I. 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 year period, the sum insured & benefits will applicable on Policy Year basis.

e) This policy can be issued to an individual and/or family. The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.

f) The policy offers option of covering on individual sum insured basis and on family floater basis.

g) A maximum of 6 members can be added in a single policy, whether on an Individual or Family floater basis.

h) 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.

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) In a individual policy 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:

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 Health Wallet 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 Health Wallet Policy.

v. All Dependent parents must be financially dependent on You.

vi. An insured person who is covered as child dependent in the policy will be offered a separate individual policy at renewal with all continuity benefits on completion of 25 years.

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.

II. In-patient Benefits

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.

Reserve Benefit Sum Insured: Rs. 5000; 10,000; 15,000; 20,000; 25,000 on individual and Family floater Sum Insured basis.

Optional Deductible: 2 Lac; 3Lacs; 5 Lacs & *10 Lacs (*10 Lacs deductible available for SI of 20 lacs and above)

Basic sum insured, Reserve Benefit & Optional Deductible would be available for selection in following plan options

Reserve Benefit Sum Insured	Plan / Base Sum Insured	300,000	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000
	Zero Deductible	5,000	5,000	10,000	10,000	15,000	20,000	25,000
	2 Lakh Deductible	5,000	5,000	10,000	10,000	15,000	20,000	25,000
	3 Lakh Deductible	NA	5,000	5,000	10,000	10,000	15,000	15,000
	5 Lakh Deductible	NA	NA	5,000	10,000	10,000	15,000	15,000
	10 Lakh Deductible	NA	NA	NA	NA	10,000	15,000	15,000

This section of benefits is applicable when

- An insured suffers an Accident or Illness, which is covered under this Policy
- Hospitalisation is necessary & is done for treatment OR
- Day care treatment is necessary and is done OR
- Domiciliary treatment is necessary and is done

IMPORTANT: Claims made under these benefits will impact eligibility for Multiplier Benefit.

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We will cover the Medical Expenses for:		In addition to the waiting periods and general exclusions, we will also not cover expenses
1.	a. In-Patient Treatment. This includes • Hospital room rent or boarding; • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures.	If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long: • Medical text books, • Standard treatment guidelines as stated in clinical establishment act of Government of India, • World Health Organisation (WHO) protocols, • Published guidelines by healthcare providers, • Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
	b. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the hospital (In-patient or Day Care).	1. Claims which have NOT been admitted under In-patient Treatment and Day Care Procedures. 2. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
	c. Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 90 days after discharge from the Hospital.	1. Claims which have NOT been admitted under In-patient Treatment and Day Care Procedures. 2. 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 or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/ Day Care Centre for stay less than 24 hours. Treatment normally taken on out-patient basis is not included in the scope of this definition. Indicative list of Day Care Procedures • Cancer Chemotherapy • Liver biopsy • Coronary angiography • Haemodialysis • Operation of cataract • Nasal sinus aspiration	i) Treatment that can be and is usually taken on an out-patient basis is not covered. ii) Treatment NOT taken at a Hospital.
	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: 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.	1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than three days). 2. Post-Hospitalisation expenses.
	f. Organ Donor: Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. **IMPORTANT**: Expenses incurred by an insured person while donating an organ is NOT covered.	1. Claims which have NOT been admitted under 1a) for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
	g. Ambulance Cover Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to Rs. 2000 per Hospitalisation.	1. Claims which have NOT been admitted under Section 1a) and Section 1d). 2. Healthcare or ambulance service provider not registered with road traffic authority.
	h. Ayush Treatment Expenses incurred on treatment taken under Ayurveda, Unani, Sidha and Homeopathy in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health or any other suitable institutions. **IMPORTANT**: This benefit is not applicable if optional Deductible is chosen.	1. Claims which have NOT been admitted under In-patient Treatment. 2. Hospitalisation for evaluation, investigation only 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.

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	i. Recovery Benefit If the Insured Person was Hospitalised beyond 10 continuous days, a lumpsum amount, as mentioned in Schedule of Benefits, will be payable. **IMPORTANT:** 1. This benefit is payable only once per Illness/Accident per Policy Year. 2. This benefit is not applicable if optional Deductible is chosen	Claims which have NOT been admitted under In-patient Treatment.
	j. Worldwide Emergency Care Expense on treatment of illness or conditions first manifested during the Policy Period while travelling overseas, provided • Hospitalisation or Day Care Procedure was necessary and was done. • up to limits specified in the Schedule of benefits. • Condition has been certified as an Emergency by a Medical Practitioner, where such treatment cannot be postponed until the Insured Person has returned to India. **IMPORTANT:** a. For the purpose of this benefit, Hospital means "Any institution established for In-patient treatment and Day Care Treatment of injury or illness and which has been registered as a Hospital or a clinic as per law rules and/or regulation applicable for the country where the treatment is taken. " b. Any payment will only be on reimbursement basis; c. The payment of any claim under this benefit will be based on the rate of exchange as on the date of invoice from the Hospital. The rate published by Reserve Bank of India (RBI) shall be used for conversion of foreign currency into Indian rupees for payment of claim. Where on the date of invoice, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion; d. Our overall liability will be limited to a maximum of Rs.20 lacs; subject to Policy Sum Insured; e. General Condition 8 b) does not apply to this benefit.	
Restore Benefits.		
2.	If the Basic Sum Insured and Multiplier Benefit (if any) is exhausted due to claims made and paid 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: a) The Restore Sum Insured will be enforceable only after the Basic Sum Insured inclusive of the Multiplier Bonus under Section 4 have been completely exhausted in that year; and b) The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1; c) The Restore Sum Insured can be used for only future claims made by the Insured Person d) No Multiplier Bonus under Section 4 will apply to the Restore Sum Insured; e) The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year; f) If the Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year. Incase Family Floater Policy, Restore Sum Insured will be available for all Insured Persons in the Policy.	Illness/Disease for which a claim has already been paid to the Insured Person in the current Policy Year under Section 1. **IMPORTANT:** In a Family Floater the Illness or disease will be covered in case a claim is made by any other Insured Person other than the Insured Person who has already claimed for that Illness or disease.

III. Preventive Health Check-up

At each renewal, We will reimburse expenses incurred on preventive health check-up by an Insured Person upto the amount mentioned in the table below. This benefit is available ONLY to those Insured Persons who were insured in the previous Policy Year.

IMPORTANT: This benefit does NOT carry forward if it is not claimed and would not be provided if Health Wallet Policy is not renewed further.

Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Reserve e Benefit* Sum Insured (Rs)	Plan	5000	10000	15000	20000	25000
For Non Deductible plans	Individual	Not Offered	Upto Rs 1500, per individual	Upto Rs 2500, per individual	Upto Rs 3000, per individual	Upto Rs 3500, per individual
	Family Floater	Not Offered	Upto Rs 3000, per policy	Upto Rs 5000, per policy	Upto Rs 6000, per policy	Upto Rs 7000, per policy
For Deductible plans	Individual	Not Offered	Upto Rs 1000, per individual	Upto Rs 2000 per individual	Upto Rs 2500 per individual	Upto Rs 3000 per individual
	Family Floater	Not Offered	Upto Rs 2000, per policy	Upto Rs 4000, per policy	Upto Rs 5000, per policy	Upto Rs 6000 per policy

IV. Reserve Benefit

Sum Insured: Rs. 5000; 10,000; 15,000; 20,000; 25,000 on individual and Family floater Sum Insured basis.

Any claims made under this benefit will not be subject to In-patient Benefit Sum Insured and will not impact eligibility for a Multiplier Benefit. Sum Insured limit will apply on Individual basis in case of individual Sum Insured policy and on Family Floater basis in case of Family Floater Policy. Exclusions mentioned in Section 7 c v) to xv) will not apply to this benefit.

- We will apply a 6% bonus on the un-utilized Reserve Benefit Sum Insured available at the end of the Policy Year irrespective whether claim is made on the expiring policy. This un-utilized Reserve Benefit Sum Insured plus the bonus amount will be carried forward to the next Policy Year.
- At each renewal the 6% bonus will be applied on the balance Reserve Benefit Sum Insured, irrespective of any change in the Basic Sum Insured or Reserve Benefit Sum Insured opted.
- The Sum Insured shown in the policy schedule will be the maximum amount that can be claimed during any given Policy Year. The available Reserve Benefit in the current Policy Year will be total of un-utilized Reserve Benefit sum insured plus bonus amount and the Reserve Benefit Sum Insured of the current Policy Year.
- Bonus on the Reserve Benefit shall not accrue if the Policy is not renewed with Us within the Grace Period.
- The mentioned bonus percentage would be reviewed annually. Change if any, to the bonus percentage shall be done post seeking prior approval from the Insurance Regulatory and Development Authority of India (IRDAI).
- The claims incurred under Reserve Benefit during a Policy Year if claimed in the subsequent Policy Year(s) would be accounted in the Policy Year in which the claim amount was incurred. In such cases the Reserve Benefit Sum Insured would be suitably adjusted at the time of renewal.

An illustration of the working of the Reserve Benefit
Consider an individual who has chosen a Reserve Benefit Sum Insured of Rs. 5000 at inception of the policy.

Policy Year	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	Reserve Benefit Sum Insured Opted (Rs)	Bonus for previous Year announced on or before March 31st of the next year	Reserve Benefit Sum Insured eligible for bonus for the year (Rs) C = F (previous year) – E +A	Bonus amount (Rs) D=BXC	Amount claimed from Reserve Benefit Sum Insured during the year (Rs)	Reserve Benefit Sum Insured with Bonus amount by end of the year (Rs) F = C +D	Reserve Benefit Sum Insured available for utilization/ withdrawal (Rs) G = F +A
Year 1	5000	6%	5000	300	NA	5300	5000
Year 2	5000	6%	10300	618	0	10918	10300
Year 3	5000	6%	15918	955.08	0	16873.08	15918
Year 4	5000	6%	21873.08	1312.385	500	22685.46	21873.08
Year 5	5000	6%	27685.46	1661.128	0	29346.59	27685.46

At each subsequent renewal We will inform You of the amount available for Reserve Benefit in your policy schedule..

This benefit covers

i. Out-patient expenses. This includes
   - Diagnostic Tests
   - Vaccinations
   - Pharmacy
   - Consultations with a Medical Practioner , Physiotherapist ,Dietician, Speech therapist, Psychologist
   - Dental expenses

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- Spectacles, contact lenses,
- Hearing aids
- Medical devices like C-PAP, Bi-PAP, Blood Pressure monitors, Blood sugar monitors and supplies, Heart rate monitors, Portable ECG's, Pulse Oxymeters, Prosthetics etc.
- Special health foods and supplements (food for diabetics/hypertensives and special health conditions, proteins and supplements etc)

ii. Incidental medical expenses. This includes
- Co-payment and / or Deductible for any health insurance claim
- Standard non-payable items under any health insurance claim
- Other Medical Expenses not covered under any medical insurance(For example cosmetic treatment, Alzheimer's , etc)

iii. Continuation of cover

If the Policy has been renewed with Us for a continuous period of 5 years, then the Insured Person has an option to pay upto 50% of the renewal premium from the accrued Reserve Benefit for subsequent year(s), in such cases the portion of renewal premium would be deducted from the accumulated Reserve Benefit Sum Insured. Provided that
- We receive a written request 30 days in advance of the renewal due date from the Insured Person(s)
- There is sufficient balance in the Health expense benefit sum insured to pay that portion of renewal premium

If the Insured Persons in the expiring Policy are covered on an individual basis and there is an accumulated reserve benefit sum insured plus bonus amount for each Insured Person under the expiring Policy, and such expiring Policy has been renewed with Us on a Family Floater basis then the reserve benefit sum insured plus bonus that will be carried forward for credit in such renewed Policy shall be the total of all the Insured Persons migrating to a family floater plan.

If the Insured Persons in the expiring Policy are covered on a Family Floater basis and such Insured Persons renew their expiring Policy with Us by splitting the Sum Insured in to two or more Family Floater/individual policies then the un-utilised reserve benefit sum insured plus bonus amount of the expiring Policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each renewed policy

Bonus on the reserve benefit sum insured shall not accrue if the Policy is not renewed with us within the Grace Period.

V. Renewal Incentive:

Multiplier Benefit

a) If NO claim under any benefit under In-patient is made in a year and the policy is renewed with Us without any break
   i) We will apply a bonus by enhancing the renewed policy's Sum insured by 50% of the basic sum insured of the previous year's policy
   ii) The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year

   In Family Floater policy,
   i) 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 previous Policy Year.
   ii) Accrued Multiplier benefit is available to all insured persons under the policy

b) 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.

c) If the Insured Persons in the expiring policy are covered on individual basis and thus have accrued 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.

d) 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.

e) This benefit does not apply to Reserve Benefit.

VI. Deductible

i. Deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for eligible Medical Expenses upto a specified rupee amount as opted and mentioned in the policy schedule i.e. it is the amount upto which the insurance company will not pay for all the claims incurred in a Policy Year under the Policy.

   - The Deductible will apply on Individual basis in case of Individual Sum Insured Policy and on Family Floater basis in case of Family Floater Policy.
   - A Deductible does not reduce the Sum Insured.
   - If opted will apply to all Insured Person (s) under the Policy

For the purpose of calculation of amount we will consider eligible Medical Expenses incurred less the Deductible amount.

ii. Claims made under covered benefits will be payable only if the aggregate of covered Medical Expenses, in respect to Hospitalisation (s) in a policy year is in excess of the Deductible

iii. Any one illness means continuous Period of illness and it includes relapse within 45 days from the date o f last consultation with the Hospital/Nursing Home where treatment may have been taken.

VII. Optional Rider - Critical Advantage Cover

i. **Rider Sum Insured options:** USD 250,000; USD 500,000

ii. Rider will be offered if base policy Sum Insured is Rs. 10 lacs & above, If opted a separate sum insured will be displayed on base policy schedule. Rider can be opted at inception or can be added at subsequent renewals.

iii. Illness covered under the rider are as following

a) Cancer Treatment:
b) Coronary Artery by-pass surgery:
c) Heart Valve replacement or repair:
d) Neurosurgery:
e) Live-donor organ transplant:
f) Bone Marrow Transplant:
g) Aorta Graft Surgery
h) Pulmonary artery graft surgery

VIII. Waiting Periods and 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 condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

ii) A waiting period of 24 months from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses / diagnoses or surgical procedures mentioned in the following table. However this waiting period will not be applicable where the underlying cause is cancer(s).

Organ / Organ System	Illness / diagnoses (irrespective of treatments medical or surgical)	Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)
Ear, Nose, Throat (ENT)	• Sinusitis • Rhinitis • Tonsillitis	• Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for Nasal septum deviation • Surgery for Turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	• Cysts, polyps including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus	• Hysterectomy
Orthopaedic	• Non infective arthritis • Gout and Rheumatism • Osteoporosis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk	• Joint replacement surgeries
Gastrointestinal	• Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess • Rectal Prolapse	• Cholecystectomy • Surgery of hernia
Urogenital	• Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate • Varicocele	• Surgery on prostate • Surgery for Hydrocele/ Rectocele

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Eye	• Cataract • Retinal detachment • Glaucoma	Nil
Others	Nil	• Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems/organs whether or not described above)	• Benign tumors of Non infectious etiologye.eg. cysts, nodules, polyps, lump, growth, etc	• 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:

(a) any health insurance plan with an Indian non-life insurer as per guidelines on portability , OR

(b) any other similar health insurance plan from Us,

Then:

(a) The waiting periods specified above stand deleted; AND:

(b) 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

(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 past claim history related information as mandated under portability guidelines issued by insurance regulator 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.

(c) We will retain the right to underwrite the proposal.

(d) 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 which is 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) Any Insured Person committing or attempting to commit a breach of law with criminal intent. iii) Intentional self-injury or attempted suicide while sane or insane. iv) **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	v) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances vi) Prosthetic and other devices which are self detachable /removable without surgery involving anaesthesia . vii) Treatment availed outside India viii) Treatment at a healthcare facility which is NOT a Hospital.

ix) Treatment of obesity and any weight control program.

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

xi) 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.

xii) Types of treatment, defined Illnesses/ conditions/ supplies:

a. Non allopathic treatment.

b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.

c. Charges related to peritoneal dialysis, including supplies.

d. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion.

e. Experimental, investigational or unproven treatment devices and pharmacological regimens.

f. Admission primarily for diagnostic and evaluation purposes only

g. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy

h. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition").

i. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);

j. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements

k. 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.

l. Parkinson and Alzheimer's disease,

m. Sleep-apnoea.

n. Congenital external diseases, defects or anomalies, genetic disorders.

o. Stem cell therapy or surgery, or growth hormone therapy.

p. Venereal disease, sexually transmitted disease or illness;

q. "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.

r. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.

s. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.

t. Birth control, and similar procedures including complications arising out of the same.

u. The expense incurred by the insured on organ donation.

	v. 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. w. Dental treatment and surgery of any kind, unless requiring Hospitalisation. xiii) Any non medical expenses mentioned Any non-medical expenses mentioned on our website (http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf) xiv) Healthcare providers (Hospitals /Medical Practitioners) a. Any Medical Expenses incurred using facility of any Medical Practitioners 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. b. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. 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. xv) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription. xvi) Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured. xvii) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies like Rituximab/ Infliximab/Tratsuzumab, etc (Trade name Remicade, Rituxan, Herceptin, etc), Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion

IX. Claim Procedure

All claims under this policy will be processed and settled by Apollo Munich Health Insurance Co. Ltd. At network centers claims would be settled on cashless basis and on reimbursement basis in non network centers.

a) Intimation & Assistance - Please contact Apollo Munich at least 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.

b) 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.

c) Claim Procedure to avail Cashless facility -

- For any emergency Hospitalization, Apollo Munich must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Apollo Munich at least 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.

d) Claim Procedure for claims under Reserve Benefit

- The claim settlement at network centers would be on cashless basis
- In case of non network centers, the claim would be settled on reimbursement basis.
- Reimbursement amount will be credited into insured's account via NEFT.

X. 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 a 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 Health Wallet 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 at least 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.

XI. 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.

XII. 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.

a) 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.

b) 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.

c) Please note that we will issue Policy only after getting your consent and additional premium, if any.

d) We will not apply any additional loading on your policy premium at renewal based on claim experience.

e) Please visit our nearest branch to refer our underwriting guidelines, if required.

XIII. Others

a) 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, Health Wallet 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 insured. The application for portability should be received by Us atleast 45 days before the policy renewal date of the existing policy.

b) 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.

c) Non Disclosure or Misrepresentation:
If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
- cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule without refunding the premium amount; and
- the claim under such Policy if any, shall be rejected/repudiated forthwith.

d) Dishonest or Fraudulent Claims:
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 the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:
- cancelled ab-initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule without refund of premium; and
- all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

e) Termination (Other than Free Look)

i) In-patient Benefits

a. 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 other than claims under Reserve Benefit has been made under the Policy.

Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

b. We shall terminate this Policy for the reasons as specified under aforesaid section 6 j) (Non Disclosure or Misrepresentation) & section 6 k) (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.

ii) Reserve Benefit

In case Your policy is terminated in conjunction with point a)) as above or is not renewed with Us in time including the grace period, then any unclaimed accumulated Reserve Benefit would be available for reimbursement for a claim over the next 12 months from the date of cancellation without any further credit of bonus amount.

f) Payment Facility:

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

g) Renewability

- There shall be no cover ceasing age on renewal.

h) Tax Benefit

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

i) Requirement:

- Completed proposal form

XIV. Schedule of Benefits

Schedule of benefits - Health Wallet 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
1b) Pre-Hospitalization	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 90 Days
1d) Day Care Procedures	Covered
1e) Domiciliary Treatment	Covered
1f) Organ Donor	Covered
1g) Ambulance	Upto Rs.2,000 per Hospitalisation
1h) Ayush Treatment	Covered
1i) Recovery Benefit **This benefit is not applicable if optional Deductible is chosen**	Rs 10,000 for hospitalisation exceeding consecutive 10 days
1j) Worldwide Emergency Care	50% of Sum Insured upto a maximum of Rs.20 lacs
2) Restore Benefit	Equal to 100% of Basic Sum Insured
3) Preventive Health Check-up	As per grid mentioned in the benefit
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
5) Reserve Benefit per Insured Person per Policy Year (Rs)	5,000; 10,000; 15,000; 20,000 & 25,000
6) Deductible (Optional) per Insured Person per Policy Year (Rs in Lakh)	2.00; 3.00; 5.00 & *10.00 *10.00 deductible available for SI of 20 lacs and above
7) Optional Rider - Critical Advantage Cover per Insured Person per Policy Year (USD) Offered with base policy Sum Insured of Rs. 10 lacs & above	USD 250,000; USD 500,000; USD 10,00,000 • Offered if base policy Sum Insured is Rs. 10 lacs & above • Illness covered under the rider are as following a. Cancer Treatment: b. Coronary Artery by-pass surgery: c. Heart Valve replacement or repair: d. Neurosurgery: e. Live-donor organ transplant: f. Bone Marrow Transplant: g. Aorta Graft Surgery h. Pulmonary artery graft surgery

Health Wallet- Family Floater	
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
1b) Pre-Hospitalization	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 90 Days
1d) Day Care Procedures	Covered
1e) Domiciliary Treatment	Covered
1f) Organ Donor	Covered
1g) Ambulance	Upto Rs.2,000 per Hospitalisation

1h) Ayush Treatment	Covered
1i) Recovery Benefit **This benefit is not applicable if optional Deductible is chosen**	Rs 10,000 for hospitalisation exceeding consecutive 10 days
1j) Worldwide Emergency Care	50% of Sum Insured upto a maximum of Rs.20 lacs
2) Restore Benefit	Equal to 100% of Basic Sum Insured
3) Preventive Health Check-up	As per grid mentioned in the benefit
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
5) Reserve Benefit per Insured Person per Policy Year (Rs)	5,000; 10,000; 15,000; 20,000 & 25,000
6) Deductible (Optional) per Insured Person per Policy Year (Rs in Lakh)	2.00; 3.00; 5.00 & *10.00 *10.00 deductible available for SI of 20 lacs and above
7) Optional Rider - Critical Advantage Cover per Insured Person per Policy Year (USD) Offered with base policy Sum Insured of Rs. 10 lacs & above	USD 250,000; USD 500,000; USD 10,00,000 • Offered if base policy Sum Insured is Rs. 10 lacs & above • Illness covered under the rider are as following a. Cancer Treatment: b. Coronary Artery by-pass surgery: c. Heart Valve replacement or repair: d. Neurosurgery: e. Live-donor organ transplant: f. Bone Marrow Transplant: g. Aorta Graft Surgery h. Pulmonary artery graft surgery

XV. Premium Chart:

a) 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.
b) The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
c) Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
d) Premium rates are subject to change with prior approval from IRDAI.
e) 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 all Dependent Parents and Dependent Parent in law must be same.
f) The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:
Delhi NCR/Mumbai MMR - Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida, Mumbai, Navi Mumbai, Thane, Kalyan, Dombivali, Bhayandar, Ulhasnagar, Bhiwandi, Vasai, Virar
Rest of India- All other cities

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.

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 the 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 published prospectuses or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

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

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.

Apollo Munich Health Insurance Co. Ltd. • Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, 8-2-293/82/J III/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Registration Number - 131 • CIN: U66030TG2006PLC051760
UIN: IRDAI/HLT/AMHI/P-H/V.I/57/2016-17