

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

| TITLE  | DESCRIPTION   | REFER TO POLICY CLAUSE NUMBER  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
|--|---|--|------------|------------------|-------|--------|-------|---------------------|---------|--------------------------|---------|------------------|------|------------------------|---------|------------------|
| Product Name                                 | Easy Travel Individual  |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| What am I covered for:                       | <ol style="list-style-type: none"> <li>1. <b>Medical Treatment</b> - Coverage for Inpatient &amp; Outpatient treatment including transportation to the medical facility</li> <li>2. <b>Dental Treatment</b> - Medical Expenses for pain relieving dental treatment received by the Insured Person</li> <li>3. <b>Medical Evacuation:</b> Expenses incurred in transportation from a Hospital to the nearest advanced medical facility, if medically necessary</li> <li>4. <b>Repatriation of mortal remains</b> - Payment for transporting mortal remains back home.</li> <li>5. <b>Balance Period of Policy + 30 days</b> - Medical Expenses for inpatient treatment at an Indian Hospital taken within a maximum of 30 days from the end of the Risk Period</li> <li>6. <b>Hospital Daily Allowance</b> - A fixed amount payable for every day the Insured Person is hospitalised</li> <li>7. <b>Total Loss of Checked-in Baggage</b> - Payment for purchasing new items if Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier</li> <li>8. <b>Delay of Checked in baggage</b> - Payment for purchasing essential personal items of medication, clothing etc incase checked-in baggage's delivery is delayed by a Carrier</li> <li>9. <b>Loss of Passport</b> - Reimbursement of expenses for obtaining duplicate or fresh passport</li> <li>10. <b>Financial Emergency Cash</b> - Lumpsum amount as stated in schedule of benefits incase travel funds are lost due to the theft, pilferage, robbery or dacoity.</li> <li>11. <b>Personal Liability</b> - Payment towards third party death, bodily injury or property damage.</li> <li>12. <b>Personal Accident</b> - Lumpsum amount in the event of death or Permanent Total disablement due to an accident</li> <li>13. <b>Personal Accident (Common Carrier)</b> - Lumpsum amount in the event of Accident in a Carrier</li> <li>14. <b>Trip Delay</b> - Lump sum amount incase of delay of scheduled departure or arrival time of a carrier beyond a 24 hour period</li> <li>15. <b>Trip Cancellation &amp; Curtailment</b> - Payment of travel and accommodation expenses if outward journey is unavoidably cancelled or curtailed due to listed conditions.</li> <li>16. <b>Missed Connection</b> - Payment for accommodation and alternative travel charges, if connecting flight is missed due to the delayed arrival of his inward flight.</li> <li>17. <b>Hijack Daily Allowance</b> - Daily fixed amount payable if the aircraft is hijacked for a period of more than 12 hours</li> </ol> <p><b>Note:</b> These benefits are effective only if mentioned in the Schedule of Benefits.</p> | <p>Section 1 1)</p> <p>Section 1 2)</p> <p>Section 1 3)</p> <p>Section 1 4)</p> <p>Section 1 5)</p> <p>Section 1 6)</p> <p>Section 2</p> <p>Section 3</p> <p>Section 4</p> <p>Section 5</p> <p>Section 6</p> <p>Section 7 a)</p> <p>Section 7 b)</p> <p>Section 8</p> <p>Section 9</p> <p>Section 10</p> <p>Section 11</p> |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| What are the major exclusions in the policy: | <p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>Self inflicted injury, suicide or attempted suicide, psychiatric or mental disorders, HIV/AIDS, Sexually transmitted diseases, insured persons participation or involvement in naval, military or airforce operations, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, committing or attempting to commit any breach of law with criminal intent, , abuse of intoxicants or hallucinogens including intoxicating drugs &amp; alcohol, War or any act of war, invasion, act of foreign enemy, war like operations, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, riot, chemical, radioactive or nuclear contamination, Pregnancy childbirth &amp; it's complications, 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, non allopathic treatment.</p>  | Section: General Exclusions  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| Waiting Period/<br>Deductible                | <table border="1"> <thead> <tr> <th>Cover</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>Medical Expenses</td> <td>\$100</td> </tr> <tr> <td>Dental</td> <td>\$100</td> </tr> <tr> <td>Hospital Daily Cash</td> <td>48 hrs.</td> </tr> <tr> <td>Delay of Checked Baggage</td> <td>12 hrs.</td> </tr> <tr> <td>Loss of Passport</td> <td>\$30</td> </tr> <tr> <td>Hijack Daily Allowance</td> <td>12 hrs.</td> </tr> </tbody> </table>   | Cover  | Deductible | Medical Expenses | \$100 | Dental | \$100 | Hospital Daily Cash | 48 hrs. | Delay of Checked Baggage | 12 hrs. | Loss of Passport | \$30 | Hijack Daily Allowance | 12 hrs. | Section Benefits |
| Cover  | Deductible  |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| Medical Expenses                             | \$100   |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| Dental                                       | \$100   |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| Hospital Daily Cash                          | 48 hrs.   |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| Delay of Checked Baggage                     | 12 hrs.   |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| Loss of Passport                             | \$30  |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |
| Hijack Daily Allowance                       | 12 hrs.   |  |            |                  |       |        |       |                     |         |                          |         |                  |      |                        |         |                  |

|   |   |                                       |                           |
|---|---|---------------------------------------|---------------------------|
| Payout basis  | 1. Cashless Settlements & Reimbursement for Inpatient Treatment abroad<br>2. Reimbursement for outpatient medical expenses and travel emergencies   |                                       | Section Benefits          |
| Cost Sharing  | Not Applicable  |                                       |                           |
| Renewal Conditions  | The Single Trip Insurance is non-renewable.   |                                       | General Conditions o)     |
| Renewal Benefits  | Not Applicable  |                                       |                           |
| Cancellation  | This policy would be terminated on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice with refund of premium on pro-rata basis. |                                       | General Conditions m)     |
| How to Claim  | <b>USA &amp; CANADA</b>   | <b>REST OF THE WORLD</b>              | Claim Related Information |
|   | Toll Free<br>USA-18773878317<br>Canada-18776956492  | Call Back Facility<br>+ 91 2267347845 |                           |
| <p>In the case of an emergency or the need for medical treatment, please ensure that you or your family member contact Europ Assistance to access providers in the CMN/First Health network in the United States or Canada.”</p> <p>World Wide Fax No: +91 2267347888</p> <p>E-mail: apollomunich@europ-assistance.in</p> <p>Address: Claims Department, Apollo Munich Health Insurance Company Limited, C/O Europ Assistance India Pvt. Ltd., C-301, Business Square, Andheri Kurla Road, Chakala, Andheri (East) Mumbai-400093, India</p> |   |                                       |                           |

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

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

### **BENEFITS**

We will provide the Benefits as detailed below and shown in the Schedule to be operative for an event or occurrence described in such Benefits that occurs during the Policy Period. The Sum Insured for each Section represents Our maximum liability for each Insured Person for any and all claims made under that Section during the Policy Period.

#### **Section. 1 Medical Treatment, Assistance & Evacuation**

If any Insured Person suffers an Illness or Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay:

##### **1) Medical Treatment**

Medical Expenses for the following only:

- a) Out patient treatment.
- b) In patient treatment in a Hospital at either the place where the Insured Person is situated or the nearest Hospital.
- c) Medical aids that are necessary as part of the medical treatment for broken limbs or injuries (such as plaster casts and bandages) and walking aids prescribed in writing by a Doctor.
- d) Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a Doctor.
- e) Diagnostic procedures (including X-Ray) prescribed in writing by a Doctor.
- f) Transportation by recognised emergency services for immediate medical attention at the nearest Hospital or to the nearest available Doctor.
- g) Transfer to a special clinic provided that the transfer is medically necessary and prescribed by a Doctor.

##### **2) Dental Treatment**

Medical Expenses for pain relieving dental treatment received by the Insured Person:

- a) At the nearest dental facility because of an Accident or
- b) Following sudden acute pain to one or more of the Insured Person's natural teeth but only if received under anaesthesia and subject to the Dental Treatment sub limit of this Section 1 Sum Insured.

##### **3) Medical Evacuation**

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

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

##### **4) Repatriation of mortal remains**

If the Insured Person dies during the Risk Period, then We will reimburse the reasonable cost of either transporting his mortal remains from the foreign country to his permanent place of residence or a cremation or burial ceremony in the foreign country.

##### **5) Balance Period of Policy + 30 days**

Medical Expenses for inpatient treatment at an Indian Hospital taken within a maximum of 30 days from the end of the Risk Period if:

- a) Our TPA has confirmed that continued medical treatment is required to restore the Insured Person to his former physical condition immediately

before the claim, and

- b) This is consequent upon the Accident or Illness that occurred during the Risk Period.

##### **6) Hospital Daily Allowance**

If We have accepted a claim under Section 1 1), then We will in addition pay the daily cash amount mentioned in the Schedule for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, provided that Our liability to make payment will only commence after the Insured Person has been Hospitalised for a continuous period of more than 48 hours.

##### **Special Exclusions to Section 1**

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

- a) Any absence from India which is for the purpose of obtaining medical treatment.
- b) A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Section 1 1) for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, subject to the same being authorised by Our TPA.
- c) Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India. Our TPA will consult with the attending Doctor and Our medical practitioner in reaching a decision and You agree to be bound by Our TPA's decision in this regard.
- d) Any treatment of cancer, orthopedic, degenerative or oncology diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- e) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- f) Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- g) Any costs in any way related to psychiatric or mental disorders.
- h) Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either provided that:
  - i) This exclusion shall not apply if the Insured Person's pregnancy had not advanced beyond the 30th week and her Age is 38 or less at the commencement of the Risk Period, in which case We will reimburse the reasonable cost of the medically necessary emergency treatment required because of acute complications during the course of her pregnancy to directly avert danger to her life or that of the unborn child.
  - ii) We will not make any payment towards the cost of abortion, childbirth or any postnatal illness or disease or their consequences.
- i) Rehabilitation or physiotherapy or the costs of artificial limbs or any other external appliance and/or device used for diagnosis or treatment; any congenital internal or external diseases, defects or anomalies.

##### **Section. 2 Total Loss of Checked-in Baggage**

If an Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We will pay the amount required to purchase new items of the same kind and quality less the amount representing the condition and reasonable depreciation of the articles lost, provided that:

- a) Our maximum liability for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one item of baggage, then Our maximum liability for all items within one piece of baggage will be 50% of the Sum Insured.
- b) The Insured Person obtains a property irregularity report from the Carrier confirming the loss.
- c) If We accept a claim under Section 3 and there is a subsequent claim under this Section in respect of the same baggage, We will pay the difference

between the amount due or paid under Section 3 and the amount payable in respect of the subsequent claim.

- d) Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return to India, including all halts and destinations specified therein.
- e) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

### Special Exclusions to Section 2

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

- a) Valuables, Money, any kinds of securities or tickets.
- b) Any loss of checked-in baggage amounting to a partial loss or not amounting to a permanent loss.
- c) Any item within the checked-in baggage that is valued at more than US\$100 if the Insured Person cannot provide Us with satisfactory proof of ownership.
- d) Any actual or alleged loss arising from any delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
- e) Any item that the Carrier's policy or rule specifies should not have been carried.

### Section. 3 Delay of Checked-in Baggage

If the delivery of an Insured Person's accompanying checked-in baggage for an overseas journey is delayed by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We will reimburse the actual expenses incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, provided that:

- a) The delay is 12 or more hours from the scheduled arrival time.
- b) You give Us written proof of delay from the Carrier.
- c) Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return trip back to India, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

### Special Exclusion to Section 3

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

- a) Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
- b) Any delay of checked-in baggage on the return to India

### Section. 4 Loss of Passport

If an Insured Person loses his passport during the Risk Period, then We will reimburse the actual expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days of his return to India.

### Special Exclusions to Section 4

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

- a) Loss, delay or confiscation or detention by customs, police or public authorities.
- b) The theft of a passport unless the theft is reported to the police of the foreign country within 24 hours and a written Police Report confirming the theft has been submitted to Us.
- c) Loss or theft of passport from a private vehicle or a private place unless it was kept in a locked hotel room or apartment and forcible or violent entry was used to gain access to it.

### Section. 5 Financial Emergency Cash

If an Insured Person has suffered a financial emergency due to the theft, pilferage, robbery or dacoity of his Money comprising his travel funds during the Risk Period and is consequently left without any travel funds, then We will pay up to the amount stated in the Schedule to replace the travel funds lost, provided that the loss is reported to the police of the foreign country within 24 hours of loss and a written

police report confirming the loss has been submitted to Us.

### Special Exclusions to Section 5

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

- a) Any claim that is reported to Us more than 2 days after the date on which the funds were stolen.
- b) Any currency fluctuation, errors, omission, exchange, loss or depreciation in value.
- c) Any claim in respect of the loss of a traveller's cheque which is not immediately reported to the local branch or agent of the issuing authority.
- d) Any loss of Money that was not in the personal custody of the Insured Person.
- e) Any loss of Money in respect of which a claim is made only after the Insured Person has already returned to India.

### Section. 6 Personal Liability

- a) We will indemnify an Insured Person subject to the Limit of Indemnity specified in the Schedule against his actual legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim first made against the Insured Person during the Policy Period for third party death, bodily injury or property damage.
- b) To the extent that We accept a claim under a) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defence or settlement of any claim.
- c) Coverage under a) is limited to third party civil claims which are made against an Insured Person during the Policy Period for an event or occurrence which took place during the Risk Period.

### Special Conditions to Section 6

- a) The Insured Person shall:
  - i) Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.
  - ii) Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
  - iii) Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
- b) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
- c) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.
- d) Any and all amounts We expend in the payment of any claim or defence costs will reduce the Limit of Indemnity.

### Special Exclusions to Section 6

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

- a) A claim by one Insured Person against another or against an Insured Person by a relation, a travelling companion or work colleague.
- b) The transmission of an illness or disease by an Insured Person.
- c) The Insured Person's professional activities or the supply of goods or services.

- d) Being a keeper or owner of animals.
- e) The ownership, possession or use of vehicles, aircraft or watercraft.
- f) The use or misuse of weapons, including firearms.
- g) Any deliberate, wilful, malicious or unlawful act or omission.
- h) Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
- i) Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
- j) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

### Section.7 Personal Accident & Common Carrier

- a) If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:
  - i) His death within 90 days of the Accident, then We will pay the Sum Insured to the Insured Persons' nominee.
  - ii) The permanent impairment of the Insured Person's physical capabilities within 90 days of the Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Doctor and Our medical advisor within 180 days of the Accident.

| Table of Benefits                   | % of Sum Insured |
|-------------------------------------|------------------|
| Loss or Inability to function of :  |                  |
| An Arm at the shoulder joint        | 70 %             |
| An arm to a point above elbow joint | 70 %             |
| An Arm below elbow joint            | 60 %             |
| A hand at the wrist                 | 50 %             |
| A thumb                             | 20 %             |
| An Index finger                     | 10 %             |
| Any other finger                    | 5 %              |
| A leg above center of the femur     | 70 %             |
| A leg up to a point below the femur | 70 %             |
| A leg to a point below the knee     | 50 %             |
| A leg up to the center of tibia     | 45 %             |
| A foot at the ankle                 | 45 %             |
| A big toe                           | 5 %              |
| Some other toe                      | 2 %              |
| An Eye                              | 50 %             |
| Hearing in one Ear                  | 30 %             |
| Sense of smell                      | 10 %             |
| Sense of Taste                      | 5 %              |
| Hearing of both Ears                | 60 %             |

- b) However, if the Accident occurred while the Insured Person was travelling as a fare paying passenger in a Carrier (including boarding and alighting from that Carrier) or was struck by a Carrier, then Our payment will be by reference to the Carrier PA Sum Insured specified in the Schedule.

### Special Conditions to Section 7

- a) If the Insured Person suffers a partial loss or impairment of the function of one of the aforementioned body parts or senses, We will determine the appropriate proportion of the percentage stated in the table with Our medical advisor and We will make payment accordingly.
- b) If the injury impairs more than one of the aforementioned body parts or senses, Our payment will not exceed 100% of the Sum Insured.
- c) If the effect of the injury is not mentioned in the table, then We will determine the appropriate payment to be made with Our medical advisor and We will make payment accordingly.
- d) If the injury affects any physical function that was previously impaired, We will make a deduction proportionate to the extent of this prior disablement

which We will determine with Our medical advisor and We will make payment accordingly.

- e) If the Insured Person dies as a result of the injury within 90 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment, and any sum that was due to be paid for the permanent impairment shall not be paid.
- f) If the Insured Person is not found within 365 days of the disappearance, sinking or wrecking of the Carrier in which he was travelling as a fare paying passenger, the Insured Person will be presumed to have died as a result of the Accident.
- g) The Sum Insured or the Carrier PA Sum Insured, as the case may be, represents Our maximum liability to make payment for any claim for death and/or permanent impairment.
- h) If any Insured Person is below Age 16, then Our maximum payment in the event of the Insured Person's death shall be the lower of the Sum Insured or the Carrier PA Sum Insured, as the case may be, or US\$2,000.

### Section. 8 Trip Delay

If an Insured Person's outward journey from India directly to an international destination or his return journey from an international destination to the first Indian destination on a Carrier as a fare paying passenger is delayed beyond its scheduled departure or arrival time during the Risk Period, then We will pay:

- a) The amount mentioned in the Schedule for the first continuous and completed 12 hour period of delay and an additional amount as mentioned in the Schedule for each continuous and completed 12 hour period of delay thereafter.
- b) If an Insured Person's outward journey from India directly to an international destination is delayed beyond its scheduled departure for a continuous and completed 24 hour period, and for this reason an Insured Person cancels his journey, then We will reimburse upto the Sum Insured for those other travel and accommodation expenses that he paid and cannot recover and for which no value can be derived or he is liable to pay as long as he paid or committed to such expenses without knowledge of the likelihood of delay.

Provided that:

- i) We will not in any event make payment under both a) and b), and
- ii) For a claim under either a) or b):
  - (1) Our maximum liability shall be limited to the amount mentioned in the Schedule, and
  - (2) The Insured Person must provide Us with written confirmation from the Carrier confirming the length and exact nature of delay.
- iii) For a claim under b) We shall not reimburse any charges that could have been avoided but were incurred because of any delay in cancelling the other travel or accommodation.

### Special Exclusions for Section 8

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

- a) Delay caused by strike or industrial action if already notified at the time the Insured Person booked his ticket or paid or committed to other travel and accommodation expenses.
- b) The failure to arrive for the Carrier's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.
- c) Any delay arising from the order or action of any government, civil authority or official government body.

### Section. 9 Trip Cancellation & Curtailment

If an Insured Person's outward journey as a fare paying passenger from India to an international destination on a Carrier is unavoidably cancelled, or is curtailed before completion after it has commenced, because of one of the reasons below, then We will reimburse up to the Trip Cancellation or Trip Curtailment Sum Insured as the case may be for those travel and accommodation expenses that he paid and cannot

recover or for which no value can be derived or he is liable to pay as long as he paid or committed to such expenses without knowledge of the likelihood of cancellation or curtailment:

- a) The death of the Insured Person or the travelling Insured Person's parent, spouse or child.
- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for at least 3 days due to a sudden illness or injury.
- c) Material loss or damage to the Insured Person's property due to fire, acts of God, or third party criminal action.
- d) Government restrictions following an epidemic.

### Special Exclusions to Section 9

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

- a) Childbirth, pregnancy or any medical complications resulting within 2 months of the expected date of delivery.
- b) Negligence or fault of the travel agent.
- c) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- d) Facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation or curtailment of the trip.
- e) Suspension of services by the Carrier whether voluntarily or pursuant to any order from any authority.

### Section.10 Missed Connection

If an Insured Person misses a travel connection overseas during the Risk Period because of the delayed arrival of his inward flight, which causes him to miss a connecting flight, then We will reimburse the reasonable costs actually incurred for necessary accommodation and alternative travel (must be of the same class of original ticket purchased) to reach the Insured Person's intended destination.

### Special Conditions to section 10

- a) The Insured Person must do everything reasonably possible to get to the international departure point by the time specified on his ticket.
- b) Our payment will be reduced by any sum paid or payable by either the inward airline or the connecting airline for the missed travel connection.

### Special Exclusions to Section 10

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

- a) A strike or industrial action of which the Insured Person should reasonably have been aware before the Risk Period.
- b) The Insured Person's failure to arrive for the Carrier's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.
- c) Any occasion when the carrier has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

### Section. 11 Hijack Daily Allowance

If the aircraft in which an Insured Person is travelling as a fare paying passenger to or from a foreign country during the Risk Period is Hijacked and the journey is interrupted for a continuous and completed period of more than 12 hours, then We will pay the daily allowance specified in the Schedule. General Exclusions a) and q) shall not apply to the extent of this Section only.

### Special Exclusions to Section 11

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:

- a) The first 12 hours of Hijacking.
- b) Any claim where the Insured person is considered as the principal or accessory or is in anyway involved with the Hijacking.
- c) Any claim as a consequence of change in the direction of the route of the aircraft due to traffic, weather, fuel shortage, technical snag or security reasons.

### GENERAL EXCLUSIONS:

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

- a) 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, riot, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind.
- b) Any Insured Person's participation or involvement in naval, military or air force operation or professional or semi-professional sporting, racing, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- c) Any Insured Person committing or attempting to commit a criminal or unlawful act, or intentional self injury or attempted suicide while sane or insane.
- d) 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.
- e) The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from:
  - i) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
  - ii) The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
  - iii) Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.
- f) Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37.
- g) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or illness or disease), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- h) Any non allopathic treatment.
- i) 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.
- j) 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 Doctor as a direct consequence of an otherwise covered claim.
- k) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fees or out-station consultations; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- l) 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.
- m) Non-prescription drugs or treatments.
- n) If the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.
- o) 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.

- p) Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- q) 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.
- r) Any non medical expenses mentioned in Annexure II

### GENERAL CONDITIONS

#### a) Conditions Precedent

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

#### b) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period 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.

#### c) Notification of Claim

- 1) If any treatment for which a claim may be made is to be taken requires Hospitalisation, then Our TPA must be informed immediately and no later than the time of the Insured Person's admission to Hospital.
- 2) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our TPA must be informed within 7 days of the beginning of such treatment, consultation or procedure.
- 3) In all other cases, We or Our TPA must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of occurrence of event..
- 4) If any time period is specifically mentioned in Sections 1-11, then this shall supersede the time periods mentioned at 1) to 3) above.

#### d) Supporting Documentation & Examination

- 1) 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 it within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. 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 in English:
  - 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. Prescriptions must be submitted with the corresponding Doctor's invoice.
- vii. Obs history/ Antenatal card
- viii. Previous treatment record along with reports, if any
- ix. Indoor case papers
- x. Treating doctors certificate regarding the duration & etiology
- xi. MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury

#### 2) 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. We will bear the reasonable costs towards performing such medical examination (at the specified location) of the Insured Person.

#### e) Claims Payment

- 1) We shall be under no obligation to make any payment under this Policy unless 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.
- 2) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made.
- 3) 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).
- 4) All payments under this Policy will be in Indian Rupees and We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices.
- 5) 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 could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us or by Our TPA or by a Doctor.
- 6) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

#### f) 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 shall be void and all benefits paid under it shall be forfeited.

### g) Other Insurance

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

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

### h) Subrogation

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

### i) Alterations to the Policy

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.

### j) Notices

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

- 1) 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.
- 2) 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.

### k) 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.

### l) Geography

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

### m) Termination

- 1) You may terminate this Policy at any time before the commencement of the Risk Period, by giving Us written notice and the Policy shall terminate. If no claim has been made under the Policy, We will deduct following cancellation charges and will refund the premium paid:
  - a) Rs. 250 for a Short Term Policy, or
  - b) Rs. 500 for an Annual Multi Trip policy.
- 2) 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 upon 30 days notice by sending an endorsement Your address shown in

the Schedule, and We shall refund premium a rateable proportion of the premium as long as no claim has been made under the Policy.

- 3) Subject only to n) below a Short Term Policy will automatically terminate at the end of the Policy Period and shall not be renewed.
- 4) An Annual Multi Trip Policy will automatically terminate at the end of the Policy Period.

### n) Extension of the Policy:

We may in Our sole and absolute discretion extend a Short Term Policy once during the Risk Period, provided that:

- 1) We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
- 2) We receive Your request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
- 3) The Insured Person has not made a claim before We receive Your request for extension of the Policy.

We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.

### o) Renewal

- a) All applications for renewal of an Annual Multi Trip Policy must be received by Us before the end of the Policy Period.
- b) We are under no obligation to give notice that any Annual Multi Trip Policy is due for renewal, or to renew it or to renew it on the same terms whether as to premium or otherwise. We shall be entitled to call for and receive any information or documentation before agreeing to renew the Policy, and in renewing We are not bound to renew for all Insured Persons.

### DEFINITIONS

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

- a) **Accident** or **Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means
- b) **Age** or **Aged** means completed years as at the commencement date.
- c) **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence for the transportation of goods or passengers by air, sea, road or rail for a fee.
- d) **Child** or **Children** means Your children Aged between 6 months and 21 years at the commencement of the Policy Period if they are unmarried, still financially dependant on You and have not established their own independent households.
- e) **Condition Precedent**  
Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- f) **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured
- g) **Disclosure to information norm**  
The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- h) **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.
- i) **Family** means legally married Spouse and/or a maximum of 4 Children as named in the Schedule.

- j) **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.
- k) **Hijacked** means the unlawful seizure or exercise of control of any Carrier by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government.
- l) **Hospital** means an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognised as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a hospital in that country.
- m) **Indian Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
  - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - 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 makes these accessible to the insurance company's authorized personnel.
- n) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/injury which leads to full recovery.
  - Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:-it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests-it needs ongoing or long-term control or relief of symptoms-it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely-it comes back or is likely to come back.
- o) **Immediate Family Member** means the Insured Person's legal spouse, parent, parent-in-law, grand parent, grand parent-in-law, child, brother, sister, brother-in-law or sister-in-law, niece or nephew.
- p) **Insured Person** means You and the persons named in the Schedule.
- q) **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- r) **Medically Necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
  - 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.
- s) **Money** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, travellers cheques, postal orders and current postage stamps (which are not part of a collection).
- t) **OPD treatment** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- u) **Policy** means Your statements in the proposal form, this policy wording (including endorsements if any, annexure 1) and the Schedule.
- v) **Policy Period** means the period between the commencement date and the expiry date specified in the Schedule.
- w) **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer..
- x) **Risk Period** means only the period between:
- The time when the Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier, and
  - The earlier of:
    - The time when the Insured Person crosses the Indian border to return to India as a fare paying passenger on a Carrier, and
    - The expiry date of the Policy Period.
- y) **Schedule** means the schedule attached to and forming part of this Policy, and if more than one then latest in time.
- z) **Spouse** means the Insured Person's legally married spouse as long as she continues to be married to him.
- aa) **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section.
- bb) **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- cc) **Unproven/Experimental treatment**  
Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- dd) **Valuables** means photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.
- ee) **We/Our/Us** means the Apollo Munich health Insurance Company Limited.
- ff) **You/Your or Policyholder** means the person named in the Schedule who has concluded this Policy with Us.
- Specific Conditions:**
- Family Plan (Applicable if reflected in the Schedule)**
- The minimum entry Age for You and Your Spouse shall be 18 years and the maximum entry Age shall be 70 years; and the minimum entry Age for Your Children shall be between six months and 21 years.
- Senior Citizen Plan (Applicable if reflected in the Schedule)**
- The minimum entry Age for the Insured Person shall be 71 years and the maximum entry Age shall be 80 years. The maximum number of travel days that may be covered under the Policy shall be 180 days. The maximum trip duration shall not exceed 180 days in total.
  - The maximum liability for Medical Expenses under Section 1 will be limited to USD 15,000 for per Illness and USD 25,000 per Accident.
- Annual Multi-trip Plan (Applicable if reflected in the Schedule)**
- The minimum entry Age for the Insured Person shall be 6 months and the maximum entry Age shall be 70 years.
  - The maximum trip duration for each and every trip is specified in the Schedule.

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

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

### Ombudsman Offices

| Jurisdiction  | Office Address  |
|---|---|
| Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu                                  | Shri P. Ramamoorthy (Ombudsman)<br>Insurance Ombudsman,<br>Office of the Insurance Ombudsman, 2nd Floor,<br>Ambica House, Nr. C.U. Shah College, Ashram Road,<br><b>AHMEDABAD-380 014.</b><br>Tel.:- 079-27546840 Fax : 079-27546142<br>Email: ins.omb@rediffmail.com |
| Madhya Pradesh & Chhattisgarh   | Insurance Ombudsman,<br>Office of the Insurance Ombudsman, Janak Vihar<br>Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near<br>New Market, <b>BHOPAL(M.P.)-462 023.</b><br>Tel.:- 0755-2569201 Fax : 0755-2769203<br>Email: bimalokpalbhopal@airtelmail.in      |
| Orissa  | Shri B. P. Parija (Ombudsman)<br>Insurance Ombudsman, Office of the Insurance<br>Ombudsman, 62, Forest Park, <b>BHUBANESHWAR-751<br/>009.</b><br>Tel.:- 0674-2596455 Fax : 0674-2596429<br>Email: ioobbsr@dataone.in  |
| Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh                | Shri Manik Sonawane (Ombudsman)<br>Insurance Ombudsman, Office of the Insurance<br>Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra<br>Building, Sector 17-D, <b>CHANDIGARH-160 017.</b><br>Tel.:- 0172-2706468 Fax : 0172-2708274<br>Email: ombchd@yahoo.co.in         |
| Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry) | Insurance Ombudsman,<br>Office of the Insurance Ombudsman,<br>Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna<br>Salai, Teynampet, <b>CHENNAI-600 018.</b><br>Tel.:- 044-24333668 /5284 Fax : 044-24333664<br>Email: chennaiinsuranceombudsman@gmail.com         |
| Delhi & Rajasthan   | Shri Surendra Pal Singh (Ombudsman)<br>Insurance Ombudsman,<br>Office of the Insurance Ombudsman, 2/2 A, Universal<br>Insurance Bldg., Asaf Ali Road, <b>NEW DELHI-110 002.</b><br>Tel.:- 011-23239633 Fax : 011-23230858<br>Email: iobdelraj@rediffmail.com          |

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

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

### Annexure I

| S NO. | List of excluded expenses ("Non-Medical") under indemnity Policy | Expenses  |
|-------|--|---|
| 1     | HAIR REMOVAL CREAM CHARGES                                       | Not Payable   |
| 2     | BABY CHARGES (UNLESS SPECIFIED/ INDICATED)                       | Not Payable   |
| 3     | BABY FOOD  | Not Payable   |
| 4     | BABY UTILITES CHARGES  | Not Payable   |
| 5     | BABY SET   | Not Payable   |
| 6     | BABY BOTTLES   | Not Payable   |
| 7     | BRUSH  | Not Payable   |
| 8     | COSY TOWEL   | Not Payable   |
| 9     | HAND WASH  | Not Payable   |
| 10    | MOISTURISER PASTE BRUSH  | Not Payable   |
| 11    | POWDER   | Not Payable   |
| 12    | RAZOR  | Payable   |
| 13    | SHOE COVER   | Not Payable   |
| 14    | BEAUTY SERVICES  | Not Payable   |
| 15    | BELTS/ BRACES  | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine                   |
| 16    | BUDS   | Not Payable   |
| 17    | BARBER CHARGES   | Not Payable   |
| 18    | CAPS   | Not Payable   |
| 19    | COLD PACK/HOT PACK   | Not Payable   |
| 20    | CARRY BAGS   | Not Payable   |
| 21    | CRADLE CHARGES   | Not Payable   |
| 22    | COMB   | Not Payable   |
| 23    | DISPOSABLES RAZORS CHARGES ( for site preparations)              | Payable   |
| 24    | EAU-DE-COLOGNE / ROOM FRESHNERS                                  | Not Payable   |
| 25    | EYE PAD  | Not Payable   |
| 26    | EYE SHEILD   | Not Payable   |
| 27    | EMAIL / INTERNET CHARGES   | Not Payable   |
| 28    | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)    | Not Payable   |
| 29    | FOOT COVER   | Not Payable   |
| 30    | GOWN   | Not Payable   |
| 31    | LEGGINGS   | Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable. |

| S NO.                                       | List of excluded expenses ("Non-Medical") under indemnity Policy | Expenses  |
|---|--|---|
| 32  | LAUNDRY CHARGES  | Not Payable   |
| 33  | MINERAL WATER  | Not Payable   |
| 34  | OIL CHARGES  | Not Payable   |
| 35  | SANITARY PAD   | Not Payable   |
| 36  | SLIPPERS   | Not Payable   |
| 37  | TELEPHONE CHARGES  | Not Payable   |
| 38  | TISSUE PAPER   | Not Payable   |
| 39  | TOOTH PASTE  | Not Payable   |
| 40  | TOOTH BRUSH  | Not Payable   |
| 41  | GUEST SERVICES   | Not Payable   |
| 42  | BED PAN  | Not Payable   |
| 43  | BED UNDER PAD CHARGES  | Not Payable   |
| 44  | CAMERA COVER   | Not Payable   |
| 45  | CLINIPLAST   | Not Payable   |
| 46  | CREPE BANDAGE  | Not Payable/ Payable by the patient   |
| 47  | CURAPORE   | Not Payable   |
| 48  | DIAPER OF ANY TYPE   | Not Payable   |
| 49  | DVD, CD CHARGES  | Not Payable (However if CD is specifically sought by Insurer/TPA then payable)  |
| 50  | EYELET COLLAR  | Not Payable   |
| 51  | FACE MASK  | Not Payable   |
| 52  | FLEXI MASK   | Not Payable   |
| 53  | GAUSE SOFT   | Not Payable   |
| 54  | GAUZE  | Not Payable   |
| 55  | HAND HOLDER  | Not Payable   |
| 56  | HANSAPLAST/ ADHESIVE BANDAGES                                    | Not Payable   |
| 57  | INFANT FOOD  | Not Payable   |
| 58  | SLINGS   | Reasonable costs for one sling in case of upper arm fractures may be considered |
| ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES |  |   |
| 59  | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES                      | Exclusion in policy unless otherwise specified                                  |
| 60  | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,           | Exclusion in policy unless otherwise specified                                  |
| 61  | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION    | Exclusion in policy unless otherwise specified                                  |
| 62  | HORMONE REPLACEMENT THERAPY                                      | Exclusion in policy unless otherwise specified                                  |

| S NO.   | List of excluded expenses ("Non-Medical") under indemnity Policy   | Expenses   |
|---|--|--|
| 63  | HOME VISIT CHARGES   | Exclusion in policy unless otherwise specified                               |
| 64  | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE   | Exclusion in policy unless otherwise specified                               |
| 65  | OBESITY (INCLUDING MORBID OBESITY) TREATMENT   | Exclusion in policy unless otherwise specified                               |
| 66  | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS  | Exclusion in policy unless otherwise specified                               |
| 67  | CORRECTIVE SURGERY FOR REFRACTIVE ERROR  | Exclusion in policy unless otherwise specified                               |
| 68  | TREATMENT OF SEXUALLY TRANSMITTED DISEASES   | Exclusion in policy unless otherwise specified                               |
| 69  | DONOR SCREENING CHARGES  | Exclusion in policy unless otherwise specified                               |
| 70  | ADMISSION/REGISTRATION CHARGES   | Exclusion in policy unless otherwise specified                               |
| 71  | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE   | Exclusion in policy unless otherwise specified                               |
| 72  | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED                                    | Not Payable - Exclusion in policy unless otherwise specified                 |
| 73  | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion  |
| 74  | STEM CELL IMPLANTATION/ SURGERY AND STORAGE  | Not Payable except Bone Marrow Transplantation where covered by policy       |
| <b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b> |  |  |
| 75  | WARD AND THEATRE BOOKING CHARGES   | Payable under OT Charges, not payable separately                             |
| 76  | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS  | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 77  | MICROSCOPE COVER   | Payable under OT Charges, not separately                                     |
| 78  | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER  | Payable under OT Charges, not separately                                     |
| 79  | SURGICAL DRILL   | Payable under OT Charges, not separately                                     |
| 80  | EYE KIT  | Payable under OT Charges, not separately                                     |
| 81  | EYE DRAPE  | Payable under OT Charges, not separately                                     |
| 82  | X-RAY FILM   | Payable under Radiology Charges, not as consumable                           |
| 83  | SPUTUM CUP   | Payable under Investigation Charges, not as consumable                       |

| S NO.                          | List of excluded expenses ("Non-Medical") under indemnity Policy       | Expenses   |
|--------------------------------|--|--|
| 84                             | BOYLES APPARATUS CHARGES   | Part of OT Charges, not separately   |
| 85                             | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                    | Part of Cost of Blood, not payable   |
| 86                             | ANTISEPTIC OR DISINFECTANT LOTION                                      | Not Payable - Part of Dressing charges   |
| 87                             | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES             | Not Payable - Part of Dressing charges   |
| 88                             | COTTON   | Not Payable - Part of Dressing charges   |
| 89                             | COTTON BANDAGE   | Not Payable - Part of Dressing charges   |
| 90                             | MICROPOROUS/ SURGICAL TAPE   | Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 91                             | BLADE  | Not Payable  |
| 92                             | APRON  | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges      |
| 93                             | TORNIQUET  | Not Payable (service is charged by hospitals, consumables cannot be separately charged)    |
| 94                             | ORTHOBUNDLE, GYNAEC BUNDLE   | Part of Dressing Charges   |
| 95                             | URINE CONTAINER  | Not Payable  |
| <b>ELEMENTS OF ROOM CHARGE</b> |  |  |
| 96                             | LUXURY TAX   | Actual tax levied by government is payable. Part of room charge for sub limits             |
| 97                             | HVAC   | Part of room charge not payable separately   |
| 98                             | HOUSE KEEPING CHARGES  | Part of room charge not payable separately   |
| 99                             | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                      | Part of room charge not payable separately   |
| 100                            | TELEVISION & AIR CONDITIONER CHARGES                                   | Payable under room charges not if separately levied  |
| 101                            | SURCHARGES   | Part of Room Charge, Not payable separately  |
| 102                            | ATTENDANT CHARGES  | Not Payable - Part of Room Charges   |
| 103                            | IM IV INJECTION CHARGES  | Part of nursing charges, not payable   |
| 104                            | CLEAN SHEET  | Part of Laundry/ Housekeeping not payable separately                                       |
| 105                            | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable   |

| S NO.                                       | List of excluded expenses ("Non-Medical") under indemnity Policy | Expenses  |
|---|--|---|
| 106   | BLANKET/WARMER BLANKET   | Not Payable - Part of Room Charges                        |
| <b>ADMINISTRATIVE OR NON-MEDICAL CHARGE</b> |  |   |
| 107   | ADMISSION KIT  | Not Payable   |
| 108   | BIRTH CERTIFICATE  | Not Payable   |
| 109   | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES         | Not Payable   |
| 110   | CERTIFICATE CHARGES  | Not Payable   |
| 111   | COURIER CHARGES  | Not Payable   |
| 112   | CONVENYANCE CHARGES  | Not Payable   |
| 113   | DIABETIC CHART CHARGES   | Not Payable   |
| 114   | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES                  | Not Payable   |
| 115   | DISCHARGE PROCEDURE CHARGES                                      | Not Payable   |
| 116   | DAILY CHART CHARGES  | Not Payable   |
| 117   | ENTRANCE PASS / VISITORS PASS CHARGES                            | Not Payable   |
| 118   | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE                    | To be claimed by patient under Post Hosp where admissible |
| 119   | FILE OPENING CHARGES   | Not Payable   |
| 120   | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)              | Not Payable   |
| 121   | MEDICAL CERTIFICATE  | Not Payable   |
| 122   | MAINTAINANCE CHARGES   | Not Payable   |
| 123   | MEDICAL RECORDS  | Not Payable   |
| 124   | PREPARATION CHARGES  | Not Payable   |
| 125   | PHOTOCOPIES CHARGES  | Not Payable   |
| 126   | PATIENT IDENTIFICATION BAND / NAME TAG                           | Not Payable   |
| 127   | WASHING CHARGES  | Not Payable   |
| 128   | MEDICINE BOX   | Not Payable   |
| 129   | MORTUARY CHARGES   | Payable upto 24 hrs, shifting charges not payable         |
| 130   | MEDICO LEGAL CASE CHARGES (MLC CHARGES)                          | Not Payable   |
| <b>EXTERNAL DURABLE DEVICES</b>             |  |   |
| 131   | WALKING AIDS CHARGES   | Not Payable   |
| 132   | BIPAP MACHINE  | Not Payable   |
| 133   | COMMODE  | Not Payable   |
| 134   | CPAP/ CAPD EQUIPMENTS  | Device not payable  |
| 135   | INFUSION PUMP - COST   | Device not payable  |
| 136   | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)                 | Not Payable   |

| S NO.   | List of excluded expenses ("Non-Medical") under indemnity Policy                                     | Expenses  |
|---|--|---|
| 137   | PULSEOXYMETER CHARGES  | Device not payable  |
| 138   | SPACER   | Not Payable   |
| 139   | SPIROMETRE   | Device not payable  |
| 140   | SPO2 PROBE   | Not Payable   |
| 141   | NEBULIZER KIT  | Not Payable   |
| 142   | STEAM INHALER  | Not Payable   |
| 143   | ARMSLING   | Not Payable   |
| 144   | THERMOMETER  | Not Payable (paid by patient)   |
| 145   | CERVICAL COLLAR  | Not Payable   |
| 146   | SPLINT   | Not Payable   |
| 147   | DIABETIC FOOT WEAR   | Not Payable   |
| 148   | KNEE BRACES ( LONG/ SHORT/ HINGED)   | Not Payable   |
| 149   | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  | Not Payable   |
| 150   | LUMBO SACRAL BELT  | Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.  |
| 151   | NIMBUS BED OR WATER OR AIR BED CHARGES   | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day                                      |
| 152   | AMBULANCE COLLAR   | Not Payable   |
| 153   | AMBULANCE EQUIPMENT  | Not Payable   |
| 154   | MICROSHIELD  | Not Payable   |
| 155   | ABDOMINAL BINDER   | Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| <b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b> |  |   |
| 156   | BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC                               | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital   |
| 157   | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  | Post hospitalization nursing charges not Payable  |
| 158   | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES  | Patient Diet provided by hospital is payable  |
| 159   | SUGAR FREE TABLET  | Payable -Sugar free variants of admissible medicines are not excluded   |
| 160   | CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable) | Payable when prescribed   |

| S NO.   | List of excluded expenses ("Non-Medical") under indemnity Policy              | Expenses  |
|---|---|---|
| 161   | DIGENE GEL/ ANTACID GEL   | Payable when prescribed   |
| 162   | ECG ELECTRODES  | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable. |
| 163   | GLOVES  | Sterilized Gloves payable / unsterilized gloves not payable   |
| 164   | HIV KIT   | Payable - payable Pre operative screening   |
| 165   | LISTERINE/ ANTISEPTIC MOUTHWASH   | Payable when prescribed   |
| 166   | LOZENGES  | Payable when prescribed   |
| 167   | MOUTH PAINT   | Payable when prescribed   |
| 168   | NEBULISATION KIT  | If used during hospitalization is payable reasonably  |
| 169   | NOVARAPID   | Payable when prescribed   |
| 170   | VOLINI GEL/ ANALGESIC GEL   | Payable when prescribed   |
| 171   | ZYTEE GEL   | Payable when prescribed   |
| 172   | VACCINATION CHARGES   | Routine Vaccination not Payable / Post Bite Vaccination Payable   |
| <b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |   |   |
| 173   | AHD   | Not Payable - Part of Hospital's internal Cost  |
| 174   | ALCOHOL SWABES  | Not Payable - Part of Hospital's internal Cost  |
| 175   | SCRUB SOLUTION/STERILLIUM   | Not Payable - Part of Hospital's internal Cost  |
| <b>OTHERS</b>                                       |   |   |
| 176   | VACCINE CHARGES FOR BABY  | Not Payable   |
| 177   | AESTHETIC TREATMENT / SURGERY   | Not Payable   |
| 178   | TPA CHARGES   | Not Payable   |
| 179   | VISCO BELT CHARGES  | Not Payable   |
| 180   | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable   |
| 181   | EXAMINATION GLOVES  | Not Payable   |
| 182   | KIDNEY TRAY   | Not Payable   |
| 183   | MASK  | Not Payable   |
| 184   | OUNCE GLASS   | Not Payable   |

| S NO. | List of excluded expenses ("Non-Medical") under indemnity Policy | Expenses   |
|-------|--|--|
| 185   | OUTSTATION CONSULTANT'S/ SURGEON'S FEES                          | Not payable, except for telemedicine consultations where covered by policy   |
| 186   | OXYGEN MASK  | Not Payable  |
| 187   | PAPER GLOVES   | Not Payable  |
| 188   | PELVIC TRACTION BELT   | Should be payable in case of PIVD requiring traction as this is generally not reused                               |
| 189   | REFERAL DOCTOR'S FEES  | Not Payable  |
| 190   | ACCU CHECK ( Glucometry/ Strips)                                 | Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable          |
| 191   | PAN CAN  | Not Payable  |
| 192   | SOFNET   | Not Payable  |
| 193   | TROLLY COVER   | Not Payable  |
| 194   | UROMETER, URINE JUG  | Not Payable  |
| 195   | AMBULANCE  | Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable |
| 196   | TEGADERM / VASOFIX SAFETY  | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs  |
| 197   | URINE BAG  | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs                                    |
| 198   | SOFTOVAC   | Not Payable  |
| 199   | STOCKINGS  | Essential for case like CABG etc. where it should be paid.   |

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