Maxima

Customer Information Sheet

ApolloMunich HEALTH INSURANCE

10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

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	Maxima Insurance	
What am I covered for:	**Out Patient Module**	
	a. Outpatient Consultations in Network/ Non-Network (on reimbursement basis only) by a general Medical Practitioner(s) or a specialist Medical Practitioner(s).	Part A, Section 1 a)
	b. Diagnostic Tests prescribed by a Medical Practitioner.	Part A, Section 1 b)
	c. Pharmacy (Medicines) prescribed in writing by a Medical Practitioner.	Part A, Section 1 c)
	d. Outpatient Dental Treatment (except cosmetic treatment).	Part A, Section 1 d)
	e. One pair of Spectacles or Contact lenses prescribed by a network Eye specialist.	Part A, Section 1 e)
	f. Annual Health Check Up within specified Network	Part A, Section 1 f)
	Inpatient Module	
	a. In-patient Treatment - Covers hospitalisation expenses for period more than 24 hrs.	Part B, Section 3 a)
	b. Pre-Hospitalisation - Medical Expenses incurred in 30 days before the hospitalisation, can be increased to 60 days if claim is intimated 5 days before hospitalisation.	Part B, Section 3 b)
	c. Post-Hospitalisation - Medical Expenses incurred in 60 days after the hospitalisation, can be increased to 90 days if claim is intimated 5 days before hospitalisation.	Part B, Section 3 c)
	d. Day-Care procedures - Medical Expenses for 140 listed Day care procedures.	Part B, Section 3 d)
	e. Domiciliary Treatment - Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.	Part B, Section 3 e)
	f. Daily Cash for choosing shared accommodation - Daily cash amount if hospitalised in Shared accommodation in Network Hospital and hospitalisation exceeds 48 hrs.	Part B, Section 3 f) Part B, Section 3 g)
	g. Organ Donor - Medical Expenses for an organ donor's treatment for organ transplantation.	Part B, Section 3 h)
	h. Emergency Ambulance - Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting Insured Person to hospital in case of an emergency.	Part B, Section 3 i)
	i. Daily Cash for accompanying an insured child - Daily cash amount for 1 accompanying adult if insured child aged 12 years or less is hospitalised and hospitalisation exceeds 72 hrs.	Part B, Section 3 j)
	j. Maternity Expenses - Medical Expenses for maternity including pre-natal and post-natal expenses after a waiting period of 4 years.	Part B, Section 3 k)
	k. Newborn baby - Optional Coverage for newborn from birth (day 1-90) for In-patient Treatment benefit, subject to acceptance of proposal and premium payment in full.	Part B, Section 5
	Critical Illness (Optional Benefit) for listed Critical Illness, subject to first diagnosed during the policy period and the Insured Person survives 30 days after such diagnosis.	
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.	
	Outpatient Module - Nil	Part B, Section 6
	Inpatient Module - War or any act of war, nuclear, chemical & biological weapons, radiation of any kind, breach of law with criminal intent, attempted suicide, participation or involvement in naval, military or air force operation, adventurous sports, abuse of intoxicants or hallucinogenic substances, treatment of obesity, Psychiatric, mental disorders, congenital internal or external diseases, defects or anomalies, genetic disorders; sleep apnoea, HIV or AIDs and related diseases, treatment of Sterility, infertility, fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, plastic surgery or cosmetic surgery, any non allopathic treatment.	
	Critical Illness - Any Critical Illness within 90 days of the commencement of the policy.	Part B, Section 5
Waiting Period	Outpatient Module - Nil Inpatient Module -	
	• 30 days for all illnesses (except accident)	Part B, Section 6 b)
	• 24 months for specific illness and treatment	Part B, Section 6 c)
	• Pre-existing diseases will be covered after a waiting period of 36 months.	Part B, Section 6 d)
Payout basis	**Outpatient Module -** Cashless or Reimbursement of covered expenses upto specified limits..	Part A
	Inpatient Module - Cashless or Reimbursement of covered expenses upto specified limits.	Part B, Section 3
	Critical Illness - Lumpsum amount on the occurrence of a covered event.	Part B, Section 5

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Cost Sharing	**Outpatient Module -** Not applicable. **Inpatient Module -** Not applicable.	
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. • For Optional Benefit of Critical Illness, renewal is allowed till the age of 70 years. • Grace period of 30 days for renewing the policy is provided, any claim incurred during break-in period will not be payable under this policy.	Part C p), q), r)
Renewal Benefits	**Outpatient Module -** Carry forward 50% of the unutilised Entitlement Certificates to the next policy year except for Annual Health CheckUp benefit. **Inpatient Module -** 10% increase in your annual inpatient benefit sum insured for every claim free year, subject to a maximum of 50%. In case a claim is made during a policy year, the cumulative bonus would reduce by 20% in the following year.	Part A, Section 2 Part B, Section 4
Cancellation	This policy would be cancelled, and no claim or refund would be due to if (1) You have not correctly disclosed details about your current and past health status OR (2) Have otherwise encouraged or participated in any fraudulent claims under the policy.	Part C v), w), x)

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Maxima
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.

Part A - Out-patient Module

Claims made in respect of any of the benefits in this Part A will not be subject to the Sum Insured and will affect the entitlement to a Carry Forward Bonus.

However, Our maximum liability for each benefit in Section 1 to this Part A shall be limited to the amount specified in the Schedule of Benefits against such benefit. An Insured Person shall only be eligible to take the treatment, consultation or procedure under a Part A, Section 1 benefit if all of the following requirements are satisfied :

a) We have issued an Entitlement Certificate to the Insured Person for the specific treatment, consultation or procedure; and
b) The Entitlement Certificate is used for the specific treatment, consultation or procedure specified in it; and
c) Any conditions or limitations specified in the Entitlement Certificate are strictly adhered to; and
d) The Entitlement Certificate is used (and will only be effective) at only a Network service provider; and
e) The Insured Person gives the Entitlement Certificate to the Network service provider before receiving or undergoing the treatment, consultation or procedure specified in it.
f) The treatment, consultation or procedure specified in the Entitlement Certificate is taken or undergone by the Insured Peson during the Policy Period.
g) The payment of premium in full and in time.
h) If an Entitlement Certificate has been used and results in treatment to which Part B responds, then it is agreed and understood that We would be refunding the Entitlement Certificate used for pre-hospitalisation by issuing fresh Entitlement Certificate.

Section. 1 Out-patient Benefits

An Entitlement Certificate may be obtained by the Insured Person for his own use for one of the specified treatments, consultations or procedures under a benefit mentioned in a) – f) below:

a) Out-patient Consultations
Out-patient consultation by a general Medical Practitioner or a specialist Medical Practitioner as further specified in the Entitlement Certificate in a Network Hospital.
i. The non-network Out-patient consultations will be covered on reimbursement basis subject to the number of consultations and the amount specified in the Schedule of Benefits.
b) Diagnostic Tests
Out-patient diagnostic tests taken by the Insured Person from a diagnostic centre (not necessarily to be prescribed by Network Medical Practitioner).
c) Pharmacy
Medicines purchased by the Insured Person from a pharmacy, provided that such medicines have been prescribed in writing by a Medical Practitioner (not necessarily to be Network Medical Practitioner).
d) Out-patient Dental Treatment
Any necessary dental treatment taken by an Insured Person from dentist, provided that We will not pay for any dental treatment that comprises cosmetic treatment.
e) Spectacles, Contact lenses
Either one pair of spectacles or contact lenses, as specified in the Entitlement Certificate provided that these have been prescribed for the Insured Person by a Eye specialist Medical Practitioner
f) Annual Health Check-Up within specified Network
A health check-up as specified in the Schedule of Benefits for the Insured Person within Network.
This benefit is not available to the Insured Persons below 18 years of age and above the age of 45 years in the first Policy Year with Us

Section. 2 Carry Forward Bonus

a) If the Policy is renewed with Us without any break and there are any available Entitlement Certificates are not used by the Insured Person in a Policy Year, then We will carry forward 50% of these Entitlement Certificates to the next Policy Year.
b) It is expressly agreed and understood that:
i) a carry forward will only apply in respect of any particular Entitlement Certificate for one Policy Year; and
ii) there shall be no carry forward of any Entitlement Certificate for the benefit at Section 1f) of Part A.
iii) there will be no Carry Forward Bonus unless the originals of all unused Entitlement Certificates are returned to Us before renewal (grace period of 15 days from the due date of renewal).
iv) for the purpose of computing carry forward of any Entitlement Certificate; in the event of unused Entitlement Certificates received are in odd number, We will round them off to next increased number.
c) To obtain carry forward Entitlement Certificates, You have to send Us all unused Entitlement Certificates before renewal. After verifying the Entitlement Certificates and checking the admissibility of Carry Forward Bonus as mentioned above, fresh Entitlement Certificates will be issued within 30 days of the receipt of the unused Entitlement Certificates provided that the policy is renewed with Us without a break.

Part B - In-patient Module

Section. 3 In-patient Benefits

Claims made in respect of any of the benefits below will be subject to the Sum Insured and will affect the entitlement to a cumulative bonus.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an in-patient, then We will pay:

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 consumable,
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 30 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 Section 3 a).
iii. We will pay the Medical Expenses incurred within the 60 days prior to the date of Hospitalisation, if we are provided with the following at least 5 days before the Hospitalisation:
(1) medical documents with all details about the Illness; and
(2) the date and the place of the proposed Hospitalisation.

c) Post-hospitalisation

The Medical Expenses incurred in the 60 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 Section 3 a).
iii) We will pay the Medical Expenses in the 90 days immediately after the Insured Person was discharged if We were provided with the following at least 5 days before the Hospitalisation :
(1) medical documents with all details about the Illness; and
(2) the date and the place of the proposed Hospitalisation.

d) Day Care Procedures

The Medical Expenses for a day care procedure or surgery 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) 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 cost 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 Insupidus,
(6) Epilepsy,
(7) Hypertension,
(8) Psychiatric or Psychosomatic Disorders of all kinds,
(9) Pyrexia of unknown Origin.

f) Daily Cash for choosing Shared Accommodation

Note: Claims made in respect of this benefit will be subject to the Sum Insured and will affect the entitlement to a cumulative bonus.

A daily cash amount will be payable per day if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours, provided that :

i) Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
ii) The days of admission and discharge shall not be counted, and
iii) This benefit shall not apply to time spent by the Insured Person in an intensive care unit, and
iv) We have accepted an in-patient Hospitalisation claim under Section 3 a).

g) 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 in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured Person, and
ii) We will not pay the donor's pre- and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
iii) We have accepted an in-patient Hospitalisation claim under Section 3 a).

h) 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 (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention), provided that:

i. Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits per Hospitalisation, and
ii. We have accepted an in-patient Hospitalisation claim under Section 3 a).
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.

i) Daily Cash for Accompanying an Insured Child

Note : Claims made in respect of this benefit will be subject to the Sum Insured and will affect the entitlement to a cumulative bonus.

If the Insured Person Hospitalised is a child Aged 12 years or less, We will pay a daily cash amount for 1 accompanying adult for each complete period of 24 hours if Hospitalisation exceeds 72 hours, provided that:

i) Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
ii) the days of admission and discharge shall not be counted, and
iii) We have accepted an in-patient Hospitalisation claim under Section 3 a).

j) Maternity Expenses

Note : Claims made in respect of this benefit will not be subject to the Sum Insured and will not affect the entitlement to a cumulative bonus.

We will pay the Medical Expenses for a delivery (including caesarean section) while Hospitalised or the lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person, provided that:

i) Our maximum liability per delivery or termination shall be limited to the amount specified in the Schedule of Benefits, and
ii) We will pay the Medical Expenses of pre-natal and post-natal expenses per delivery or termination upto the amount stated in the Schedule of Benefits, and
iii) We will cover the Medical Expenses incurred for the medically necessary treatment of the infant baby upto the amount stated in the Schedule of Benefits unless the infant baby is covered under Section 3k), and
iv) this benefit is not available for Dependents other than Your spouse under a Family Floater, and
v) pre- and post-hospitalisation expenses under Section 3b) and Section 3c) are not covered under this benefit, and
vi) the Insured Person must have been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits, and
vii) We will not cover ectopic pregnancy under this benefit (although it shall be covered under Section 3a).

k) Newborn baby

Note : This benefit is optional and effective only if noted as such in the Schedule of Benefits. The sum insured of this benefit is above the Maternity Sum Insured limit; will be equivalent to Individual Sum Insured [Rs. 300,000] under 1 Member plan and Floater Sum Insured [Rs.300,000] under 2 Adults & upto 2 Children plan.

We will cover the Medical Expenses of any medically necessary treatment described at Section 3a) while the Insured Person is Hospitalised during the Policy Period as an in-patient for a Newborn Baby provided that:

i) We have accepted a claim under Section 3j), and
ii) You have submitted a proposal for the insurance of the newborn baby within 30 working days after the birth, and We have in Our sole and absolute discretion accepted the same and received the premium sought.

New born Baby means those babies born to You and Your spouse during the Policy Period Aged between 1 day and 90 days.

Section. 4 Cumulative Bonus

a) If no claim has been made in respect of Section 1 and 2 under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 10% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year.
b) In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.
c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 20% of the Sum Insured in that following Policy Year. There will be no impact on the Inpatient Sum Insured, only the accrued cumulative bonus will be decreased.
d) Portability benefit will be offered to the extent of sum of previous sum insured and accrued cumulative bonus(if opted for), portability benefit shall not apply to any other additional increased sum insured.

Section. 5 Optional Benefit - Critical Illness

Claims made in respect of any of the benefits below will not be subject to the Sum Insured and will not affect entitlement
to a cumulative bonus.

If the Schedule shows that the Critical Illness benefit is effective, then We will pay the Critcal Illness Sum Insured as a
lump sum in addition to Our payment under Section 3a), provided that:

i) the Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
ii) the Insured Person survives for at least 30 days following such diagnosis.

We will not make any payment if:

i) the Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the commencement of the Policy Period and the Insured Person has not previously been insured continuously and without interruption under a Maxima Insurance Policy.
ii) the Insured Person has already made a claim for the same Critical Illness.
iii) a claim for this benefit has already been made 3 times under this Policy or any other policy issued by Us.

Section. 6 Exclusions [Applicable to Part B only]

Waiting Periods

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

30 days Waiting Period

b) A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless:

i) the Insured Person has been insured under a Maxima Insurance Policy continuously and without any break in the previous Policy Year.
ii) the Insured Person was insured continuously and without interruption for at least 1 year under another Indian insurer's individual health insurance policy for the reimbursement of medical costs for in-patient treatment in a hospital.
iii) if the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 4a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

c) 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 a Maxima Insurance 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; 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 another Indian insurer's individual health insurance policy for the reimbursement of medical costs for in-patient treatment in a hospital.
iv) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 4a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

d) Pre-existing Conditions will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Maxima policy with us, but

1) If the Insured Person is presently covered and has been continuously covered without any lapses under:

a) an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital , OR
b) any other similar health insurance plan from Us,

then Section 6 d . 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 (other than as a result of the application of Benefit 4a), 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

We shall considered 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

e) 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 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) Save as and to the extent provided for under Section 3j), 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 Section 3a) 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) Save as and to the extent provided for under Section 1d), 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 Section 3g), 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 medically necessary]; 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 or Illness.

xv) Save as and to the extent provided under Section 1b), experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.

xvi) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care,long-term nursing care or custodial care.

xvii) Any non allopathic treatment.

xviii) Save as and to the extent provided under Section 1b) and 1f), all preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing during these examinations; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xix) 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.

xx) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, 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.

xxi) 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.

xxii) Save as and to the extent provided in Section 1e), 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.

xxiii) Any treatment or part of a treatment that is not of a reasonable cost, not medically necessary; drugs or treatments which are not supported by a prescription.

xxiv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxv) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

Part C: 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) in so far as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

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.

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 or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured). 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 under Part B 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 under Part B 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 3a):	Within 7 days of the Insured Person's discharge post-Hospitalisation.
4)	If any treatment, consultation or procedure under Part B 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 Part B of 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.

Please note that:

a) If any time period is specifically mentioned in Part B, then this shall supersede the time periods mentioned in 1)-5) above.

b) Emergency means a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention.

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 under Part B:	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 under Part B 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.

Please note that emergency means a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention.

Supporting Documentation & Examination

d) The Insured Person shall provide Us with any documentation and information We or Our TPA may request to establish the circumstances of the claim under Part B, 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 Medical Practitioner's invoice if fees have been paid to that Medical Practitioner and are being claimed under the Policy.

e) The Insured Person additionally hereby consents to:
   i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
   ii) Being examined by any doctor We authorise for this purpose when and so often as We may reasonably require and at Our cost.

Claims Payment

f) We shall be under no obligation to make any payment under Part B unless We have received all premium payments in full and 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 under Part B, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy. We shall be under no obligation to provide any benefit through an Entitlement Certificate under Section 1 Part A unless We have received all premium payments in full and in time and all payments have been realised and the Insured Person has given a valid and relevant Entitlement Certificate to the Network Service Provider before receiving any treatment, consultation or procedure under that Section. If the Entitlement Certificate has been used in any manner contrary to the requirements set out in the introduction to Part A, then We shall be entitled to deduct from any payment that is or may be due under Part B or any policy issued by Us and/or any premium subsequently received in respect of any policy issued by Us the value of the Entitlement Certificate and the costs and expenses as deducted by Us which We have incurred due to the unauthorised use of the Entitlement Certificate. It is agreed and understood that if We make any recovery from premium subsequently received then that premium shall be deemed to have been received short and it is further agreed and understood that the terms of this clause shall survive the termination of the Policy.

g) We will only make payment under Part B 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).

h) This Policy only covers medical treatment or that part of medical treatment which is taken within India, and payments under this Policy shall only be made in Indian Rupees within India.

i) We are not obliged to make payment for any claim under Part B or that part of any claim under Part B 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.

Fraud

j) 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.

k) An Entitlement Certificate issued under Part A shall be used solely by the Insured Person named therein. The Insured Person shall not sell, exchange, trade, barter or transfer or allow any person to use his Entitlement Certificate. Any contravention of this condition shall be in addition to any remedies available to Us and shall also be deemed to constitute a failure to satisfy the requirements set out in Part A.

l) We will replace a lost Entitlement Certificate only when We are satisfied that it is lost. However, We reserve the right to make such investigations into and call for such evidence of the loss of the Entitlement Certificate at Your expense as We consider necessary before issuing a duplicate Entitlement Certificate. Any contravention of this condition shall be in addition to any remedies available to Us and shall also be deemed to constitute a failure to satisfy the requirements set out in Part A.

Other Insurance

m) If at the time when any claim arises under Part B (except Section 5), there is in existence any other Policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under Part B (or which would cover any claim made under Part B if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy.

Subrogation

n) 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 Part B (except in relation to a payment under Section 5), 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

o) 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

p) All applications for renewal must be received by Us by the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

q) Grace period of 30 days for renewing the policy is provided at Our sole discretion. If policy is renewed within30 days from the due date of renewal, policy cover will be considered continuous in terms of continuity benefits such as waiting periods and coverage of pre-existing diseases. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.

r) We may vary the renewal premium payable with the approval of the IRDA.

Change of Policyholder

s) If You do not renew the Policy the Insured Persons may apply to renew the Policy within 7 days of the end of the Policy Period provided that they have identified a new adult policyholder who is a member of their immediate family. If We accept such application and the premium for the renewed policy is paid on time, then the Policy shall be treated as having been renewed without any break in cover.

Notices

t) 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

u) 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

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

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

w) If We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the continuance of the Policy poses a moral hazard then We may terminate this Policy upon 30 days notice by sending an endorsement to Your address shown in the Schedule. Premium shall be refunded pro-rata if no claim has been admitted under the Policy.

x) The Policy shall automatically terminate if:

i) You no longer reside in India, or in the case of Your demise. We shall on application refund premium in accordance with v) but Our obligation to do so is only in India and in Indian Rupees. However, the other Insured Persons may apply to continue the Policy within 30 days of Your death or move out of India provided that they have identified a new adult policyholder who is a member of Your immediate family. All relevant particulars in respect of such person (including their relationship to You) must be given to Us along with the application. If we accept such application, then the Policy shall be treated as having been renewed without any break in cover.

ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

y) If the Policy is terminated for any reason, You shall immediately return all Entitlement Certificates issued to all Insured Persons. Any unreturned Entitlement Certificates shall cease to be valid on the date of termination. You shall indemnify and keep Us indemnified and hold Us harmless from and against any claims, costs, expenses, awards or judgments arising out of or in relation to such Entitlement Certificates. This Policy is deemed to incorporate General Condition j) from any previous policy issued by Us.

Section. 7 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 unexpected event caused by external, violent and visible means (but does not include any Illness) which results in physical bodily injury.

Def. 2. **Age** or **Aged** means completed years as at the Commencement Date.

Def. 3. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 4. **Critical Illness** means Cancer, Coronary Artery (Bypass) Surgery, First Heart Attack (Myocardial Infarction), Kidney Failure (end stage renal disease), Major Organ Transplantation, Multiple Sclerosis, Paralysis and Stroke all as defined below only:

i) Cancer:

A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Diagnosis must be confirmed by a specialist Medical Practitioner and evidenced by definite histology. Cancer also includes leukaemia and malignant diseases of the lymphatic system such as Hodgkin's Disease.

Excluded are:

- Any CIN stage (Cervical Intraepithelial Neoplasia)
- Any pre-malignant tumour
- Any non-invasive cancer (cancer in situ)
- Prostate cancer stage 1 (T1a, 1b, 1c)
- Basal cell carcinoma and squamous cell carcinoma
- Malignant melanoma stage IA (T1a N0 M0)
- Any malignant tumour in the presence of any Human Immunodeficiency Virus.

ii) Coronary Artery (Bypass) Surgery:

The actual undergoing of open chest surgery for the correction

of one or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography and realisation of the surgery must be confirmed by a specialist Medical Practitioner.

Excluded are:

- Angioplasty
- Any other intra-arterial procedures
- Key-hole surgery

iii) Heart Attack (Myocardial Infarction):

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be confirmed by a specialist Medical Practitioner and evidenced by all of the following criteria:

- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other biochemical markers

Excluded are:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of Troponin I or T
- Other acute Coronary Syndromes (e.g. stable/unstable Angina pectoris)

iv) Kidney Failure (End Stage Renal Disease):

End stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis must be confirmed by a specialist Medical Practitioner.

v) Major Organ Transplantation:

The actual undergoing of transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation must be confirmed by a specialist Medical Practitioner

vi) Multiple Sclerosis:

Unequivocal diagnosis of Multiple Sclerosis by a specialist Medical Practitioner evidenced by typical clinical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings. The diagnosis must be confirmed by a specialist Medical Practitioner and evidenced by all of the following criteria:

- Typical clinical symptoms (neurological abnormalities) of demyelination manifested as an impairment of motor & sensory functions.
- The diagnosis must establish that the Insured Person has exhibited these clinical symptoms (neurological abnormalities) that have existed for a continuous period of at least 6 calendar months or at least 2 clinically documented episodes at least 30 days apart.
- Characteristic findings in the cerebrospinal fluid as well as specific cerebral MRI lesions.

vii) Paralysis:

Total and irreversible loss of use of two or more limbs through paralysis due to Accident or Illness of the spinal cord. These conditions must be medically documented by a specialist Medical Practitioner for at least 90 days.

Excluded is:

- Paralysis due to Guillain-Barré-Syndrome

viii) Stroke:

Any cerebrovascular incident producing permanent neurological sequelae and including infarction of brain tissue or haemorrhage or embolisation from an extracranial source. Diagnosis must be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CCT Scan or MRI of the brain. Evidence of neurological deficit for at least 90 days must be produced

Excluded are:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Neurological symptoms due to migraine
- Lacunar strokes without neurological deficit

Def. 5. **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, still financially dependant on You and have not established their own independent households;

iii) Your natural parents or parents that have legally adopted You, provided that:

a) The parent was below 65 years at his initial participation in the Maxima Insurance Policy, and

b) Parents shall not include Your spouse's parents.

Def. 6. **Entitlement Certificate** means the certificate We issue which will operate only as detailed in the introduction to the Part A, Section 1 benefits.

Def. 7. **Family Floater** means a Policy 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. 8. **Hospital** means any institution in India (including nursing homes) established for Medical Treatment which:

i) Either:

a) has been registered and licensed as a hospital with the appropriate local or other authorities competent to register hospitals in the relevant area and is under the constant supervision of a Medical Practitioner and is not, except incidentally, a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution.

b) Or

i) is under the constant supervision of a Medical Practitioner, and

ii) has fully qualified nursing staff (that hold a certificate issued by a recognised nursing council) under its employment in constant attendance , and

iii) maintains daily records of each of its patients, and

iv) has at least 10 In-patient beds, and

v) has a fully equipped and functioning operation theatre where surgeries are conducted.

Def. 9. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for Medically necessary Treatment as an in-patient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Policy Period.

Def. 10. **Insured Person** means You and Your Dependants named in the Schedule.

Def. 11. **Illness** means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (affliction of the bodily organs having a defined and

recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment. For the avoidance of doubt, Illness does not mean and this Policy does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behavior) even if caused by or aggravated by or related to an Accident or Illness.

Def. 12. **Medical Expenses** means those Reasonable and Medically Necessary expenses that an Insured Person has necessarily and actually incurred for medical treatment on the advice of a Medical Practitioner due to Illness or Accident and leading to consequent hospitalisation occurring during the Policy Period.

Def. 13. **Medical Practitioner** means a person who holds a qualification in medicine from a recognised institution and is registered and licensed by a state council, governed by the Medical Council of India, in which he operates and is practicing within the scope of such license and will include (but is not limited to) physicians, specialists and surgeons who satisfy the aforementioned criteria.

Def. 14. **Network** means all the Hospitals and/or other institutions and/or persons specified by Us with whom We or the appointed TPA have special agreements for the provision of medical services under Part A and/or Part B.

Def. 15. **Out-patient Treatment** means consultation, diagnosis or medical treatment taken by any Insured Person at an out-patient department of a Hospital, clinic or associated facility, provided that he is not Hospitalised.

Def. 16. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).

Def. 17. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 18. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 19. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to the commencement of his first policy with us.

Def. 20. **Reasonable and Medically Necessary** means those expenses which:

1) are charged for medical treatment, supplies or medical services that are medically necessary to treat Your condition;
2) does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the expense is incurred.
3) does not include charges that would not have been made if no insurance existed

Def. 21. **Shared Accommodation** means a Hospital room with two or more patient beds.

Def. 22. **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, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all Insured Persons during the Policy Period.

Def. 23. **Surgical Procedure** means an operative procedure for the correction of deformities and defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.

Def. 24. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 25. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited

Def. 26. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Grievance Redressal Procedure

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

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

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

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

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

Ombudsman Offices

Jurisdiction	Office Address
Delhi, Rajasthan	2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001.
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1st Floor, Moin Court, LaneOpp.SaleemFunctionPalace A. C.Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2nd Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerala, Karnataka	2nd Flr., CC 27/ 2603, PulinatBuilding, Opp. Cochin Shipyard, M.G.Road, ERNAKULAM - 682 015
North-Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI - 781 021
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd.,Hazartganj, LUCKNOW - 226 001
Madhya Pradesh	1st Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.)Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, BatraBuilding,Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

Appendix I: Day Care Procedure

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

Microsurgical operations on the middle ear

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

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.

ApolloMunich HEALTH INSURANCE
10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

SCHEDULE OF BENEFITS

Sum Insured per Policy	1 Member	2 Members	2 Adults + upto 2 Children
Part A- Outpatient Module			
a.) Outpatient Consultations*	4 Consultations	6 Consultations	8 Consultations
b.) Diagnostic Tests#	Rs. 5,000	Rs. 5,500	Rs. 7,000
c.) Pharmacy#			
d.) Outpatient Dental Treatment #			
e.) Spectacles, Contact Lenses #			
f.) Annual Health Check-up within specified Network^	1 Entitlement Certificate	2 Entitlement Certificates	2 Entitlement Certificates

* The reimbursement against non-network Outpatient Consultations is restricted up to lower of actual expenses or Rs. 400.
# The reimbursement against non-network Diagnostic Tests, Pharmacy, Outpatient Dental Treatment, Spectacles, Contact Lenses is restricted up to lower of actual expenses or the Sum Insured mentioned above.
^ One Entitlement Certificate of Annual Health Check-up includes following tests: Hb, PCV, RBC, MCHC, MCV, MCH, Total WBC, Differential Count, ESR, PLT, Peripheral Smear, Complete Urine Analysis, GTT,Serum Calcium, Serum Creatinine, Lipid Profile (Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, Cardiac Risk Ratio), Liver Function Test (Total Protein, Albumin, Globulin, Total bilirubin, ALT, AST, GGTP), Blood group, ECG (Resting), X-ray (chest), Ultrasound (Upper abdomen screening), Consultation by General Physician, Consultation by Gynecologist.

Part B - Inpatient Module				
	Sum Insured per Policy (Rs)	300,000	300,0000	300,0000
a)	In-patient Treatment	Covered		
b)	Pre-Hospitalization	30 days; can be increased to 60 days		
c)	Post-Hospitalization	60 days; can be increased to 90 days		
d)	Day Care Procedures	Covered		
e)	Domiciliary Treatment	Covered		
f)	Daily Cash for choosing Shared Accommodation	Rs 500 per day, Maximum Rs 3,000		
g)	Organ Donor	Covered		
h)	Emergency Ambulance	upto Rs 2000 per hospitalisation		
i)	Daily Cash for accompanying an insured child	Rs 300 per day; Maximum Rs 9,000		
j)	Maternity Expenses ** Waiting Period 4 years	Normal Delivery- Rs 15,000; Caesarean Delivery-Rs 25, 000 (Including Pre/Post Natal limit of Rs 1,500 and infant baby limit of Rs 2,000)		
k)	Newborn baby	Optional		
Optional Benefit				
a)	Critical Illness ** [Offered on Individual basis]	Optional, if opted then the Critical Illness Sum Insured is Rs 300,000		
** Benefits do not dip into inpatient Sum Insured				