

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.

S.NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Optima Cash	
2	What am I covered for:	<p>Daily Cash Amount for a continuous and completed period of 24 hours of Hospitalisation for the following benefits, as per plan opted:</p> <p>a. Sickness Hospital Cash - If an Insured Person suffers an Illness during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then</p> <p>a.i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and</p> <p>a.ii) We will pay twice the Sickness Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.</p> <p>b. Accident Hospital Cash - If an Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then</p> <p>b.i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and</p> <p>b.ii) We will pay twice the Accident Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.</p> <p>c. Day Care Procedure Cash - 50% of the Sickness Daily Cash amount if Insured person undergoes treatment for identified 10 Day care procedures [Maximum 6 procedure per Policy Year].</p> <p>d. Joint hospitalisation due to an Accident - Twice the Accident Daily Cash amount if two or more Insured Person(s) are concurrently hospitalised due to an accident. [Maximum 10 days].</p> <p>e. Convalescence - Lumpsum amount if Insured person is hospitalised beyond 7 continuous days. This benefit can be claimed only once in a policy year.</p> <p>f. Child birth - Lumpsum amount equivalent to twice the Sickness Daily Cash amount for maternity to female Insured in event of child birth. There is a waiting period of 2 years for availing this benefit.</p> <p>g. Parents Accommodation - Daily Cash for parent's accommodation if the Insured child is Aged 12 years or less and is hospitalised for more than 72 hours.</p>	<p>Section 1 a)</p> <p>Section 1 b)</p> <p>Section 1 c)</p> <p>Section 1 d)</p> <p>Section 1 e)</p> <p>Section 1 f)</p> <p>Section 1 g)</p>
3	What are the major exclusions in the policy:	<p>Following is a partial listing of the policy exclusions. Please refer to the policy clause for the full listing.</p> <p>All treatments within the first 30 days (except accident); Any pre-existing condition; 2 years exclusion for specific diseases; War and related activities; any epidemic recognised by WHO; Self inflicted injury, attempted suicide or suicide; Abuse of intoxicants or hallucinogenic substances; HIV/AIDS and related diseases; Pregnancy, infertility or sterilization, birth control; Dental treatment and surgery unless requiring hospitalisation; Plastic or cosmetic surgery; Experimental, investigational or unproven treatment devices; Any non allopathic treatment; Any treatment or part of a treatment that is not medically necessary.</p>	Section 2
4	Waiting Period	<ul style="list-style-type: none"> 30 days for all illnesses (except accidents) 24 months for specific illnesses and treatments 	<p>Section 2 b)</p> <p>Section 2 c)</p>
5	Payout basis	<ul style="list-style-type: none"> Benefit basis 	Section 1
6	Cost Sharing	Not applicable	
7	Renewal Conditions	<ul style="list-style-type: none"> Maximum cover ceasing age is 66 years for annual policy and 67 years for two year policy. Grace period of 30 days for renewing the policy is available. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. 	<p>Section 3 b)</p> <p>Section 3 m)</p>
8	Renewal Benefits:	Not applicable	
9	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.	Section 3 r), 3 s), 3 t)

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 and is effective only if noted as such in the Schedule.

a) Sickness Hospital Cash

If an Insured Person suffers an Illness during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

- i. We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
- ii. We will pay twice the Sickness Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

b) Accident Hospital Cash

If an Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

- i. We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
- ii. We will pay twice the Accident Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

c) Day Care Procedure Cash

If an Insured Person undertakes a Day Care Procedure as an inpatient for less than 24 hours in a Hospital or standalone day care centre, then We will pay Daily Cash amount for each procedure undertaken.

For this benefit, Day Care Procedures means following procedures only: Fractures (not hairline); Cataract; dilatation and curettage; Haemodialysis; Parenteral Chemotherapy; Radiotherapy; Coronary Angiography; Lithotripsy; Manipulation for Dislocation under General Anesthesia and Cystoscopy under General Anesthesia.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

d) Joint Hospitalisation due to an Accident

If two or more Insured Persons under the same policy are hospitalized concurrently as an inpatient during the Policy Period due to an Accident then We shall pay Daily Cash amount provided Two or more Insured Persons are hospitalized together for each continuous and completed period of 24 hours only till the time they are hospitalized together.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

This benefit is payable only if there is an admissible claim under 1 b) above and the payment under this benefit will be in addition to the payment under 1 b).

e) Convalescence Benefit

If an Insured Person suffers an Illness or Accident during the Policy Period that requires Insured Person's Hospitalisation as an inpatient beyond 7 consecutive and continuous days, a lumpsum amount is payable towards convalescence, provided that

- i. This benefit is payable only once per Illness/Accident per Policy Year.

- ii. This benefit is payable only if there is an admissible claim under any of the daily cash benefits in 1 a) or 1 b) above.

Our maximum liability shall be restricted to the Sum Insured mentioned in the Schedule of Benefits.

The payment under this benefit will be in addition to the payment under 1 a) or 1 b), as the case may be.

f) Child Birth

We will pay a lumpsum amount towards maternity, in the event of child birth during the Policy Period provided that

- i. A waiting period of 2 years is applicable for this benefit,
- ii. This benefit will be paid maximum twice (limited upto first two living children) during the lifetime of the Insured Person,
- iii. This benefit is payable to female Insured Person only,
- iv. Our maximum liability shall be restricted to the Sum Insured mentioned in the Schedule of Benefits.

g) Parent Accommodation

If the Insured Person Hospitalised is a child Aged 12 years or less and the hospitalisation period exceeds 72 hours, We will pay a Daily Cash amount towards parent accommodation for each complete period of 24 hours provided that Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

This benefit is payable only if there is an admissible claim under 1a) or 1b) above and the payment under this benefit will be in addition to the payment under 1a) or 1b), as the case may be.

Section. 2 General Exclusions

Waiting Periods

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

b) 30 days Waiting Period

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 an Optima Cash Policy continuously and without any break in the previous Policy Year, or
- ii) The Insured Person was insured continuously and without any break for at least 1 year with any other Indian insurer's individual daily cash amount policy.
- iii) If the Insured person renews with Us and increases the Sum Insured, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased in the year.

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 an Optima Cash 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; 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:** Surgeries for benign ear; 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; Nasal septum deviation; surgery

on tonsils and sinuses.

- iii) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without any break for at least 2 years with any other Indian insurer's individual daily cash amount policy. If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured upon renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
- d) 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) Any Pre-existing condition.
 - ii) 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, any epidemics recognised by government or WHO.
 - iii) Insured Person committing or attempting any breach of the law with criminal intent or arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.
 - iv) 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.
 - v) 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.
 - vi) Treatment of Obesity or morbid obesity and any weight control program.
 - vii) Psychiatric; mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); internal or external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery, or growth hormone therapy.
 - viii) 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, (when associated with HIV infections).
 - ix) Save as and to the extent provided in 1(f), 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.
 - x) 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.
 - xi) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
 - xii) Circumcisions unless required as a part of treatment of an illness or injury; 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.
 - xiii) 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 Cancer.
 - xiv) Experimental, investigational or unproven treatment devices and

pharmacological regimens.

- xv) Any procedure primarily for diagnostic or preventive purposes, 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) Save as and to the extent provided in 1(e) 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) Any treatment or part of a treatment that is not medically necessary.

Section. 3 General Conditions

Condition precedent

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

- 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.

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.

We will be offering coverage till the Age of 66 Years for an Annual policy and 67 years for a two year policy.

Notification of Claim

- c) If any treatment for which a claim may be made is to be taken then:
 - i) If the treatment requires Hospitalisation, We must be informed immediately and in any event not later than 7 days of the date of admission.
 - ii) If the above condition is not fulfilled on the grounds that the claim was intimated to any other insurer covering the hospitalization expenses, then We may accept a written confirmation of such intimation from that insurer.

Supporting Documentation & Examination

- d) The Insured Person shall provide Us with any documentation 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) All reports, including but not limited to all medical reports, case histories,

investigation reports, treatment papers, discharge summaries. We will accept copies of the documents, verified and attested by the Hospital.

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

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

Claims Payment

- f) We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full 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) 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 case of Insured Person's unfortunate demise, We will only make payment to the Nominee (as named in the Schedule).
- h) This Policy only covers medical treatment taken in 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 or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- j) A continuous and completed period of less than 24 hours of Hospitalisation will be deemed to be a continuous and completed period of 24 hours if such period extends to atleast 12 hours and also includes the period 0200 to 0330 hours.

Fraud

- k) 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.

Alterations to the Policy

- l) This Policy constitutes the complete contract of insurance. This Policy can be changed or varied at Your request provided the request is acceptable to Us and by Us in consultation and agreement with You. The 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

- m) All applications for renewal must be received by Us before 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 or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. Grace Period of 30 days for renewing the Policy is provided under this Policy.

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

- n) We will not renew this policy beyond 65 years of age.

Change of Policyholder

- o) The change of Policyholder (except clause t) 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 m) 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 m above.

Notices

- p) 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

- q) 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

- r) 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	
Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

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

- s) We may at any time terminate the 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. We shall return premium on pro-rata basis for the unexpired Policy Period if no claim have been made under the Policy
- t) The coverage to 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 m) above. Incase, 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 Insured 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.

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 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. **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 (natural or legally adopted) aged between 91 days and 21 years if they are unmarried, still financially dependant on You and have not established their own independent source of income.
- Def. 5. **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. 6. **Hospital** means any institution in India established for inpatient care and day care treatment of sickness and/or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under :
- (i) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
 - (ii) has qualified nursing staff under its employment round the clock,
 - (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 will make these accessible to the insurance company's authorized personnel.
- Def. 7. **Daily Cash** means the daily cash and period specified in the Schedule
- Def. 8. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for Medically Necessary treatment as an inpatient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Policy Period.
- Def. 9. **Insured Person** means You and the persons named in the Schedule.
- Def. 10. **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 behaviour) even if caused by or aggravated by or related to an Accident or Illness.

- Def. 11. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 12. **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. 13. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.
- Def. 14. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), and the Schedule (as the same may be amended from time to time).
- Def. 15. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 16. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 17. **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 the Insured Person first being covered under an Optima Cash Policy issued by Us.
- Def. 18. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- a) Is required for the medical management of the Illness or injury suffered by the insured;
 - b) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - c) Must have been prescribed by a Medical Practitioner.
 - d) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 19. **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. 20. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def. 21. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Us 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

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

SCHEDULE OF BENEFITS

Following benefits are available as per the plan opted and mentioned against the Insured Person named in the Schedule. Benefits are as per Insured Person per Policy Year basis.

Platinum Plan – 90 days	1000 Platinum 90D	2000 Platinum 90D	3000 Platinum 90D
Daily Cash Amount [All figures in INR]	1,000	2,000	3,000
1ai) Sickness Hospital Cash [upto 90 days]	1,000	2,000	3,000
1aii) Sickness ICU Cash [maximum upto 15 days]*	2,000	4,000	6,000
1bi) Accident Hospital Cash [upto 90 days]	1,000	2,000	3,000
1bii) Accident ICU Cash [Maximum upto 15 Days]#	2,000	4,000	6,000
1c) Day Care Procedure Cash [Maximum upto 6 Procedures]	500	1,000	1,500
1d) Joint Hospitalisation due to an Accident [Maximum upto 10 days]	2,000	4,000	6,000
1e) Convalescence Cash [once in Policy Year]	1,000	2,000	3,000
1f) Child birth [2 year waiting period]	2,000	4,000	6,000
1g) Parent Accommodation [maximum upto 30 days]	1,000	2,000	3,000

*Benefit 1ai) sublimit under 1ai); # Benefit 1bii) sublimit under 1bi)

“Please Note- All health insurance policies are portable; insured must initiate transfer process independently at least 45 days in advance of renewal date to avoid any break in the policy coverage due to delays in acceptance of the proposal by the other insurer”