

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. Each Benefit is subject to its Sum Insured, but Our liability to make payment in respect of any and all Benefits (including optional Benefits) shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

Benefit 1. Accidental Death

1) Accidental Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured.

2) Transportation of Mortal Remains

If We have accepted a claim under 1), then We will in addition reimburse the lower of 2% of the Sum Insured under 1) and the actual amount incurred in transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or Hospital or to a cremation or burial ground.

3) Cremation Ceremony

If We have accepted a claim under 1), then We will in addition pay the lumpsum Sum Insured towards the costs of the cremation or burial of the Insured Person.

Special Exclusions to Benefit 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 any of the following unless expressly stated to the contrary in this Policy:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

Benefit 2. Permanent Total Disablement

- If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

	% of Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

- In this Benefit:

- Limb means a hand at or above the wrist or a foot above the ankle.
- Loss of Limb means:
 - the physical separation of a Limb above the wrist or ankle respectively, or
 - the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

Special Exclusions to Benefit 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 any of the following unless expressly stated to the contrary in this Policy:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as

a result of an Accident.

- Hernia.

Benefit 3. Permanent Serious Disablement

- If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent serious disablement, then We will pay the Sum Insured provided that:
 - If the Insured Person is or has been employed then We will make payment only if he suffers permanent, irreversible, anatomical or functional loss preventing him from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education or training or experience for the rest of his life.
 - If the Insured Person has never been employed then We will make payment only if he suffers permanent, irreversible, anatomical or functional loss preventing him from performing essential daily functions and activities, including but not limited to eating, moving, getting dressed and similar vital functions for a person of the same age.
 - In all cases:
 - the degree of disablement must be supported by a certificate of permanent serious disablement from a Doctor but it is agreed that the actual degree of disablement and the Insured Person's qualification for this Benefit will be as determined by Our medical advisors, and
 - the permanent serious disablement must have continued for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

Special Exclusions to Benefit 3

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:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

Benefit 4. Permanent Partial Disablement

- If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent partial disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

- 2) In this Benefit:
- Loss means:
 - the physical separation of a body part, or
 - the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disability provided that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
 - If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with Our medical advisors and determine the amount of payment to be made.
 - If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment will be limited to the member only and not any of its parts or constituents.

Special Exclusions to Benefit 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 any of the following unless expressly stated to the contrary in this Policy:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

Benefit 5. Temporary Total Disablement

If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then We will pay a weekly benefit, provided that:

- The temporary total disablement is certified by the treating Doctor, and
- Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period not exceeding 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable, and
- We will not pay any amount in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other special compensation.

Special Exclusions to Benefit 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 any of the following unless expressly stated to the contrary in this Policy:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

Benefit 6. Emergency Ambulance Charges

If We have accepted a claim under this Policy and following the Accident it is necessary to immediately transfer the Insured Person to the nearest Hospital by ambulance offered by a healthcare or an ambulance service provider, then We will in addition reimburse the actual expenses of the transfer using the shortest route.

Benefit 7. Education Fund

If We have accepted a claim under Benefit 1, 2 or 3, then We will in addition pay 50% of the Sum Insured per Dependent Child up to a maximum of 2 Dependent Children provided that such Dependent Child is pursuing an educational course as a full time student in an educational institution.

Benefit 8. Family Transportation

If We have accepted a claim under Benefit 1, 2 or 3, then We will in addition reimburse the actual expenses incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an Accident, provided that such Hospital is located at least 200 kms from the Insured Person's residence.

Note: In this Benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-in-law, legal guardian, ward, step child or adopted child.

Benefit 9. Purchase of Blood

If We have accepted a claim under Benefits 1-5, then We will in addition reimburse the actual expenses incurred in purchasing blood through a Hospital or lawful blood bank for the purpose of the Insured Person's medical or surgical treatment provided that such treatment is necessitated by the Accident.

Benefit 10. Transportation of Imported Medicine

If We have accepted a claim under Benefits 1-5, then We will in addition reimburse the actual expenses incurred on freight charges for importing medicines to India, provided

that:

- Such medicines, formulations or their alternatives are not available in India, and
- Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.
- Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

Benefit 11. Cost of Wheelchair/Crutches

If We have accepted a claim under Benefit 2 or 3, then We will in addition reimburse up to 80% of the actual expenses incurred in purchasing a wheelchair or crutches for the Insured Person, provided that the wheelchair or crutches are necessitated by the Insured Person's disablement or are needed for the medical treatment of the Insured Person following the Accident.

Benefit 12. Accident Hospital Cash

If We have accepted a claim under Benefits 1-5, then We will in addition pay the amount shown in the Schedule for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, provided that We will not make payment for the first 48 hours of Hospitalisation.

Benefit 13. Accident Medical Expenses

If We have accepted a claim under Benefits 1-5, then We will in addition reimburse the Medical Expenses incurred by the Insured Person at a Hospital, provided that Our maximum liability under this Benefit shall be limited to the lowest of:

- The actual expenses incurred, or
- 40% of the admitted claim amount under Benefits 1 to 5, or
- 10% of the Benefit 1 Sum Insured, or
- Rs. 200,000

Special Exclusions to Benefit 13

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:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

Benefit 14. Accident Hospitalisation (Inpatient)

If any Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will in addition reimburse the Medical Expenses incurred for the in-patient treatment of such Insured Person provided that the Hospitalisation commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured of this Policy Period or such of it as remains, if any.

Special Exclusions to Benefit 14

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:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

Benefit 15. Accident Hospitalisation (Inpatient & Outpatient)

If any Insured Person suffers an Accident during the Policy Period that requires Outpatient Treatment or that Insured Person's Hospitalisation as an inpatient, then We will in addition reimburse the Medical Expenses incurred for such Insured Person provided that the Hospitalisation commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured of this Policy Period, or such of it as remains, if any.

Special Exclusions to Benefit 15

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:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

Benefit 16. Broken Bones

If an Accident causes an Insured Person to suffer a fracture (a break in the continuity of a bone) and this is certified by a Doctor and also confirmed by imaging investigations

such as by X-ray, then We will pay the percentage of the Sum Insured specified in the table below.

	% of Sum Insured
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (collies or similar fractures)	10%
Ankle (Potts or similar fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%
Foot	3%
Toe	3%
Nasal bone	3%

- If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- Our maximum liability is limited to the Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident.
- If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

Note: In this Benefit:

- Pelvis means all pelvic bones, which shall be treated as one bone. The sacrum is part of the vertebral column.
- Skull means all skull and facial bones, (excluding nasal bones and teeth) which shall be treated as one bone.

Special Exclusions to Benefit 16

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:

- Sickness or disease.
- Any fracture due to osteoporosis or a malignant disease.
- Any hair line fracture.

Benefit 17. Widowhood Cover

If an Insured Person's Spouse suffers an Accident during the Policy Period and this is the sole and direct cause of the Spouse's death within 365 days, then We will pay the Sum Insured.

Special Exclusions to Benefit 17

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:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.
- Actual or alleged dowry harassment.
- Actual or attempted self immolation.

Benefit 18. Marriage Expenses for Children

If We have accepted a claim under Benefit 1, 2 or 3, then We will in addition pay 50% of the Sum Insured per Dependent Child towards the marriage expenses for each unmarried Dependent Child of the Insured Person, provided that Our maximum liability under this Benefit for all Dependent Children, irrespective of the number of Dependent Children shall be limited to the Sum Insured.

Benefit 19. Carrier

If an Insured Person suffers an Accident during the Policy Period while travelling in a Carrier and this is the sole and direct cause of his death or permanent total disablement within 365 days of the date of the Accident, then We will pay the Sum

Insured. The amount payable due to permanent total disablement will depend on the degree of disablement as defined under Benefit 2.

Benefit 20. Coma

If an Insured Person is rendered Comatose due to an Accident during the Policy Period, then We will pay a weekly benefit for as long as the Insured Person remains Comatose, provided that:

- The Insured Person is certified to be Comatose by a Doctor, and
- The Insured Person is rendered Comatose within 3 days of the occurrence of the Accident and continues to be Comatose for a period of at least 7 days thereafter, and
- Our liability to make payment shall be limited to 1% of the Sum Insured for each week that the Insured Person is Comatose for a period not exceeding 100 weeks from the date of the Accident, and
- If the Insured Person is Comatose for a part of a week, then only a proportionate part of the weekly benefit will be payable.

In this Benefit, Coma means a profound state of unconsciousness where the patient cannot be awakened, fails to respond normally to pain or light, does not have sleep-awake cycles and cannot take voluntary actions and Comatose means a state of Coma.

Benefit 21. Modification of Residence/Vehicle

If We have accepted a claim under Benefit 2 or 3, then We will in addition reimburse the reasonable expenses incurred to modify the Insured Person's residential accommodation and/or vehicle as long as the modifications have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which We accepted the claim.

Special Exclusions to Benefit 21

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:

- Any benefits which an Insured Person is eligible to receive under the Workmen's Compensation Act 1923 or any similar enactment.
- Any expenses incurred in excess of the amount that would have usually been incurred had the Insured Person not been insured under this Policy.
- Any modifications or alterations not compliant with the applicable law.

Benefit 22. Double Permanent Total Disablement

If We have accepted a claim under Benefit 2 then the percentage of the Sum Insured shown in the table in Benefit 2, shall be increased by 100%.

Special Exclusions to Benefit 22

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:

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

GENERAL EXCLUSIONS APPLICABLE TO ALL BENEFITS:

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:

- Any Pre-existing Condition or any complication arising from the same.
- Intentional self injury, suicide or attempted suicide, while sane or insane.
- Any psychiatric or mental disorders.
- AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease or illness,
- Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- Arising or resulting from the insured person(s) committing any breach of law with criminal intent.
- The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- 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 defense, rebellion, revolution, insurrection, military or usurped acts, chemical, radioactive or nuclear contamination.
- Pregnancy or childbirth or in consequence thereof.
- Congenital internal or external diseases, defects or anomalies or in consequence thereof.
- 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.
- Any non-allopathic treatment.

m) Any non medical expenses mentioned in Annexure I

GENERAL CONDITIONS:

1) Condition 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.

2) Insured Person

Only those persons named as an Insured Person in the Schedule or to whom We have issued a Certificate of Insurance shall be covered under this Policy. Any person may be added during the Policy Period as an Insured Person after his application has been accepted by Us, additional premium has been paid and he has been named as an Insured Person or we have issued a Certificate of Insurance to him.

We will not cover any person under Age 91 days.

3) Notification of Claims

- We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of it happening. 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.
- For all benefits contingent on Our prior acceptance of a claim under Benefits 1-5, We must be informed within 30 days of the event or occurrence that may give rise to a contingent benefit claim.
- If any time period is specifically mentioned in Benefits 1-21, then this shall supersede the time periods mentioned at a) and b) above.

4) Claims Payment Supporting Documentation & Examination

- We must be provided with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it including, in English, Our claim form duly completed and all reports, including but not limited to death certificate, disability certificate, medical reports, case histories, investigation reports, treatment papers and discharge summaries.
- The Insured Person additionally hereby consents to:
 - The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
 - The Insured Person shall be examined by any medical practitioner We authorise for this purpose when and so often as We may reasonably require.

5) Claims Payment

- We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- All payments made shall be subject to an applicable Deductible (if any) for such payment.
- If We accept a claim and become liable to make payment under Benefits 2, 3, 4, 5, 16, or 20, (the first claim) and there is a subsequent claim under another of these Benefits or Benefit 1 in respect of the same Insured Person and the same Accident within 365 days of the date of the Accident (the second claim), then We will only be liable to pay the difference between the amount payable for the first claim and the amount payable for the second claim.
- If We accept a claim to which Benefit 19 is applicable, then We will not accept any claim or make any payment under Benefit 1 or 2 in respect of the same Insured Person and the same Accident under this Policy.
- 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 an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- Payments under this Policy shall only be made in Indian Rupees irrespective of the location of Accident which has given rise to the claim.
- 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 Doctor.
- 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.

6) 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.

7) 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

- 7)a) shall not apply to claims made under Benefits 1, 2 or 4.

8) 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 other parties to which We are or would become entitled upon Us making payment under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

9) Change of Occupation

You will give Us notice of any change in the business or occupation of any Insured Person within 30 days of such change and We will issue an endorsement to this effect.

If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

10) Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us in a particular Benefit or definition or through an endorsement.

11) Alterations to the Policy

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

12) Renewal

This Policy will automatically terminate at the end of the Policy Period. We are under no obligation to give notice that it is due for renewal, or to renew it, or to renew it on the same terms whether as to premium or otherwise. 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.

13) Notices

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

- 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.
- 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.

14) 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.

15) Nomination

An Insured Person can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

16) Termination

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

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

b) 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 to Your address shown in the Schedule, and We shall refund a rateable proportion of the premium as long as no claim has been made under the Policy.

c) We may terminate a Certificate of Insurance without reason upon 7 days notice by sending a written notice of cancellation to Your address and We shall refund a rateable proportion of the premium actually paid in respect of any Insured Person, provided that the Insured Person has not made any claim during the Policy Period. Termination of a Certificate of Insurance shall not affect any claim filed prior to the date on which termination becomes effective as specified in the notice of termination.

INTERPRETATIONS & DEFINITIONS:

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document 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:

- i) **Accident or Accidental** means Any non medical expenses mentioned in Annexure I.
- ii) **Accumulation Limit** means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same [accident, event or occurrence or series of related accidents, events or occurrences] AND/OR [location], and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) then the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.
- iii) **Age or Aged** means completed years as at the Commencement Date.
- iv) **Aggregate Limit** means the amount stated in the Schedule which represents Our maximum liability for any and all claims made by all Insured Persons under any and all benefits, and if at any time the total value of unpaid claims would, if paid, result in the Aggregate Limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Aggregate Limit is not exceeded.
- v) **Certificate of Insurance** means the certificate We issue to an Insured Person to confirm his coverage under the Policy. Coverage in respect of an Insured Person shall commence from the date mentioned therein.
- vi) **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- vii) **Contribution** means essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

- viii) **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence from transportation of goods or passengers by air, sea, road or rail for a fee.
- ix) **Deductible** means 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.
- x) **Dependent Child or Dependent Children** means Your children Aged between 91 days 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.
- xi) **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- xii) **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.'
- xiii) **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.
- xiv) **Hospitalisation or Hospitalised** 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 24 consecutive hours.
- xv) **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- xvi) **Insured Person** means an eligible person who is enrolled for coverage under this Policy and is named in the Schedule or to whom We have issued a Certificate of Insurance.
- xvii) **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.
- xviii) **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.
- xix) **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified
- xx) **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 daycare or inpatient.
- xxi) **Policy** means Your statements in the proposal form(which are the basis of this

Group Personal Accident Insurance

Policy Wording

Policy), this policy wording (including endorsements, if any) and the Schedule (as the same may be amended from time to time).

- xxii) **Policy Period** means the period between the Commencement Date and the Expiry Date as specified in the Schedule.
- xxiii) **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- xxiv) **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- xxv) **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved
- xxvi) **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- xxvii) **Spouse** means Your legally married spouse as long as she continues to be married to You.
- xxviii) **Sum Insured** means, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Benefit, provided that Our maximum liability for each Insured Person for any and all claims made during the Policy Period for any and all Benefits shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.
- xxix) **Terrorism** shall mean an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- xxx) **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- xxxi) **You/Your/Policyholder** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

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) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com

Jurisdiction	Office Address
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in
Orissa	Shri B. P. Parija (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	Shri Manik Sonawane (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in
Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: chennaiinsuranceombudsman@gmail.com
Delhi & Rajasthan	Shri Surendra Pal Singh (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email: iobdelraj@rediffmail.com
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D.C. Choudhury (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email: insombudhyd@gmail.com
Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Shri R. Jyothindranathan (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email: iokochi@asianetindia.com
West Bengal , Bihar, Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Ms. Manika Datta (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, KOLKATTA - 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com
Maharashtra , Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com

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	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
30	FOOT COVER	Not Payable
31	GOWN	Not Payable
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
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
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	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	MICROPORE/ SURGICAL TAPE	Not Payable - Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable - Part of Room Charges
ADMINISTRATIVE OR NON-MEDICAL CHARGE		
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

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMUNE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	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.

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
153	AMBULANCE COLLAR	Not Payable
154	AMBULANCE EQUIPMENT	Not Payable
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHIELD	Not Payable
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
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
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
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
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable

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S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
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 medicaly 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 Toll Free : 1800-102-0333