAM).
Uttar Pradesh and Uttaranchal	Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW - 226 001.
Madhya Pradesh & Chhattisgarh	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.) - 462 023.
Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh	S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH - 160 017.
Orissa	62, Forest Park, BHUBANESHWAR - 751 009.

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