

OPTIMA PLUS – CUSTOMER INFORMATION SHEET

Note: The 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	Optima Plus	
What am I covered for:	Benefits ▪ In-patient Treatment – Medical Expenses for Hospitalisation above 24 hrs. ▪ Pre-Hospitalisation - Medical Expenses incurred in 60 days before the admission in the Hospital. ▪ Post-Hospitalisation - Medical Expenses incurred in 90 days after the discharge from Hospital. ▪ Day-Care procedures – Medical Expenses for enlisted 140 Day care procedures ▪ Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation. ▪ Emergency Ambulance– Upto Rs. 2,000 per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital in case of an Emergency. ▪ Domiciliary Treatment - The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation.	Section I a) Section I b) Section I c) Section I d) Section I e) Section I f) Section I g)
What are the major exclusions in the policy:	Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions. ▪ War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, treatment of obesity and any weight control program, Psychiatric, mental disorders, congenital internal or external diseases, defects or anomalies, genetic disorders; sleep apnoea, expenses arising from HIV or AIDs and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, surgery for nasal septum deviation, circumcisions, laser treatment for correction of refractive error of eye, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non allopathic treatment.	Section 2
Waiting Period	▪ 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals ▪ 24 months for specific illness and treatments in the first two years and is not applicable in subsequent renewals ▪ Pre-existing Diseases will be covered after a waiting period 48 months.	Section 2 c) Section 2 d) Section 2 e)
Payout basis	▪ Indemnity basis	Section I
Cost Sharing	▪ We will pay Medical Expenses exceeding the Deductible ▪ Deductible applicable mentioned in the Policy Schedule.	Section I, 3 g)
Renewal Conditions	▪ Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium. ▪ Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.	Section 3 q)
Renewal Benefits	▪ Not Applicable	
Cancellation	▪ This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice without refund of premium.	Section 3 u), v), w)
How to Claim	▪ In case of any hospitalisation or an event which might give rise to a claim, please contactUs.	Section 5

Note: Pre-Policy Checkup at Our network may be required based upon the Age. We will reimburse 50% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

OPTIMA PLUS - POLICY WORDINGS

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

Section. I Benefits

Claims made in respect of any of the benefits below will be subject to the Sum Insured.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an Inpatient, then We will pay for the Medical Expenses for the benefits mentioned below, in excess of the Deductible stated in the Schedule.

Our maximum liability for a continuous period of Illness, including relapses within 45 days from the last date of discharge from the Hospital or nursing home where treatment has been taken, shall be limited to the amount mentioned in the Schedule of Benefits. Occurrence of the same Illness after a lapse of 45 days as stated above will be considered as fresh Illness for the purpose of this Policy.

a) In-patient Treatment

The Medical Expenses for:

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

b) Pre-Hospitalisation

The Medical Expenses incurred in the 60 days immediately before the Insured Person was Hospitalised, provided that:

- i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

c) Post-Hospitalisation

The Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalisation provided that:

- i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

d) Day Care Procedures

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

e) Organ Donor

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

- i) The organ donor is any person whose organ has been made available in accordance and compliance with The Transplantation of Human Organs Act, 1994 (amended) and
 - ii) The organ donated is for the use of the Insured Person, and
 - iii) We will not pay the donor's pre and post-Medical Expenses or any other medical treatment for the donor consequent on the harvesting, and
 - iv) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- f) **Emergency Ambulance**
 We will reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency, provided that:
 - i) Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
 - ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
 - iii) The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital 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 transportation has been prescribed by a Medical Practitioner and is medically necessary.
- g) **Domiciliary Treatment**
 The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:
 - i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
 - ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses for up to 60 days in accordance with b) above, and
 - iii) No payment will be made if the condition for which the Insured Person requires medical treatment is:
 - 1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
 - 2) Arthritis, Gout and Rheumatism,
 - 3) Chronic Nephritis and Nephritic Syndrome,
 - 4) Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - 5) Diabetes Mellitus and Insipidus,
 - 6) Epilepsy,
 - 7) Hypertension,
 - 8) Psychiatric or Psychosomatic Disorders of all kinds,
 - 9) Pyrexia of unknown Origin.

Section. 2 Exclusions

Deductible

- a) We are not liable for any payment unless the Medical Expenses exceed the Deductible. Deductible shall be applicable for each and every Hospitalisation except claims made for Any One Illness.

Waiting Periods

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

30 days Waiting Period

- c) A waiting period of 30 days will apply to all claims unless:
- i) The Insured Person has been insured under an Optima Plus Policy continuously and without any break in the previous Policy Year, or
 - ii) The Insured Person was insured continuously and without interruption for at least 1 year under any other health insurance plan with an Indian non life insurer as per guidelines on portability issued by the Insurance Regulator. If the Insured Person renews with Us or transfers from any other insurer and increases the Sum Insured or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.

Specific Waiting Periods

- d) The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Optima Plus Policy continuously and without any break:
- i) **Illnesses:** arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if Age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
 - ii) **Treatments:** benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.
 - iii) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the Insurance Regulator. If the Insured Person renews with Us or transfers from any other insurer and increases the Sum Insured or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.
- e) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Optima Plus Policy with Us; but
- 1) If the Insured person is presently covered and has been continuously covered without lapses under:
- a) Any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the Insurance Regulator OR
 - b) Any other similar health insurance plan from Us

Then Section 2e. of the policy stands deleted and shall be replaced entirely with the following:

- I. The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured person under the previous health insurance policy; AND
 - II. If the Proposed Sum Insured for the proposed Insured person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
- 2) The reduction in the waiting period specified above shall be applied subject to the following:
- a. We will only apply reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable)

- b. We are under no obligation to insure all Insured persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation.
 - c. We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.
 - d. We will retain the right to underwrite the proposal as per Our underwriting guidelines.
- f) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
- i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
 - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - v) Treatment of Obesity and any weight control program.
 - vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
 - vii) 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.
 - viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to I)a) only.
 - ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
 - x) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
 - xi) Expenses for donor screening, or, save as and to the extent provided for in I)e), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
 - xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
 - xiii) Treatment of nasal concha resection; circumcisions (unless necessitated by Illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.

- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens.
- xvi) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
- xvii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii) Any non allopathic treatment.
- xix) All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xx) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxi) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxiii) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiv) Any treatment or part of a treatment that is not of a Reasonable Charge, or not medically necessary; drugs or treatments which are not supported by a prescription.
- xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxvi) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.
- xxvii) Any non medical expenses mentioned in Annexure II

Section. 3 General Conditions

Condition precedent

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

Insured Person

- b) Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person. . Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

c) **Notification of Claim**

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
2)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.
3)	For all benefits which are contingent on Our prior acceptance of a claim under Section I)a):	Within 7 days of the Insured Person's discharge post-hospitalisation.
4)	If any treatment, consultation or procedure for which a claim may be made is required in an Emergency:	Within 7 days of completion of such treatment, consultation or procedure.
5)	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorise such treatment, consultation or procedure.

Note: In the case of a covered Hospitalisation, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with a copy of intimation made to the other insurer /Reimbursement Provider immediately on knowing that the Deductible is likely to be exceeded.

Cashless Service:

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
1)	If any planned treatment, consultation or procedure for which a claim may be made	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
2)	If any treatment, consultation or procedure for which a claim may be made is to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

Supporting Documentation & Examination

- d) The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:
- Our claim form, duly completed and signed for on behalf of the Insured Person.
 - 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.
 - All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - A precise diagnosis of the treatment for which a claim is made.
 - A detailed list of the individual medical services and treatments provided and a unit price for each.
 - 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.
 - Obs history/ Antenatal card
 - Previous treatment record along with reports, if any
 - Indoor case papers
 - Treating doctors certificate regarding the duration & etiology
 - MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury

Note:

- i) When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted.
 - ii) If original bills, receipts, prescriptions, reports and other documents are submitted to Us and Insured Person requires same for claiming from other organisation/provider, then on request from the Insured Person We will provide attested copies of the bills and other documents submitted by the Insured Person.
- e) The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

Claims Payment

- f) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- g) Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded. We will pay to the Insured Person, Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period.
- h) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- i) Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an Emergency.
- j) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- k) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- l) 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.

Fraud

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

Other Insurance

- n) 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 .

Subrogation

- o) You and/or any Insured Persons shall 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 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.

Alterations to the Policy

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

Renewal

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

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
- ii) Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

- iii) We will not apply any additional loading on your policy premium at renewal based on claim experience.

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

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

Change of Policyholder

- r) The change of Policyholder (except clause w) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition q) above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition q) above.

Notices

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

Dispute Resolution Clause

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

Termination

- u) 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:

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

- v) We may at any time 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 without refund of premium.
- w) The coverage for the Insured Person shall automatically terminate if:

- i) You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition q) above. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.
- ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

Waiver of Deductible

- x) We will offer the Insured Person an option to waive the deductible and to opt for 5 Lacs indemnity health insurance Policy (without any Deductible) with Us provided that:
 - i) Insured Person has been insured with Us for first time under this Policy before the age of 50 years and has renewed with us continuously and without any interruption,
 - ii) This option for waiver of deductible shall be exercised by the Insured Person only during the age group of 58 to 60 years, and certainly at the time of renewal only.
 - iii) Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered under this Policy.

In all other cases, No benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy at any point of time or shifting to any other Health Insurance Policy with Us.

Free Look Period

- y) You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Section. 4 Interpretations & Definitions

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

- Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external and visible means
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Any One Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where treatment may have been taken.
- Def. 4. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- Def. 5. **f treatment** undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 7. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

- (a) Internal Congenital Anomaly -which is not in the visible and accessible parts of the body
- (b) External Congenital Anomaly- which is in the visible and accessible parts of the body

Def. 9. **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 ratable proportion.

Def. 10. **Day Care centre** means any institution established for day care treatment of sickness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Def. 11. **Day Care Procedures** means those medical treatment, and/or surgical procedure listed in Annexure 1

- i. which is undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement,
- ii. which would have otherwise required a Hospitalisation of more than 24 hours

Treatment normally taken on an Out-patient basis is not included in the scope of this definition.

Def. 12. **Deductible** means cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

Def. 13. **Dependents** means only the family members listed below:

- i) Your legally married spouse as long as she continues to be married to You;
- ii) Your children Aged between 91 days and 21 years if they are unmarried
- iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Optima Plus Policy,

Def. 14. **Dependent Child** means a child (natural or legally adopted), who is financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Def. 15. **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.

Def. 16. **Domiciliary treatment** means medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- i. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or,
- ii. The Patient takes treatment at home on account of non availability of room in a Hospital.

Def. 17. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 18. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.

Def. 19. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.

Def. 20. **Hospital** means any institution in India established for In-patient Care and Day Care Treatment of sickness and/or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

- has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 21. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum 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.
- Def. 22. **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.
- a) Acute Condition means the medical condition that can be cured by treatment
 - b) Chronic Condition means 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.
- Def. 23. **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.
- Def. 24. **In-patient Treatment** means treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.
- Def. 25. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 26. **Insured Person means** You and the persons named in the Schedule.
- Def. 27. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 28. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 29. **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.
- a) Pre- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
 - b) Post- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- Def. 30. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured Person;

- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 31. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.
- Def. 32. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- Def. 33. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- Def. 34. **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.
- Def. 35. **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.
- Def. 36. **Portability** means the right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
- Def. 37. **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.
- Def. 38. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure I, Annexure II and the Schedule (as the same may be amended from time to time).
- Def. 39. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 40. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 41. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
- Def. 42. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 43. **Reasonable Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved
- Def. 44. **Room Rent** means the amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses.
- Def. 45. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods
- Def. 46. **Shared accommodation** means a Hospital room with two or more patient beds
- Def. 47. **Subrogation** means the 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.
- Def. 48. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 49. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 50. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

Def. 51. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section. 5 Claim Related Information

For any claim related queries, intimation of claim, preauthorization, claim processing, claim status, and submission of claim related documents, You can contact Your TPA through:

- Name : Family Health Plan Limited
- Address : Claims Department,
Family Health Plan Ltd,
Plot No. 25, MCH No. 8-2-334,
Road No.-3, Azam Colony,
Banjara Hills,
Hyderabad-500034
- Toll Free : 1800-425-4033
- Fax : +91-40-23541400
- Email : info@fhpl.net
- Website : www.fhpl.net

Note - The Policyholder(s) shall have right to exercise an option to change the existing TPA within 30 days prior to the date of renewal of the Policy from the list of our empanelled TPAs for serving and process claim under the Optima Plus Policy.

Grievance Redressal Procedure

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

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

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

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at

The Grievance Cell, Apollo Munich Health Insurance Company Limited, 10th Floor, Building No. 10, Tower-B, DLF Cyber City, DLF City Phase II, Gurgaon, Haryana-122002

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

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

List of Ombudsman Offices	
Areas of Jurisdiction	Contact Details
Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <u>AHMEDABAD-380 014.</u>
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <u>BHOPAL(M.P.)-462 023.</u>
Orissa	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u>
Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <u>CHANDIGARH-160 017.</u>
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, <u>CHENNAI-600 018.</u>
Delhi & Rajasthan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u>
Assam , Meghalaya, Manipur, Mizoram,	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u>

Arunachal Pradesh, Nagaland and Tripura	
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u>
Kerala , UT of (a) Lakshadweep , (b) Mahe - a part of UT of Pondicherry	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u>
West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <u>Kolkatta - 700 072.</u>
Uttar Pradesh and Uttaranchal	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u>
Maharashtra , Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u>

SCHEDULE OF BENEFITS

Benefits	Sum Insured
Sum Insured per Insured Person per Policy Year	Rs 500, 000
Deductible (Rs. In Lacs) (As mentioned in Policy Schedule)	Rs 100,000; 200,000; 300,000; 400,000; 500,000
I a) In-patient Treatment	Covered; Hospitalization for minimum 24 hours required.
I b) Pre-hospitalization	Covered, maximum upto 60 days
I c) Post-hospitalization	Covered, maximum upto 90 days
I d) Day Care Procedures	Covered
I e) Organ Donor	Covered
I f) Emergency Ambulance	Upto Rs. 2000 per Hospitalisation.
I g) Domiciliary Treatment	Covered

Annexure I: Day Care Procedure

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

Microsurgical operations on the middle ear

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

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

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

Operations on the eyes

23. Incision of tear glands

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

Operations on the skin & subcutaneous tissues

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

47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

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

Operations on the salivary glands & salivary ducts

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

Other operations on the mouth & face

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

Operations on the tonsils & adenoids

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

Trauma surgery and orthopaedics

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

Operations on the breast

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

Operations on the digestive tract

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

Operations on the female sexual organs

87. Incision of the ovary
88. Insufflation of the Fallopian tubes
89. Other operations on the Fallopian tube
90. Dilatation of the cervical canal
91. Conisation of the uterine cervix
92. Other operations on the uterine cervix
93. Incision of the uterus (hysterotomy)
94. Therapeutic curettage
95. Culdotomy
96. Incision of the vagina
97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
98. Incision of the vulva
99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

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

Operations on the scrotum & tunica vaginalis testis

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

vaginalis testis

Operations on the testes

- I 14.Incision of the testes
- I 15.Excision and destruction of diseased tissue of the testes
- I 16.Unilateral orchidectomy
- I 17.Bilateral orchidectomy
- I 18.Orchidopexy
- I 19.Abdominal exploration in cryptorchidism
- I 20.Surgical repositioning of an abdominal testis
- I 21.Reconstruction of the testis
- I 22.Implantation, exchange and removal of a testicular prosthesis
- I 23.Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

- I 24.Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- I 25.Excision in the area of the epididymis
- I 26.Epididymectomy
- I 27.econstruction of the spermatic cord
- I 28.Reconstruction of the ductus deferens and epididymis
- I 29.Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- I 30.Operations on the foreskin
- I 31.Local excision and destruction of diseased tissue of the penis
- I 32.Amputation of the penis
- I 33.Plastic reconstruction of the penis
- I 34.Other operations on the penis

Operations on the urinary system

- I 35.Cystoscopical removal of stones

Other Operations

- I 36.Lithotripsy
- I 37.Coronary angiography
- I 38.Haemodialysis
- I 39.Radiotherapy for Cancer
- I 40.Cancer Chemotherapy

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

Annexure II

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24		Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable

36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified

70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES	
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
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	SAVLON	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of

		Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately
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
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable

108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable

133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable

153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissable 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
	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
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 (Glucometery/ Strips)	Not payable pre hospitilisation 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.