Optima Plus
Customer Information Sheet

ApolloMunich HEALTH INSURANCE
www.apollomunichinsurance.com

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

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Optima Plus	
What am I covered for:	Benefits	
	• **In-patient Treatment -** Medical Expenses for Hospitalisation above 24 hrs.	Section 1 a)
	• **Pre-Hospitalisation -** Medical Expenses incurred in 60 days before the admission in the Hospital.	Section 1 b)
	• **Post-Hospitalisation -** Medical Expenses incurred in 90 days after the discharge from Hospital.	Section 1 c)
	• **Day-Care procedures -** Medical Expenses for enlisted 140 Day care procedures	Section 1 d)
	• **Organ Donor -** Medical Expenses on harvesting the organ from the donor for organ transplantation.	Section 1 e)
	• **Emergency Ambulance -** Upto Rs. 2,000 per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital in case of an Emergency.	Section 1 f)
	• **Domiciliary Treatment -** The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation.	Section 1 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, 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	Section 2 c)
	• 24 months for specific Illness and treatments in the first two years and is not applicable in subsequent renewals	Section 2 d)
	• Pre-existing diseases will be covered after a waiting period 48 months.	Section 2 e)
Payout basis	• Indemnity basis	Section 1
Cost Sharing	• We will pay Medical Expenses exceeding the Deductible • Deductible applicable mentioned in the Policy Schedule.	Section 1, 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 p)
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 t), u), v)
How to Claim	• In case of any hospitalisation or an event which might give rise to a claim, please contact Us.	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.

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

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UIN: IRDA/NL-HLT/AMHI/P-H/V.I/3/13-14

Optima Plus
Policy Wording

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

Section 1. Benefits

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

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 In-patient 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 In-patient 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 In-patient for less than 24 hours in a Hospital or standalone day care centre but not the out-patient 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 In-patient 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 In-patient 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 atleast one year under any other health insurance plan with an Indian non life insurer as per guidelines on portability issued by the Insurance Regulator.
iii. 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

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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 other health insurance plan with an Indian non life insurer as per guidelines on portability issued by the Insurance Regulator.

iv. 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 any lapses under:

a. any other 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 2 e . of the Policy stands deleted and shall be replaced entirely with the following:

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

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

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

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

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

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 1)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 1)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

a. 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. The premium for the policy will remain the same for the policy period as mentioned in policy schedule.

b. Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person. 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 IRDAI.

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 must be informed:
I.	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event atleast 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 1)a):	Within 7 days of the Insured Person's discharge post-hospitalisation.
4.	If any treatment, consultation or procedure for which a claim may be made is required in an Emergency:	Within 7 days of completion of such treatment, consultation or procedure.
5.	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy atleast 7 days prior to any consequent treatment, consultation or procedure and We 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:
I.	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

d. Supporting Documentation & Examination

The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

i. Our claim form, duly completed and signed for on behalf of the Insured Person.

ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.

iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.

iv. A precise diagnosis of the treatment for which a claim is made.

v. A detailed list of the individual medical services and treatments provided and a unit price for each.

vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.

vii. Obs history/ Antenatal card

viii. Previous treatment record along with reports, if any

ix. Indoor case papers

x. Treating doctors certificate regarding the duration & etiology

xi. MLC/ FIR copy/ certificate regarding abuse of alcohol/intoxicating agent, in case of Accidental injury

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 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.

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. 1) 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 IRDAI (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 IRDAI (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.

2) In an event where claim falls within two policy periods then we shall settle claim by taking into consideration the sum insured available in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of the premium of health insurance policy, if not received earlier

m. 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.

n. 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.

o. Alterations to the Policy

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

p. Renewal

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 IRDAI.

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.

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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.

q. Change of Policyholder

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.

r. Notices

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.

s. 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.

t. Termination

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

u. 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.

v. 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

w. 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

x. 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. An **accident** means sudden, unforeseen and involuntary event caused by external, visible and violent 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 includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was 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 is approved

Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 7. **Congenital Anomaly** rmeans a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

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

(b) External Congenital Anomaly-Congenital Anomaly which is in the visible and accessible parts of the body

Def. 8. **Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

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 of sum insured. This claue shall not apply to any benefit offered on fiexd benefit basis.

Def. 10. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium

Def. 11. **Day Care Centre** means any institution established for day care treatment of Illness 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. 12. **Day Care Treatment** 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. 13. **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.

Def. 14. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Def. 15. **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. 16. **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. 17. **Domiciliary Hospitalization** 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. 18. **Emergency Care** means management for an 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. 19. **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. 20. **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. 21. **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 & Regulations) 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:

i) has qualified nursing staff under its employment round the clock;

ii) 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;

iii) has qualified medical practitioner(s) in charge round the clock;

iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Def. 22. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 23. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a) Acute Condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/injury which leads to full recovery

b) A Chronic Condition is defined as a disease, illness, or injury that has one or more of the following characteristics: - -

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests

ii. it needs ongoing or long-term control or relief o f symptoms

iii. it requires rehabilitation of the patient or the patient to be specially trained to cope with it

iv. it continues indefinitely

v. it recurs or is likely to recur

Def. 24. **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. 25. **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. 26. **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. 27. **Insured Person** means You and the persons named in the Schedule.

Def. 28. **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. 29. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Def. 30. **Maternity Expenses** means;

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

ii. expenses towards lawful medical termination of pregnancy during the policy period

Def. 31. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow u prescription.

Def. 32. **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.

Def. 33. **Medically Necessary Treatment** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

i. Is required for the medical management of the Illness or injury suffered by the Insured;

ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.

iii. Must have been prescribed by a Medical Practitioner.

iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 34. **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 setup 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 license.

Def. 35. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer, TPA or jointlyby an insurer and TPA to provide medical services to an insured on payment by a cashless facility.

Def. 36. **Newborn baby** means baby born during the Policy Period and is aged upto 90 days.

Def. 37. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 38. **Notification of Claim** means the process of notifying a claim to the insurer or TPA any of the recognized modes of communication.

Def. 39. **OPD Treatment** means the 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. 40. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he / she chooses to switch from one insurer to another.

Def. 41. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which there were 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 and renewed continuously thereafter.

Def. 42. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 43. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Def. 44. **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. 45. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 46. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 47. **Qualified Nurse** means a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 48. **Reasonable and 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

Def. 49. **Room Rent** means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.

Def. 50. **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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods

Def. 51. **Shared accommodation** means a Hospital room with two or more patient beds

Def. 52. **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. 53. **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 from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

Def. 54. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 55. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

Def. 56. **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 Us:

- Address : Claims Department,
  Apollo Munich Health Insurance Company Limited
  2nd & 3rd Floor, iLABS Centre, Plot No. 404-405,
  Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.
- Toll Free : 1800 - 102 - 0333
- Fax : +91 - 124 - 4584112
- Email : claim@apollomunichinsurance.com
- Website : www.apollomunichinsurance.com

Grievance Redressal Procedure

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

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

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

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at **The Grievance Cell, Apollo Munich Health Insurance Company Ltd., Central Processing Center, 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 in the next page.

Address & Contact Details of Ombudsmen Centres

Office of The Governing Body of Insurance Council
(Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz (West), Mumbai – 400054. **Tel:** 26106671/ 6889.
Email id: inscoun@gbic.co.in **Website:** www.gbic.co.in

If you have a grievance, approach the grievance cell of Insurance Company first.
If complaint is not resolved/ not satisfied/not responded for 30 days then
You can approach The Office of the Insurance Ombudsman (Bimalokpal)
Please visit our website for details to lodge complaint with Ombudsman.

Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Ashram Rd, **AHMEDABAD - 380 014.** **Tel:** 079 - 27545441/ 27546840 **Fax:** 079 - 27546142 **Email:** bimalokpal.ahmedabad@gbic.co.in	**Office of the Insurance Ombudsman,** 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, **BHOPAL - 462 003**. **Tel:** 0755 - 2769201/ 9202 **Fax:** 0755 - 2769203 **Email:** bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, **BHUBANESHWAR - 751 009.** **Tel:** 0674 - 2596455/2596003 **Fax:** 0674 - 2596429 **Email:** bimalokpal.bhubaneswar@gbic.co.in	**Office of the Insurance Ombudsman,** SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH - 160 017.** **Tel:** 0172 - 2706468/2772101 **Fax:** 0172 - 2708274 **Email:** bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI - 600 018.** **Tel:** 044 - 24333668/ 24335284 **Fax:** 044 - 24333664 **Email:** bimalokpal.chennai@gbic.co.in	**Office of the Insurance Ombudsman,** 2/2 A, Universal Insurance Bldg., Asaf Ali Road, **NEW DELHI - 110 002.** **Tel:** 011 - 23234057/ 23232037 **Fax:** 011 - 23230858 **Email:** bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, **GUWAHATI - 781 001.** **Tel:** 0361 - 2132204/ 5 **Fax:** 0361 - 2732937 **Email:** bimalokpal.guwahati@gbic.co.in	**Office of the Insurance Ombudsman,** 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, **HYDERABAD - 500 004.** **Tel:** 040 - 65504123/ 23312122 **Fax:** 040 - 23376599 **Email:** bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, **ERNAKULAM - 682 015.** **Tel:** 0484 - 2358759/ 2359338 **Fax:** 0484 - 2359336 **Email:** bimalokpal.ernakulam@gbic.co.in	**Office of the Insurance Ombudsman,** Hindustan Building. Annexe, 4th Floor, C.R.Avenue, **KOLKATA - 700072** **Tel:** 033 - 22124339/ 22124346 **Fax:** 22124341 **Email:** bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, **LUCKNOW - 226 001**. **Tel:** 0522 - 2231331/ 2231330 **Fax:** 0522 - 2231310 **Email:** bimalokpal.lucknow@gbic.co.in	**Office of the Insurance Ombudsman,** 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), **MUMBAI - 400 054.** **Tel:** 022 - 26106960/ 26106552 **Fax :** 022 - 26106052 **Email:** bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, **JAIPUR – 302 005.** **Tel:** 0141 - 2740363 **Email:** bimalokpal.jaipur@gbic.co.in	**Office of the Insurance Ombudsman,** 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet **PUNE – 411 030.** **Tel:** 020 - 32341320 **Email:** bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor **BENGALURU – 560 025.** **Tel:** 080 - 26652049/ 26652048 **Email:** bimalokpal.bengaluru@gbic.co.in	**Office of the Insurance Ombudsman,** 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, **NOIDA – 201 301.** **Tel:** 0120 - 2514250/ 51/ 53 **Email:** bimalokpal.noida@gbic.co.in
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, **PATNA – 800 006.** **Tel:** 0612 - 2680952 **Email id:** bimalokpal.patna@gbic.co.in.	

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

UIN: IRDA/NL-HLT/AMHI/P-H/V.I/3/13-14

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

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

Operations on the spermatic cord, epididymis und ductus deferens

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

Operations on the penis

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

Operations on the urinary system

135. Cystoscopical removal of stones

Other Operations

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

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

Annexure II

List of excluded expenses (non-medical) under indemnity policy are uploaded on our website.
Please login to http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf

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
1 a) In-patient Treatment	Covered; Hospitalization for minimum 24 hours required.
1 b) Pre-hospitalization	Covered, maximum upto 60 days
1 c) Post-hospitalization	Covered, maximum upto 90 days
1 d) Day Care Procedures	Covered
1 e) Organ Donor	Covered
1 f) Emergency Ambulance	Upto Rs. 2000 per Hospitalisation
1 g) Domiciliary Treatment	Covered

Apollo Munich Health Insurance Co. Ltd. • Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, Jubilee Hills, Hyderabad-500033, Telangana • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Registration Number - 131 • Corporate Identity Number: U66030AP2006PLC051760

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AMHI/PR/H/0012/0046/112010/P

Optima Plus
Claim Procedure

ApolloMunich HEALTH INSURANCE
www.apollomunichinsurance.com

Please review your Optima Plus policy and familiarize yourself with the benefits available and the exclusions.
To help us to provide you with fast and efficient service, We kindly ask you to note the following.

1. We recommend that you keep copies of all documents submitted to Apollo Munich Health Insurance Co. Ltd.
2. Please quote your Member ID/Policy number in all your correspondences.

What do I do in case of a claim or any assistance?

Intimation & Assistance	**Procedure for Reimbursement of Medical Expenses**	**Procedure to avail Cashless facility**
Please contact Us atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event. We can be contacted through: - 24 x 7 Toll free line at: 1800 - 102 - 0333 - E-mail at: claim@apollomunichinsurance.com - Fax at: +91 - 124 - 4584112 Post/ Courier to: Claims Department, Apollo Munich Health Insurance Co. Ltd. Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.	• Please send the duly signed claim form and all the information/documents mentioned* therein to Us within 15 days of the occurrence of the Incident. * Please refer to claim form for complete documentation. • If there is any deficiency in the documents/ information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement within 30 days. • The cheque will be sent in the name of the proposer. **Note: Payment will only be made for items covered under your policy and upto the limits therein.**	• For any emergency Hospitalisation, We must be informed no later than 24 hours after hospitalization. • For any planned hospitalization, kindly seek cashless authorization from Us atleast 48 hours prior to the hospitalization. • We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents. • Please pay the non-medical and expenses not covered to the hospital prior to the discharge. • In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours. **Note:** • **Insured person is entitled for cashless only in our empanelled hospitals.** • **Please refer to the list of empanelled hospitals on our website or call us on our Toll Free number.** • **Rejection of cashless in no way indicates rejection of the claim.** • **If You are insured with another insurer covering any part of the claim, there can be delay in offering Cashless service, depending on the cooperation from the other Insurer or their TPA**

Note:

1. 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.
2. 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.
3. 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.

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-102-0333 or log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com

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