

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

Title	Description	Refer to Policy Clause Number
Product Name	Optima Senior	
What am I covered for:	<p>a. In-patient Treatment - Covers hospitalisation expenses for period more than 24 hrs.</p> <p>b. Pre-Hospitalisation - Medical expenses incurred in 30 days before the hospitalisation.</p> <p>c. Post-Hospitalisation - Medical expenses incurred in 60 days after the hospitalisation.</p> <p>d. Day-Care procedures - Medical expenses for enlisted 140 day care procedures.</p> <p>e. Domiciliary Treatment - Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.</p> <p>f. Organ Donor - Medical expenses on harvesting the organ from the donor for organ transplantation.</p> <p>g. Emergency Ambulance - Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency.</p> <p>h. E - Opinion - Second opinion by a Medical Practitioner from Our panel, for a Critical Illness suffered during the policy period.</p>	<p>Section I, 1 a)</p> <p>Section I, 1 b)</p> <p>Section I, 1 c)</p> <p>Section I, 1 d)</p> <p>Section I, 1 e)</p> <p>Section I, 1 f)</p> <p>Section I, 1 g)</p> <p>Section I, 2 a)</p>
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, treatment of obesity and any weight control program, Psychiatric, mental disorders, congenital internal or external diseases, defects or anomalies, genetic disorders; sleep apnoea, expenses arising from HIV or AIDs and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, surgery for nasal septum deviation, circumcisions, laser treatment for correction of eye due to refractive error, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non allopathic treatment.</p>	Section III E.
Waiting Period	<p>We will not pay any claim under the waiting periods for specified benefits except due to an Accident.</p> <ul style="list-style-type: none"> 30 days waiting period in the first year and is not applicable in subsequent renewals. 24 month years waiting period for specific illness/ surgeries in the first two years and is not applicable in subsequent renewals. Pre-existing conditions will be covered after a waiting period of 36 month. 	<p>Section III, C i)</p> <p>Section III, C ii)</p> <p>Section III, C iii)</p>
Payout basis	Payout on indemnity payment basis.	Section 1
Cost Sharing	<p>a) Co-Payment applicable on accommodation type</p> <ul style="list-style-type: none"> Shared Accommodation or any lower accommodation type - 15% Single occupancy or any higher accommodation type - 30% <p>However, the above mentioned Co-payment would not apply in case of urgent medical and/or surgical treatment is taken for acute cardiac Illness or Accident to avoid serious impairment of health in a single occupancy accommodation due to unavailability of Shared Accommodation or any lower accommodation then only a 15% Co-Payment would be applicable.</p> <p>A Co-payment of 15% shall be applicable to all Day Care Procedures; no additional copay's shall apply.</p> <p>b) Co-Payment applicable on specified Illnesses/surgeries</p> <ul style="list-style-type: none"> If a claim has been admitted under Section I in respect of any of the specified illnesses/Surgeries then a co pay of 30% would apply and claim payment, if any, shall only be in excess of that sum. <p>However, – If we accept a claim for above mentioned specified illnesses/surgeries then no additional Copayment shall be applicable for the same claim.</p>	<p>Section III, A</p> <p>Section III, B</p>

Title	Description	Refer to Policy Clause Number
Renewal Conditions	<ul style="list-style-type: none"> Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium. Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. 	Section IV n
Renewal Benefits	No Claim Discount A 5% non cumulative discount will be offered on the renewal premium payable under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.	Section II
Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice without refund of premium.	Section IV r. i) & ii)
How to Claim	Please contact our designated TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Our TPA within 24 hours of the event. For any claim related query, information or assistance You can also contact Our Toll Free Line at 1800-102-0333 or visit Our website www.apollomunichinsurance.com or e-mail Us at customerservice@apollomunichinsurance.com.	Section IV e), f), g),h) & Section VI

Note: Pre-Policy Check-up at our network is compulsory under this Policy. We will reimburse 50% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of Pre-Policy Check-up.

Apollo Munich Health Insurance Company Limited will cover all Insured Persons under this Policy upto the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Section I. Benefits

The following benefits are available to all Insured Persons who suffer an Illness or Accident during the Policy Period which requires Hospitalisation on an Inpatient basis or treatment defined as a Day Care Procedure. Any claims made under these benefits will impact eligibility for a "No claim discount".

We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section III C and E	Important terms You should know
1. a. In-Patient Treatment	1. Prosthetics NOT implanted by surgery 2. Hospitalisation for evaluation, Investigation only 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.	<p>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.</p> <p>In-patient Treatment means treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.</p> <p>Day Care Treatment Day care treatment refers to medical treatment, and/or surgical procedure listed in Annexure I:</p> <ol style="list-style-type: none"> undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and which would have otherwise required a hospitalization of more than 24 hours. <p>Treatment normally taken on an out-patient basis is not included in the scope of this definition.</p> <p>OPD Treatment is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The Insured is not admitted as a daycare or inpatient.</p> <p>Domiciliary Hospitalisation Domiciliary hospitalization means medical treatment for a period exceeding 3 days, for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:</p> <ol style="list-style-type: none"> the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or the patient takes treatment at home on account of non availability of room in a hospital. <p>Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.'</p> <p>Shared or any lower accommodation type means a Hospital room with two or more patient beds.</p> <p>Single occupancy or any higher accommodation type means a Hospital room with only one patient bed.</p>
b. Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto 30 days before Hospitalisation.	1. Claims which have NOT been admitted under 1a) 2. Any conditions which are NOT the same as the condition for which Hospitalisation was required.	
c. Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 60 days after discharge from Hospitalisation.		
d. Day Care Procedures	1. Out-Patient Treatment	
e. Domiciliary Treatment	1. Treatment of less than 3 days 2. Post-Hospitalisation expenses 3. The following medical conditions: a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, b. Arthritis, Gout and Rheumatism, c. Chronic Nephritis and Nephritic Syndrome, d. Diarrhoea and all type of Dysenteries including Gastroenteritis, e. Diabetes Mellitus and Insupidus, f. Epilepsy, g. Hypertension, h. Psychiatric or Psychosomatic Disorders of all kinds, i. Pyrexia of unknown origin	
f. Organ Donor: Medical treatment of the organ donor for harvesting the organ.	1. Claims which have NOT been admitted under 1a). 2. Claims not covered under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.	
g. Emergency Ambulance: Expenses incurred on an ambulance in an emergency, subject to Rs. 2000 per Hospitalisation.	1. Claims which have NOT been admitted under 1a). 2. A non- Emergencies. 3. NON registered healthcare or ambulance service provider ambulances.	
Additional Benefit: The following benefit is available to all Insured Persons during the Policy Period. Claims made under this benefit will not impact eligibility for a "No claim discount".		
2. a. E-Opinion We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if: - The Insured Person suffers a Critical Illness during the Policy Period; and - He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. "Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.	1. More than one claim for this benefit in a Policy Year. 2. More than one claim for the same Critical Illness. 3. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.	

Section II. Renewal Benefits:

No Claim Discount - A 5% non cumulative discount will be offered on the renewal premium payable under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.

Section III. Special terms and conditions

Co-Payment

“Co-Payment” means a cost-sharing requirement applicable under this Policy in which the Insured Person will bear the percentage of the admissible claim amount which is specified in the table below. A Co-Payment does not reduce or otherwise affect the Sum Insured.

A. Co-Payment applicable on accommodation Type

Accommodation Type	Co-Payment (Percentage to be borne by the Insured Person as a percentage of the admissible claim amount)
Shared Accommodation or any lower accommodation type	15%
Single occupancy or any higher accommodation type	30%

Note If any urgent medical and/or surgical treatment is taken for acute cardiac illness or Accident to avoid serious impairment of health in a single occupancy accommodation due to unavailability of Shared or any lower accommodation then only a 15% Co-Payment would be applicable. A Co-payment of 15% shall be applicable to all Day Care Procedures; no additional copay's shall apply.

B. Co-Payment applicable on specified illnesses/surgeries

If a claim has been admitted under Section I in respect of any of the following illnesses/Surgeries then, the insured person shall bear 30% of the claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

S.no	Illnesses/Surgeries
1.	Cataract (each eye)
2.	Hysterectomy
3.	Cholecystectomy
4.	Transurethral resection of the prostate (TURP)/ Benign prostate surgery
5.	Surgery of Hernia
6.	Angiography (CT Angiogram excluded)
7.	Arthroscopy
8.	PID-Discectomy
9.	Mastectomy
10.	Joint Replacement
11.	PTCA (Angioplasty)
12.	Hydrocele
13.	Major Organ Transplant
14.	CABG (Coronary Artery Bypass Graft)

Note If We admit a claim under Section III B then, no Co-Payment shall be applicable under Section III A for the same claim.

C. Waiting Period

All claims payable will be subject to the waiting periods specified below:

- General waiting period of **30 days** for all claims payable under the Policy except claims arising due to an Accident.
- 24 months** waiting period for the following listed illnesses or treatments except claims payable due to the occurrence of cancer.

Organ / Organ System	Illness	Treatment
ENT	<ul style="list-style-type: none"> Any Benign ear, nose and throat (ENT) disorder Example: Sinusitis, Rhinitis 	<ul style="list-style-type: none"> Any ear, nose and throat (ENT) surgery Example: adenoidectomy, mastoidectomy, tonsillectomy, tympanoplasty surgery for nasal septum deviation
Gynaecological	<ul style="list-style-type: none"> Internal tumors, cysts, nodules, polyps including breast lumps Polycystic ovarian diseases 	<ul style="list-style-type: none"> Dilatation and curettage (D&C) Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus Myomectomy for fibroids
Orthopaedic	<ul style="list-style-type: none"> Non infective arthritis Gout and Rheumatism Age related Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> Surgery for prolapsed inter vertebral disk Joint replacement
Gastrointestinal	<ul style="list-style-type: none"> Calculus diseases of gall bladder including Cholecystitis Pancreatitis Fissure/fistula in anus, hemorrhoids, pilonidal sinus Gastric and duodenal ulcers All forms of cirrhosis 	<ul style="list-style-type: none"> surgery of gallbladder and bile duct surgery of hernia
Urogenital	<ul style="list-style-type: none"> Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> Any surgery of Urogenital system Surgery on prostate Surgery for Hydrocele
Eye	<ul style="list-style-type: none"> Cataract Glaucoma 	<ul style="list-style-type: none"> NIL
Others	<ul style="list-style-type: none"> Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> Surgery of varicose veins and varicose ulcers

- 36 months** waiting period for all Pre-existing Conditions declared and/or accepted at the time of application.

D. Reduction in waiting periods

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

- (a) any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the insurance regulator, OR
- (b) any other similar health insurance plan from Us,

Then:

- (a) The waiting periods specified in Section III C i), ii) and iii) of the Policy stand deleted; AND :
 - (b) The waiting periods specified in the Section III C i), ii) and iii) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - (c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued 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 and information.

E. General exclusions

We will not pay for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

Non Medical Exclusions

i) War or similar situations:

Treatment directly or indirectly arising from or consequent upon 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) Breach of law:

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) Dangerous acts (including sports):

An 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 in a professional or semi professional nature.

Medical Exclusions

iv) Substance abuse and de-addiction programs:

Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

v) Cosmetic, aesthetic and re-shaping treatments and surgeries:

- a. Treatment of obesity and any weight control program.
- b. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified

by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.

- c. Treatment for correction of eye due to refractive error
 - d. Circumcisions (unless necessitated by Illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
- vi) **Types of treatment, defined illnesses/ conditions/ supplies:**
- a. Non allopathic treatment.
 - b. Conditions for which Hospitalization is NOT required.
 - c. Experimental, investigational or unproven treatment devices and pharmacological regimens.
 - d. Measures primarily for diagnostic and evaluation purposes which are not consistent with or incidental to the diagnosis and treatment of Illness for which Hospitalization has been done. For example tests like EPS, Holter monitoring, sleep study, etc are not payable
 - e. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
 - f. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
 - g. 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.
 - h. 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.
 - i. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
 - j. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), sleep-apnoea.
 - k. Congenital internal or external diseases, defects or anomalies, genetic disorders.
 - l. Stem cell implantation or surgery, or growth hormone therapy.
 - m. 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.
 - n. 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 a claim under 1a) for In-patient Treatment only.
 - o. 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.
 - p. Expenses for organ donor screening, or save as and to the extent provided for in 1f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
 - q. 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 treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
 - r. Nasal concha resection.

vii) Unnecessary medical expenses:

- a. Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), 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.
- b. Vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

viii) Specified healthcare providers (Hospitals /Medical Practitioners)

- a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
- b. Referral fees.
- c. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- d. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by a prescription.
- e. 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.
- ix) Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.
- x) Any non medical expenses mentioned in Annexure II

Section IV. General Conditions

a. Conditions to be followed

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

b. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

c. Insured Person

Only those persons named as Insured Persons in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy. Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

d. Loadings

We may apply a risk loading on the premium payable (based on the

declarations made in the proposal form and the health status of the persons proposed for insurance) at the Commencement Date or on any renewal of the Policy with Us or on the receipt of a request for enhancing the Sum Insured. The maximum risk loading applicable for an individual will not exceed 100% per diagnosis / medical condition and an overall risk loading of 150% per individual.

We will send You the applicable risk loading in writing. You shall give Us Your consent and the additional premium (if any), within 15 days of the issuance of Our letter. If You neither accept Our letter nor revert to Us within 15 days, We will cancel Your application and refund the premium paid within the next 7 days.

e. Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA must be notified:
i)	Any treatment for which a claim may be made requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the start of the Insured Person's Hospitalisation.
ii)	Any treatment for which a claim may be made requires Hospitalisation in an Emergency:	Within 24 hours of the start of the Insured Person's Hospitalisation.

f. Cashless Service:

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	Notice period for the Insured Person to take advantage of the cashless service*: *Written notice must be accompanied by full particulars.
i)	Any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital	Immediately and in any event at least 48 hours prior to the start of the Insured Person's Hospitalisation.
ii)	Any treatment, consultation or procedure for which a claim may be made 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 of the start of the Insured Person's Hospitalisation.

g. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf will provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the either 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 with detailed breakup of charges(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) Original payment receipts
 - iv) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - v) Discharge Summary, with Date of admission and discharge, clinical history, past history, procedure details and details of treatment taken
 - vi) Invoice/Sticker of the Implants.
 - vii) A precise diagnosis of the treatment for which a claim is made.
 - viii) A detailed list of the individual medical services and treatments provided and a unit price for each.
 - ix) 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.
 - x) Obs history/ Antenatal card
 - xi) Previous treatment record along with reports, if any
 - xii) Indoor case papers
 - xiii) Treating doctors certificate regarding the duration & etiology
 - xiv) MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury
- h.** The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

i. Claims Payment

- i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of Your death, We will make payment to the Nominee (as named in the Schedule).
- iii) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- iv) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant regulation requires payment based on some other prescribed interest rate.

j. Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any

dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy will be void and all benefits paid under it will be forfeited.

k. Other Insurance

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause . This clause shall only apply to indemnity sections of the policy.

l. Subrogation

The Insured Person must do all acts and things that We may necessarily and reasonably require to enforce/ secure any civil / criminal rights and remedies or to obtain relief / indemnity from any other party because of making reimbursement under the Policy. This would be irrespective of whether such necessity has arisen before or after the reimbursement. These subrogation rights must NOT be prejudiced in any manner by the Insured Person. The Insured Person must provide Us with whatever assistance or cooperation is required to enforce such rights. We would deduct any amounts paid or payable and expenses of effecting recovery from any recovery that We make pursuant to this clause and pay the balance to You. This clause is only applicable to indemnity policies and benefits.

m. Endorsements

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

n. Renewal

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

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
- ii) Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
- iii) We will not apply any additional loading on your policy premium at renewal based on claim experience.

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

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is

available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

o. Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person's immediate family. Such change would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

p. Notices

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

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers, other person or entity is authorised to receive any notice on Our behalf unless explicitly stated in writing by Us.

q. Dispute Resolution Clause

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

r. Termination

- i) You may terminate this Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy

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

- ii) We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person after 30 days of giving You a notice and We would issue and send an endorsement in this regard at Your address shown in the Schedule without refund of any premium.

s. Free Look Period

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

Section V. Other Important Terms You should know

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

- Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external and visible mean.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- Def. 4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
 - (a) Internal Congenital Anomaly - which is not in the visible and accessible parts of the body
 - (b) External Congenital Anomaly - which is in the visible and accessible parts of the body
- Def. 7. **Contribution** Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- Def. 8. **Copayment** is a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claim amount. A copayment does not reduce the sum insured.
- Def. 9. **Day Care centre** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 10. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 11. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 12. **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. 13. **Hospital** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

- has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- Def. 14. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 In patient care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 15. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- a) Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b) A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely
 - it comes back or is likely to come back.
- Def. 16. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 17. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 18. **Insured Person** means You and the persons named in the Schedule.
- Def. 19. **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. 20. **Maternity expense** shall include:
- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b) expenses towards lawful medical termination of pregnancy during the policy period.
- Def. 21. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 22. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- a) Pre- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- b) Post- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization
- is admissible by the Insurance Company
- Def. 23. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 24. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 25. **Network** means all such hospitals, day care centers or other providers that the insurance company / TPA have mutually agreed with, to provide services like cashless access to policy holders.
- Def. 26. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- Def. 27. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 28. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 29. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- Def. 30. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure I, Annexure II and the Schedule (as the same may be amended from time to time).
- Def. 31. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 32. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 33. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 34. **Reasonable & Customary Charges** Reasonable charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved
- Def. 35. **Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses..
- Def. 36. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods
- Def. 37. **Subrogation** means the the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 38. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 39. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 40. **Unproven/Experimental treatment** means treatment including

drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

Def. 41. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

Def. 42. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section VI. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Your TPA through:

- Website : www.fhpl.net
- Email : info@fhpl.net
- Toll Free : 1800 - 425 - 4080
- Fax : +91-40-23541400
- Courier : Claims Department,
Family Health Plan Ltd,
Srinilaya - Cyber Spazio,
Suite No. 101, 102, 109 & 110,
Ground Floor, Road No. 2, Banjara Hills,
Hyderabad-500034

Section VII. Grievance Redressal Procedure

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

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

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

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

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

Ombudsman Offices

Jurisdiction	Office Address
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in
Orissa	Shri B. P. Parija (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	Shri Manik Sonawane (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in

Jurisdiction	Office Address
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: chennaiinsuranceombudsman@gmail.com
Delhi & Rajasthan	Shri Surendra Pal Singh (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email: iobdelraj@rediffmail.com
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D.C. Choudhury (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka- Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email: insombudhyd@gmail.com
Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Shri R. Jyothindranathan (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email: iokochi@asianetindia.com
West Bengal , Bihar, Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Ms. Manika Datta (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, KOLKATTA - 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com
Maharashtra , Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com

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

Annexure I: 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 under general / spinal anesthesia

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 under general /spinal anesthesia

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 under general /spinal anesthesia

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 under general /spinal anesthesia

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 under general /spinal anesthesia

Operations on the spermatic cord, epididymis and 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. Cystoscopic removal of stones

Other Operations

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

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

Annexure II:

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
1	HAIR REMOVAL CREAM CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LAUNDRY CHARGES	Not Payable
32	MINERAL WATER	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
33	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/ AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable

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83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTION	Not Payable - Part of Dressing charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable - Part of Dressing charges
89	COTTON BANDAGE	Not Payable - Part of Dressing charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable - Part of Room Charges
ADMINISTRATIVE OR NON-MEDICAL CHARGE		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable

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EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHIELD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE TABLET	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Please review your Optima Senior policy and familiarize yourself with the benefits available and the policy exclusions.

In order to provide you fast and efficient service, we request you to kindly make a note of the following points.

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

In case you need to avail inpatient hospitalisation services, you can go to any hospital* of your choice, i.e. a Hospital* in our network or a hospital* outside the network. The difference between the two is that with a network hospital you can use “Cashless Services”, whereas for a non network hospital, you will have to settle the bills and claim for reimbursement.

Hospitalisation in Non Network Hospitals	Hospitalisation in Network Hospitals
<p>Emergency Hospitalisation</p> <p>Step 1: Get admitted into the hospital</p> <p>Step 2: As soon as possible, inform the TPA about the hospitalisation</p> <p>Step 3: At the time of discharge, settle the hospital bills in full and collect all the bills, documents and reports</p> <p>Step 4: Lodge your claim with our TPA for processing and reimbursement</p> <p>Planned Hospitalisation</p> <p>Step 1: Inform the TPA about the planned hospitalisation 7 days prior to the admission</p> <p>Step 2: Get admitted into the hospital.</p> <p>Step 3: At the time of discharge, settle the hospital bills in full and collect all the bills, documents and reports.</p> <p>Step 4: Lodge your claim with our TPA for processing and reimbursement.</p>	<p>Emergency Hospitalisation</p> <p>Step 1: Get admitted into the hospital.</p> <p>Step 2: As soon as possible inform the TPA and coordinate with the hospital to have the details sent to the TPA for authorization for cashless service.</p> <p>Step 3: A) In cases of a very short stay at the hospital or if the authorisation for “Cashless Service” was not received from the TPA or if “Cashless Service” was denied by the TPA</p> <ol style="list-style-type: none"> i) At the time of discharge settle the hospital bills in full and collect all the bills documents and reports. ii) Lodge your claim with the TPA for processing and reimbursement. <p>OR</p> <p>B) If authorisation for “Cashless Service” from the TPA has been received at the time of discharge</p> <ol style="list-style-type: none"> a) Pay for those items that are not reimbursable under the Optima Senior policy including applicable copayment. b) Verify the bills and sign on all the bills and the authorisation letter. c) Leave the original discharge summary and other investigations reports with the hospital. Retain a Photo copy for your records. d) Sign the Claim Form. <p>Planned Hospitalisation</p> <p>Step 1: Please co ordinate with your doctor and the hospital and send in all the details of your planned hospitalisation including the plan of treatment, cost estimates etc. to our TPA. Also indicate the address or fax number to where the authorisation is to be sent along with the mobile no. to receive updates on your claims and authorisations This should be sent to the TPA at least 7 days prior to the admission</p> <p>Step 2: A) If authorisation for “Cashless Service” from the TPA has been received by you</p> <ul style="list-style-type: none"> • At the time of admission, hand in the authorisation letter and a photocopy of your ID card to the hospital. • At the time of discharge: <ol style="list-style-type: none"> a) Pay for those items that are not reimbursable under the Optima Senior policy including applicable copayment. b) Verify the bills and sign on all the bills c) Leave the original discharge summary and other investigations reports with the hospital. Retain a Photo copy for your records d) Sign the Claim Form <p>OR</p> <p>B) In case “Cashless Service” was denied by the TPA</p> <ul style="list-style-type: none"> • At the time of discharge settle the hospital bills in full and collect all the bills documents and reports and Payment Receipt. • If you wish, lodge your claim with our TPA for processing and reimbursement.

*Hospital means any institution in India established for In-patient care and day care treatment of sickness and/or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all

minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Intimation & Assistance	Procedure for Reimbursement of Medical Expenses	Procedure to avail Cashless facility
<p>Please contact our designated TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.</p> <p>Our TPA can be contacted through:</p> <ul style="list-style-type: none"> - 24 x 7 Toll free: 1800 - 425 - 4080 - E-mail at: info@fhpl.net - Fax at: 040-23541400 <p>Post/ Courier to: Claims Department, Family Health Plan(TPA) Ltd., Srinilaya – Cyber Spazio, Suite # 101,102,109 & 110, Ground Floor, Road No. 2, Banjara Hills, Hyderabad-500 034</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p>	<ul style="list-style-type: none"> • Please send the duly signed claim form and all the information/documents mentioned* therein to your designated TPA within 15 days of the completion of the treatment. * Please refer to claim form for complete documentation. • If there is any deficiency in the documents/ information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, your designated TPA will send the cheque for the admissible amount, along with a settlement statement within 30 days. • The cheque will be sent in the name of the proposer. <p>Note: Payment will only be made for items covered under your policy and upto the limits therein.</p>	<ul style="list-style-type: none"> • For any emergency hospitalisation, your designated TPA must be informed no later than 24 hours of the start of the Insured Person's hospitalization. • For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the start of the Insured Person's hospitalization. • TPA will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents. • Please pay the non-medical and expenses not covered to the hospital prior to the discharge. • In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours. <p>Note:</p> <ul style="list-style-type: none"> • Insured person is entitled for cashless only in our empanelled hospitals. • Please refer to the list of empanelled hospitals on our website Or the list provided in the guidebook or welcome kit. • Rejection of cashless in no way indicates rejection of the claim.

Claim Procedure for E-opinion

Intimation & Assistance	Claims Procedure
<p>Please contact Your designated TPA within 14 days of diagnosis of first occurrence of Critical Illness.</p> <p>Our TPA can be contacted through:</p> <ul style="list-style-type: none"> - 24 x 7 Toll free: 1800 - 425 - 4080 - E-mail at: info@fhpl.net - Fax at: 040-23541400 <p>Post/ Courier to: Claims Department, Family Health Plan(TPA) Ltd., Srinilaya – Cyber Spazio, Suite # 101,102,109 & 110, Ground Floor, Road No. 2, Banjara Hills, Hyderabad-500 034</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p>	<p>E-opinion</p> <ul style="list-style-type: none"> • Please submit duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) at any of TPA Branch Office. • You need to select Our Panel Doctor from whom You would prefer to take the e-opinion. (Please refer Our Website or call at 24X 7 Toll Free line to obtain the list of Our Panel Doctors) • On receipt of the complete set of documents TPA will forward the same to the concerned doctor. • The E-Opinion will be forwarded to the member within 7 working days of the receipt of the complete set of documents.

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

We would be happy to assist you. For any help contact us at:

E-mail : customerservice@apollomunichinsurance.com

Toll Free : 1800-102-0333

www.apollomunichinsurance.com