

Apollo Munich Health Insurance Company Limited will cover all Insured Persons under this Policy upto the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Section I. Basic Benefits

The following benefits are available to all Insured Persons who suffer an Illness or Accident during the Policy Period which requires Hospitalisation on an Inpatient basis or treatment defined as a Day Care Procedure. Any claims made under these benefits will impact eligibility for a "No claim discount".

We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section III C and E	Important terms You should know
1. a. In-Patient Treatment	1. Prosthetics NOT implanted by surgery 2. Hospitalisation for evaluation, Investigation only 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.	Sum Insured means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
b. Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto 30 days before Hospitalisation. c. Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 60 days after discharge from Hospitalisation.	1. Claims which have NOT been admitted under 1a) 2. Any conditions which are NOT the same as the condition for which Hospitalisation was required.	In-patient Treatment means treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.
d. Day Care Procedures	1. Out-Patient Treatment	
e. Domiciliary Treatment	1. Treatment of less than 3 days 2. Post-Hospitalisation expenses 3. The following medical conditions: a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, b. Arthritis, Gout and Rheumatism, c. Chronic Nephritis and Nephritic Syndrome, d. Diarrhoea and all type of Dysenteries including Gastroenteritis, e. Diabetes Mellitus and Insupidus, f. Epilepsy, g. Hypertension, h. Psychiatric or Psychosomatic Disorders of all kinds, i. Pyrexia of unknown origin	Day Care Procedures means those medical treatment, and/or surgical procedure listed in Appendix 1 which is undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement, and which would have otherwise required a Hospitalisation of more than 24 hours, but treatment normally taken on an Out-patient basis is not included in the scope of this definition.
f. Organ Donor: Medical treatment of the organ donor for harvesting the organ.	1. Claims which have NOT been admitted under 1a). 2. Claims not covered under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.	Out-patient Treatment means consultation, diagnosis or medical treatment taken by an Insured Person at an out-patient department of a Hospital, clinic or associated facility, provided that he is not Hospitalised.
g. Emergency Ambulance: Expenses incurred on an ambulance in an emergency, subject to Rs. 2000 per Hospitalisation.	1. Claims which have NOT been admitted under 1a). 2. A non- Emergencies. 3. NON registered healthcare or ambulance service provider ambulances.	Domiciliary treatment means medical treatment for a period exceeding 3 days, for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
Additional Benefit: The following benefit is available to all Insured Persons during the Policy Period. Claims made under this benefit will not impact eligibility for a "No claim discount".		1. The condition of the Insured Person is such that he is not in a condition to be removed to a Hospital or, 2. The Insured Person takes treatment at home on account of non availability of room in a Hospital.
2. a. E-Opinion We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if: - The Insured Person suffers a Critical Illness during the Policy Period; and - He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. "Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.	1. More than one claim for this benefit in a Policy Year. 2. More than one claim for the same Critical Illness. 3. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.	Medical Practitioner means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license. Shared or any lower accommodation type means a Hospital room with two or more patient beds. Single occupancy or any higher accommodation type means a Hospital room with only one patient bed.

Section II. Renewal Benefits:

No Claim Discount - A 5% non cumulative discount will be offered on the renewal premium payable under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.

Section III. Special terms and conditions

Co-Payment

“Co-Payment” means a cost-sharing requirement applicable under this Policy in which the Insured Person will bear the percentage of the admissible claim amount which is specified in the table below. A Co-Payment does not reduce or otherwise affect the Sum Insured.

A. Co-Payment applicable on accommodation Type

Accommodation Type	Co-Payment (Percentage to be borne by the Insured Person as a percentage of the admissible claim amount)
Shared Accommodation or any lower accommodation type	15%
Single occupancy or any higher accommodation type	30%

Note If any urgent medical and/or surgical treatment is taken for acute cardiac illness or Accident to avoid serious impairment of health in a single occupancy accommodation due to unavailability of Shared or any lower accommodation then only a 15% Co-Payment would be applicable.
A Co-payment of 15% shall be applicable to all Day Care Procedures; no additional copay's shall apply.

B. Co-Payment applicable on specified illnesses/surgeries

If a claim has been admitted under Section I in respect of any of the following illnesses/Surgeries then, the insured person shall bear 30% of the claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

S.no	Illnesses/Surgeries
1.	Cataract (each eye)
2.	Hysterectomy
3.	Cholecystectomy
4.	Transurethral resection of the prostate (TURP)/ Benign prostate surgery
5.	Surgery of Hernia
6.	Angiography (CT Angiogram excluded)
7.	Arthroscopy
8.	PID-Discectomy
9.	Mastectomy
10.	Joint Replacement
11.	PTCA (Angioplasty)
12.	Hydrocele
13.	Major Organ Transplant
14.	CABG (Coronary Artery Bypass Graft)

Note If We admit a claim under Section III B then, no Co-Payment shall be applicable under Section III A for the same claim.

C. Waiting Period

All claims payable will be subject to the waiting periods specified below:

- i) General waiting period of **30 days** for all claims payable under the Policy except claims arising due to an Accident.
- ii) **24 months** waiting period for the following listed illnesses or treatments except claims payable due to the occurrence of cancer.

Organ / Organ System	Illness	Treatment
ENT	<ul style="list-style-type: none"> • Any Benign ear, nose and throat (ENT) disorder Example: Sinusitis, Rhinitis 	<ul style="list-style-type: none"> • Any ear, nose and throat (ENT) surgery Example: adenoidectomy, mastoidectomy, tonsillectomy, tympanoplasty • surgery for nasal septum deviation
Gynaecological	<ul style="list-style-type: none"> • Internal tumors, cysts, nodules, polyps including breast lumps • Polycystic ovarian diseases 	<ul style="list-style-type: none"> • Dilatation and curettage (D&C) • Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus • Myomectomy for fibroids
Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Age related Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> • Surgery for prolapsed inter vertebral disk • Joint replacement
Gastrointestinal	<ul style="list-style-type: none"> • Calculus diseases of gall bladder including Cholecystitis • Pancreatitis • Fissure/fistula in anus, hemorrhoids, pilonidal sinus • Gastric and duodenal ulcers • All forms of cirrhosis 	<ul style="list-style-type: none"> • surgery of gallbladder and bile duct • surgery of hernia
Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. • Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> • Any surgery of Urogenital system • Surgery on prostate • Surgery for Hydrocele
Eye	<ul style="list-style-type: none"> • Cataract • Glaucoma 	<ul style="list-style-type: none"> • NIL
Others	<ul style="list-style-type: none"> • Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers

- iii) **36 months** waiting period for all Pre-existing Conditions declared and/or accepted at the time of application.

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within **36 months** prior to your first policy with any insurer.

D. Reduction in waiting periods

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

Then:

- (a) The waiting periods specified in Section III C i), ii) and iii) of the Policy stand deleted; AND :
 - (b) The waiting periods specified in the Section III C i), ii) and iii) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - (c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.
- 2) The reduction in the waiting period specified above shall be applied subject to the following:
 - a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
 - b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.

E. General exclusions

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

Non Medical Exclusions

i) War or similar situations:

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

ii) Breach of law:

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

iii) Dangerous acts (including sports):

An Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.

Medical Exclusions

iv) Substance abuse and de-addiction programs:

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

v) Cosmetic, aesthetic and re-shaping treatments and surgeries:

- a. Treatment of obesity and any weight control program.
- b. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified

by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.

- c. Treatment for correction of eye due to refractive error
- d. Circumcisions (unless necessitated by Illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.

vi) Types of treatment, defined illnesses/ conditions/ supplies:

- a. Non allopathic treatment.
- b. Conditions for which Hospitalization is NOT required.
- c. Experimental, investigational or unproven treatment devices and pharmacological regimens.
- d. Measures primarily for diagnostic and evaluation purposes which are not consistent with or incidental to the diagnosis and treatment of Illness for which Hospitalization has been done. For example tests like EPS, Holter monitoring, sleep study, etc are not payable
- e. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- f. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
- g. 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.
- h. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- i. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- j. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), sleep-apnoea.
- k. Congenital internal or external diseases, defects or anomalies, genetic disorders.
- l. Stem cell implantation or surgery, or growth hormone therapy.
- m. 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.
- n. Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.
- o. 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.
- p. Expenses for organ donor screening, or save as and to the extent provided for in 1f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- q. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- r. Nasal concha resection.

vii) Unnecessary medical expenses:

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

viii) Specified healthcare providers (Hospitals /Medical Practitioners)

- a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
 - b. Referral fees.
 - c. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
 - d. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by a prescription.
 - e. 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.
- ix) Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.

Section IV. General Conditions

a. Conditions to be followed

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

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

c. Insured Person

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

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

d. Loadings

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

We will send You the applicable risk loading in writing. You shall give Us Your

consent and the additional premium (if any), within 15 days of the issuance of Our letter. If You neither accept Our letter nor revert to Us within 15 days, We will cancel Your application and refund the premium paid within the next 7 days.

e. Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA must be notified:
i)	Any treatment for which a claim may be made requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the start of the Insured Person's Hospitalisation.
ii)	Any treatment for which a claim may be made requires Hospitalisation in an Emergency:	Within 24 hours of the start of the Insured Person's Hospitalisation.

f. Cashless Service:

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	Notice period for the Insured Person to take advantage of the cashless service*: *Written notice must be accompanied by full particulars.
i)	Any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital	Immediately and in any event at least 48 hours prior to the start of the Insured Person's Hospitalisation.
ii)	Any treatment, consultation or procedure for which a claim may be made taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours of the start of the Insured Person's Hospitalisation.

g. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf will provide Us with any documentation, medical records and information 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 either of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) Original bills with detailed breakup of charges(including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- iii) Original payment receipts
- iv) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- v) Discharge Summary, with Date of admission and discharge, clinical history, past history, procedure details and details of treatment taken

- vi) Invoice/Sticker of the Implants.
- vii) A precise diagnosis of the treatment for which a claim is made.
- viii) A detailed list of the individual medical services and treatments provided and a unit price for each.
- ix) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.

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

i. Claims Payment

- i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with 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 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 Your death, We will make payment to the Nominee (as named in the Schedule).
- iii) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

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

k. Other Insurance

If at the time when any claim arises under this Policy, there is in existence any other Policy where the Insured Person is covered and the claim is totally or partially covered under the same, We shall pay Our rateable proportion (Apollo Munich Health Policy Sum Insured / Total sum insured for the Insured Person by all insurers) of the claim. This clause shall not apply to Cancer Insurance Policy issued in collaboration with Indian Cancer Society. This clause is only applicable to indemnity policies and benefit.

l. Subrogation

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

m. Endorsements

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

signed and stamped by Us.

n. Renewal

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

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
- ii) Renew it on same terms or premium as the expiring Policy. Any change in premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

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

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

o. Change of Policyholder

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

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

p. Notices

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

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

q. 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.

r. Termination

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

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

- ii) We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person after 30 days of giving You a notice and We would issue and send an endorsement in this regard at Your address shown in the Schedule without refund of any premium.

Section V. Other Important Terms You should know

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

- Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external and visible means (but does not include any Illness) which results in physical bodily injury.
- Def. 2. **Age** or **Aged** means completed years as at the Commencement Date.
- Def. 3. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 4. **Congenital Anomaly** An external congenital anomaly refers to a condition(s) which is present since birth, in the visible and accessible parts of the body, and which is abnormal in reference to form, structure or position. Emergency or Emergency Care means management for a severe Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 5. **Emergency** or **Emergency Care** means management for a severe Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 6. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Conditions. Coverage is not available for the period for which no premium is received.
- Def. 7. **Hospital** means any institution in India established for In-patient Care and Day Care Treatment of sickness and/or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:
- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 8. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for Medically Necessary treatment as an in-patient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Policy Period.
- Def. 9. **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. 10. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 11. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 12. **Medical Expenses** means those reasonable and Medically Necessary expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Policy Period on the advice of a Medical Practitioner due to Illness or Accident occurring during the Policy Period, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 13. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 14. **Network** means any such Hospitals, day care centre or other provider that We/ TPA have mutually agreed with, to provide services like cashless access to Insured Persons. The list is available with Us/ TPA and subject to amendment from time to time.
- Def. 15. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- Def. 16. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 17. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 18. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 19. **Reasonable Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services by comparable providers, taking into account the nature of illness/ injury involved

Def. 20. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

Def. 21. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 22. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

Def. 23. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section VI. Claim Related Information

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

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

Section VII. Grievance Redressal Procedure

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

- Our website : www.apollomunichinsurance.com
- Email : customerservice@apollomunichinsurance.com
- Toll Free : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of Our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at **The Grievance Cell, Apollo Munich Health Insurance Company Ltd., 10th Floor, Building No. 10, Tower-B, DLF Cyber City, DLF City Phase II, Gurgaon, Haryana-122002**

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

Ombudsman Offices

Jurisdiction	Office Address
Delhi & Rajasthan	2/2 A, 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.

Jurisdiction	Office Address
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.

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 under general / spinal anesthesia

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

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

Operations on the eyes

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

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 under general/spinal anesthesia

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 under general /spinal anesthesia

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 under general /spinal anaesthesia

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