

Suitability:

- a) This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for Adult Dependent is 18 years and Maximum entry age is 65 years.
- b) Children between 91 days and 5 years can be insured provided either parent is getting insured under this Policy.
- c) There is no maximum cover ceasing age on renewals.
- d) The policy will be issued for a period of 1 or 2 year(s) period, the sum insured & benefits will applicable on Policy Year basis.
- e) This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an Individual or Family floater basis.
- f) The policy offers option of covering on individual sum insured basis and on family floater basis.
- g) In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, Father, Father in law, Mother or Mother in law.
- h) The family includes following relationships spouse, dependent children and dependent parents/ dependent parents in laws.
- i) In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father, Father in law, Mother or Mother in law.
- j) In a family floater the age of the eldest member will be considered while computing premium for the family.
- k) The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the primary insured member. Incase where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of Dependent Parents must be the same.

Note:

- I. Dependents means only the family members listed below:
 - i. Your legally married spouse as long as she continues to be married to You;
 - ii. Your children Aged between 91 days and 25 years if they are unmarried
 - iii. Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Optima Restore Policy.
 - iv. Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Optima Restore Policy.
 - v. All Dependent parents must be financially dependent on You.

Dependent Child means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Salient Features & Benefits:

	We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for:
1	a. In-Patient Treatment 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.	<ol style="list-style-type: none"> 1. Prosthetics and other devices NOT implanted internally by surgery 2. Hospitalisation for evaluation, Investigation only For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc are not payable. 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.
	<ol style="list-style-type: none"> b. Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto 60 days before Hospitalisation, c. Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 180 days after discharge from Hospitalisation. 	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment Benefit and Daycare Procedure Benefit 2. Any conditions which are NOT the same as the condition for which Hospitalisation was required. 3. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place
	d. Day Care Procedures Medical treatment, and/or surgical procedure which is undertaken under General or Local Anesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement, which would have otherwise required a Hospitalisation of more than 24 hours, Treatment normally taken on an Out-patient basis is not included in the scope of this definition.	<ol style="list-style-type: none"> 1. Any Out-Patient Treatment or any other treatment that could have been undertaken in an out-patient department. 2. Treatment at a healthcare facility which is NOT a Hospital

	<p>e. Domiciliary Treatment Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ol style="list-style-type: none"> 1. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or, 2. The Patient takes treatment at home on account of non availability of room in a Hospital. 	<ol style="list-style-type: none"> 1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable only if treatment period is greater than 3 days) 2. Post-Hospitalisation expenses 3. The following medical conditions: <ol style="list-style-type: none"> 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
	<p>f. Organ Donor: Medical treatment of the organ donor for harvesting the organ.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment benefit 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
	<p>g. Ambulance Cover: Expenses incurred on an ambulance , subject to lower of actual expenses or Rs. 2000 per Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment Benefit and Daycare Procedure Benefit 2. 3. NON registered healthcare or ambulance service provider ambulances..
	<p>h. Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of Benefits if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p>	<ol style="list-style-type: none"> 1. Daily Cash Benefit for days of admission and discharge 2. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 3. Claims which have NOT been admitted under Inpatient Treatment Benefit
	<p>i. E-Opinion in respect of a Critical Illness 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</p> <p>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.</p> <p>"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.</p>	<ol style="list-style-type: none"> 1. More than one claim for this benefit in a Policy Year. 2. 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. Restore Benefit

<p>2</p>	<p>If the Basic Sum Insured and multiplier benefit (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Basic Sum Insured) will be automatically available for the particular policy year, provided that:</p> <ol style="list-style-type: none"> a. The Restore Sum Insured will be enforceable only after the Basic Sum Insured inclusive of the Multiplier Bonus have been completely exhausted in that year; and 	<ol style="list-style-type: none"> 1. Illness/disease for which a claim has been paid in the current policy year under Inpatient Treatment Section
----------	---	---

<p>b. The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Treatment Section;</p> <p>c. The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year under Inpatient Treatment Section;</p> <p>d. No Multiplier Bonus under Multiplier Benefit will apply to the Restore Sum Insured;</p> <p>e. The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year;</p> <p>f. If the Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.</p> <p>Incase Family Floater policy, Restore Sum Insured will be available for all Insured Persons in the Policy.</p>	
---	--

Please note the below example to understand the working of the “Restore Benefit”

For policy period 1st Jan 2014 to 31st Dec 2014

Details		Case A	Case B	Case C	Case D
Sum Insured at beginning of policy year (Rs)		3,00,000	3,00,000	3,00,000	3,00,000
Multiplier benefit (if any, please refer to section on “Renewal incentives”)		None	None	3,00,000	3,00,000
Total eligible Sum Insured limit applicable for the year		3,00,000	3,00,000	6,00,000	6,00,000
Event 1:	Individual undergoes a inpatient hospitalisation on 1st June 2014				
	Eligible claim amount (Rs)	2,00,000	3,00,000	3,00,000	6,00,000
	Restore benefit triggered	No	Yes	No	Yes
	Additional Restore Sum Insured triggered (Rs)	N.A	3,00,000	N.A	3,00,000
Sum Insured applicable for the remainder of the policy year (Rs) i.e. 2nd June 2014 to 31st Dec 2014		1,00,000	3,00,000	3,00,000 (Existing Multiplier benefit)	3,00,000
Sum Insured at renewal in the next policy year (Rs.)		3,00,000	3,00,000	3,00,000 (Multiplier benefit will reduce by 50% of basic Sum Insured due to claim made in previous year)	3,00,000

Basic Sum Insured: Rs. 3Lacs; 5 Lacs; 10 Lacs; 15 Lacs; 20 Lacs; 25 Lacs; 50 Lacs on individual as well as on family floater basis.

Policy Period:

- The policy will be issued for 1 year and 2 years period, the sum insured & benefits will be applicable on Policy Year basis.

Payment Facility :

- Online
- Cheque/ Cash/ Credit Card Payment
- Electronic Clearing System

Renewal Incentives :

Multiplier Benefit:

- If no claim has been made in respect of Inpatient Benefits under this Policy and the Policy is renewed with Us without any break, We will apply a bonus to the

next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 50% of the Basic Sum Insured for this Policy Year. The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.

- ii. In Family Floater policy,
 - a) The multiplier benefit shall be available on floater basis and accrue only if no claims have been made in respect of any Insured Person during the expiring Policy Year.
 - b) Accrued Multiplier benefit is available to all insured persons under the policy
- iii. If a Multiplier benefit has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We will automatically decrease the accrued multiplier benefit at the same rate at which it is accrued. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy, and only the accrued multiplier bonus will be decreased.
- iv. If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the multiplier bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the multiplier bonus to be carried forward for credit in the Policy would be the least multiplier bonus amongst all the Insured Persons.
- v. Portability benefit will be offered to the extent of sum of previous sum insured and accrued multiplier bonus, portability benefit shall not apply to any other additional increased Sum Insured.
- vi. In policies with a two year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each policy year.

• **Health checkup**

This benefit is effective only if mentioned in the Schedule of Benefits.

- a) If You have maintained an Optima Restore Policy with Us for the period of time mentioned in the Schedule of Benefits without any break, then at the end of each block of continuous years (as mentioned in the Schedule of benefits) We will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a medical check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

Plan	Sum Insured- 20,25,50 Lacs
Optima Restore Individual	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, only once at the end of a block of every continuous two policy years
Optima Restore Family	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 10,000 per policy, only once at the end of a block of every continuous two policy years

- b) In case of family floater policy, if any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family.

Portability:

If you are insured continuously and without interruption under a health insurance plan issued by an Indian non life insurer and you want to shift to us on renewal, Optima Restore policy offers you transfer of accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances coverage, then the portability benefits will be offered only in respect to the previous sum insured.

The application for portability should be received by Us atleast 45 days before the policy renewal date of the existing policy.

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 canceling the Policy stating the reasons for cancellation and You shall 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 shall 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.

Exclusions :

A. Waiting Period

All illnesses and treatments shall be covered subject to the waiting periods specified below:

- i) We are not liable for any claim arising due to treatment and admission within 30 days from policy Commencement Date except claims arising due to an accident
- ii) A waiting period of 24 months from policy Commencement Date shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below. Additionally the said 24 months waiting period shall be applicable to all surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer.

SI No	Organ / Organ System	Illness	Surgeries
a	ENT	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Nasal concha resection
c	Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> • Surgery for prolapsed inter vertebral disk • Joint replacement surgeries

SI No	Organ / Organ System	Illness	Surgeries
c	Orthopaedic	<ul style="list-style-type: none"> Non infective arthritis Gout and Rheumatism Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> Surgery for prolapsed inter vertebral disk Joint replacement surgeries
d	Gastrointestinal	<ul style="list-style-type: none"> Calculus diseases of gall bladder including Cholecystitis Pancreatitis Fissure/fistula in anus, hemorrhoids, pilonidal sinus Ulcer and erosion of stomach and duodenum Gastro Esophageal Reflux Disorder (GERD) All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded) <ul style="list-style-type: none"> Perineal Abscesses Perianal Abscesses 	<ul style="list-style-type: none"> Cholecystectomy Surgery of hernia
e	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"> Surgery on prostate Surgery for Hydrocele/Rectocele
f	Eye	<ul style="list-style-type: none"> Cataract 	<ul style="list-style-type: none"> NIL
g	Others	<ul style="list-style-type: none"> NIL 	<ul style="list-style-type: none"> Surgery of varicose veins and varicose ulcers
h	General (Applicable to all organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> NIL

iii) 36 months waiting period from policy Commencement Date for all Pre-existing Conditions declared and/or accepted at the time of application.

PI Note:

Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

B. Reduction in waiting periods

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
- any health insurance plan with an Indian non life insurer as per guidelines on portability , OR
 - any other similar health insurance plan from Us,

Then:

- The waiting periods specified above stand deleted; AND:
 - The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - 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:
- 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);
 - 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.
 - We will retain the right to underwrite the proposal.
 - We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

C. 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

- 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.
- 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) Treatment of obesity and any weight control program.

vi) Treatment for correction of eye sight due to refractive error

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

- a. 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.
- b. 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.

viii) Types of treatment, defined illnesses/ conditions/ supplies:

- a. Non allopathic treatment.
- b. Conditions for which treatment could have been done on an out-patient basis without any Hospitalisation.
- c. Experimental, investigational or unproven treatment devices and pharmacological regimens.
- d. Admission primarily for diagnostic purposes not related to illness for which Hospitalization has been done.
- 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. Admission for 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 Therapy or surgery, or growth hormone therapy.
- m. Venereal disease, sexually transmitted disease or illness;
- n. "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.
- o. 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 inpatient treatment for In-patient Treatment only.
- p. Treatment for sterility, infertility, sub-fertility or other related conditions and complications arising out of the same. Assisted conception, surrogate or vicarious pregnancy, birth control, and similar procedures including complications arising out of the same.
- q. Expenses for organ donor screening, or save as and to the extent provided for in Organ Donor Benefit, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- r. 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.
- s. Dental treatment and surgery of any kind, unless requiring Hospitalisation.

ix) 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.

x) 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. 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.

- c. 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.
 - d. 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.
- xi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.
- xii) Any non medical expenses mentioned in Annexure I of policy wordings
- xiii) The costs of any procedure or treatment by any person or institution that We have told You (in writing) is not to be used at the time of renewal or at any specific time during the policy period.

Claim Procedure:

Apollo Munich Health Insurance Company Limited will process all claims under this policy.

Intimation & Assistance - Please contact Apollo Munich atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact Apollo Munich within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses

- Apollo Munich must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to Apollo Munich 15 days of the occurrence of the Incident. 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.

* Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, Apollo Munich will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, Apollo Munich will send admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the Policyholder.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, Apollo Munich must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Apollo Munich atleast 48 hours prior to the hospitalization.
- Apollo Munich will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim

Terms of Renewal:

- We offer life-long renewal unless the Insured Person or any one acting 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 Policy poses a moral hazard then the Policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be), or We may modify the Policy In case a claim is made under such Policy, it shall be rejected/repudiated and all benefits payable under such Policy shall be forfeited with respect to such claim.
- **Grace Period** - Grace Period of 30 days for renewing the policy is provided under this policy.
- **Maximum Age** - There is no maximum cover ceasing age on renewal in this policy.
- **Waiting Period** - The waiting periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Optima Restore policy.
- Renewal premium are subject to change with prior approval from IRDA. Any change in benefits 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 atleast 3 months in advance.
- In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person 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 Multiplier Benefit, waiver of waiting period etc. provided the policy has been maintained without a break.
- **Basic Sum Insured Enhancement** - Basic sum insured can be enhanced only at the time of renewal subject to the underwriting norms and acceptability criteria of the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case may be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

- 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 Multiplier Benefit, waiver of waiting period etc. provided the policy has been maintained without a break.

Tax Benefit:

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Requirement:

Completed proposal form

Pre- Policy Check-up:

Pre-Policy Check-up at our network may be required based upon the age and basic sum insured. We will reimburse 100% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

Discounts:

- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.
- Family Discount of 10% if 2 or more family members are covered under Optima Restore Individual Sum Insured Plan.

Loadings

- 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 enhancement in sum insured (for the enhanced Sum Insured).

For Example: Consider a male aged 35 who is undergoing treatment for hypertension.

Age	Hypertension	Treatment	Systolic	Diastolic	loading
35	Yes	Yes	110-145	70-95	10%
35	Yes	Yes	146-160	70-95	20%
35	Yes	Yes	110-140	96-105	20%
35	Yes	Yes	>160	Any	Reject
35	Yes	Yes	Any	>105	Reject

Please note that this example is for enumerative purposes only, the decisions may vary based on age, co morbidities etc.

- We will inform You about the applicable risk loading or exclusion or both as the case may be through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7 days, We shall cancel Your application and refund the premium paid within next 7 days.
- The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 3 A i),ii) & iii) of the policy wordings or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable
- Please note that We will issue Policy only after getting Your consent and additional premium, if any.
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- Please visit our nearest branch to refer our underwriting guidelines, if required.

Termination (other than Free Look Period):

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

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

- We shall terminate this Policy for the reasons as specified under aforesaid section Non Disclosure or Misrepresentation & section Dishonest or Fraudulent Claims of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

Renewability

- There shall be no cover ceasing age on renewal.

Schedule of Benefits

Optima Restore Individual

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00, 5.00, 10.00, 15.00	20.00,25.00,50.00
1a) In-patient Treatment	Covered	Covered
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered	Covered
1e) Domiciliary Treatment	Covered	Covered
1f) Organ Donor	Covered	Covered
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
3) Health Checkup	Not Covered	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, only once at the end of a block of every continuous two policy years
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Optima Restore Family

Basic Sum Insured per Policy per Policy Year (Rs. in Lakh)	3.00, 5.00, 10.00	15.00, 20.00,25.00,50.00
1a) In-patient Treatment	Covered	Covered
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered	Covered
1e) Domiciliary Treatment	Covered	Covered
1f) Organ Donor	Covered	Covered
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
3) Health Checkup	Not covered	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 10,000 per policy, only once at the end of a block of every continuous two policy years.
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Premium rates:

- The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater coverage the premium will be considered on the completed age of the eldest insured member.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- Premium rates are subject to change with prior approval from IRDA.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.

PI Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

Gross Premium Tables (Exclusive of Taxes)

Individual Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A	1A	1A	1A	1A	1A	1A
0-17	4,285	5,436	6,267	7,511	9,056	9,828	12,636
18-35	5,119	6,495	8,650	10,368	12,500	13,566	17,442
36-45	5,793	7,350	9,984	11,967	14,427	15,658	20,131
46-50	8,474	10,751	14,855	17,805	21,466	23,296	29,952
51-55	10,714	13,594	19,030	22,809	27,499	29,844	38,370
56-60	13,832	17,549	24,955	29,911	36,061	39,136	50,318
61-65	19,208	24,370	35,201	42,192	50,867	55,204	70,977
66-70	26,504	33,627	48,920	58,636	70,692	76,721	98,641
71-75	32,020	40,625	59,689	71,544	86,254	93,609	120,354
76-80	38,424	48,750	72,419	86,802	104,649	113,572	146,021
> 80	44,187	56,063	84,988	101,867	122,812	133,284	171,366

Family Floater Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C
18-35	6,604	8,378	10,822	12,971	15,638	16,971	21,820
36-45	7,158	9,081	11,980	14,359	17,312	18,788	24,156
46-50	9,959	12,635	17,026	20,407	24,603	26,701	34,330
51-55	12,319	15,630	21,376	25,622	30,890	33,524	43,102
56-60	15,467	19,623	27,346	32,777	39,516	42,886	55,139
61-65	20,843	26,444	37,591	45,057	54,321	58,953	75,797
66-70	28,139	35,701	51,311	61,502	74,147	80,470	103,461
71-75	33,655	42,699	62,080	74,410	89,709	97,358	125,175
76-80	40,058	50,824	74,810	89,667	108,103	117,321	150,842
> 80	45,822	58,137	87,379	104,733	126,267	137,034	176,186

Family Floater Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C
18-35	8,513	10,800	13,613	16,317	19,672	21,350	27,449
36-45	8,912	11,308	14,546	17,435	21,020	22,812	29,330
46-50	11,868	15,057	19,818	23,754	28,638	31,080	39,959
51-55	14,382	18,247	24,394	29,239	35,250	38,256	49,186
56-60	17,568	22,290	30,420	36,461	43,958	47,706	61,337
61-65	22,945	29,111	40,665	48,741	58,763	63,774	81,995
66-70	30,240	38,368	54,385	65,186	78,589	85,290	109,659
71-75	35,756	45,366	65,154	78,094	94,150	102,179	131,373
76-80	42,160	53,491	77,883	93,351	112,545	122,142	157,040
> 80	47,924	60,803	90,453	108,417	130,709	141,854	182,384

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C
18-35	9,573	12,146	15,164	18,176	21,913	23,782	30,577
36-45	9,887	12,544	15,972	19,144	23,080	25,048	32,205
46-50	12,928	16,403	21,369	25,613	30,879	33,512	43,087
51-55	15,528	19,702	26,070	31,248	37,673	40,885	52,566
56-60	18,736	23,771	32,127	38,508	46,426	50,384	64,780
61-65	24,112	30,592	42,373	50,788	61,231	66,452	85,438
66-70	31,408	39,849	56,093	67,233	81,057	87,968	113,102
71-75	36,924	46,847	66,861	80,141	96,618	104,857	134,816
76-80	43,328	54,972	79,591	95,398	115,013	124,820	160,483
> 80	49,091	62,285	92,160	110,464	133,176	144,532	185,827

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A	2A	2A	2A	2A	2A	2A
18-35	7,167	9,093	12,110	14,516	17,500	18,992	24,419
36-45	8,555	10,854	14,709	17,631	21,256	23,068	29,659
46-50	12,171	15,441	21,304	25,535	30,785	33,410	42,956
51-55	15,343	19,467	27,197	32,598	39,300	42,651	54,838
56-60	19,567	24,825	35,194	42,184	50,857	55,193	70,963
61-65	26,350	33,432	48,110	57,665	69,522	75,450	97,007
66-70	36,300	46,056	66,868	80,149	96,628	104,867	134,830
71-75	45,094	57,213	83,854	100,508	121,174	131,506	169,080
76-80	54,523	69,175	102,460	122,809	148,059	160,684	206,594
> 80	63,335	80,357	121,182	145,249	175,113	190,045	244,344

Family Floater Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C
18-35	8,651	10,976	14,282	17,118	20,638	22,398	28,797
36-45	9,920	12,585	16,705	20,023	24,140	26,198	33,683
46-50	13,655	17,325	23,475	28,138	33,923	36,816	47,335
51-55	16,948	21,503	29,543	35,411	42,692	46,332	59,570
56-60	21,201	26,899	37,585	45,049	54,312	58,943	75,784
61-65	27,985	35,506	50,501	60,531	72,976	79,199	101,827
66-70	37,935	48,130	69,259	83,014	100,083	108,617	139,650
71-75	46,729	59,287	86,245	103,374	124,628	135,256	173,900
76-80	56,157	71,249	104,850	125,674	151,514	164,433	211,414
> 80	64,970	82,431	123,572	148,115	178,568	193,795	249,165

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C
18-35	10,560	13,398	17,074	20,465	24,672	26,776	34,426
36-45	11,674	14,812	19,271	23,099	27,848	30,223	38,858
46-50	15,564	19,747	26,267	31,484	37,957	41,194	52,964
51-55	19,011	24,120	32,561	39,027	47,052	51,064	65,654
56-60	23,303	29,566	40,658	48,733	58,753	63,763	81,981
61-65	30,086	38,172	53,575	64,215	77,418	84,019	108,025
66-70	40,037	50,796	72,333	86,698	104,524	113,437	145,848
71-75	48,830	61,953	89,319	107,058	129,070	140,076	180,098
76-80	58,259	73,916	107,924	129,358	155,955	169,254	217,612
> 80	67,072	85,097	126,646	151,799	183,010	198,615	255,362

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C
18-35	12,893	16,358	20,486	24,554	29,603	32,127	41,306
36-45	13,819	17,533	22,408	26,858	32,380	35,142	45,182
46-50	17,897	22,707	29,679	35,574	42,888	46,545	59,844
51-55	21,533	27,320	36,249	43,448	52,381	56,848	73,090
56-60	25,872	32,825	44,415	53,236	64,182	69,655	89,556
61-65	32,655	41,431	57,332	68,718	82,847	89,911	115,600
66-70	42,605	54,056	76,090	91,201	109,953	119,329	153,423
71-75	51,399	65,213	93,076	111,561	134,499	145,968	187,673
76-80	60,828	77,175	111,681	133,861	161,384	175,146	225,187
> 80	69,640	88,356	130,403	156,302	188,439	204,507	262,937

Addl. Child	1,950	2,474	2,851	3,418	4,120	4,472	5,749
--------------------	-------	-------	-------	-------	-------	-------	-------

- **2 Year Premium Calculation**

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance

Example

1. Proposed Insured Age 33 years opting for Base plan 2 year policy with Sum Insured of Rs 5 Lac.
Calculation = $6495 \times 2 \times 92.5\%$ = Rs. 12,015.75
2. Proposed Insured Age 35 years opting for Base plan 2 year policy with Sum Insured of Rs 5 Lac.
Calculation = $(6495 + 7350) \times 92.5\%$ = Rs. 12,806.63

Section 41 of Insurance Act1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Disclaimer

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

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	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
30	FOOT COVER	Not Payable
31	GOWN	Not Payable
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUZE 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/ SUB-FERTILITY/ 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

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
82	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
83	X-RAY FILM	Payable under Radiology Charges, not as consumable
84	SPUTUM CUP	Payable under Investigation Charges, not as consumable
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	MICROPOROUS/ 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

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable - Part of Room Charges
ADMINISTRATIVE OR NON-MEDICAL 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

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHIELD	Not Payable

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

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

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