

CUSTOMER INFORMATION SHEET – FAMILY PLUS

TITLE	DESCRIPTION	REFER TO POLICY SECTION NUMBER
Product Name	Family Plus	
What am I covered for:	<ol style="list-style-type: none"> 1. Inpatient Care: Medical Expenses for Medical Practitioner’s fees, Diagnostic tests, Medicines, drugs and consumables, Nursing Charges, Operation Theatre charges, Intensive Care Unit charges, Intravenous fluids, blood transfusion, injection administration charges, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure. Modern Treatments will be covered upto 50% of Sum Insured. 2. Pre-hospitalization Medical Expenses: Medical Expenses incurred due to Illness upto 60 days immediately before admission to a hospital. 3. Post-hospitalization Medical Expenses: Medical Expenses incurred due to Illness upto 90 days immediately post discharge from Hospital. 4. Day-Care Treatment: Medical Expenses for Day Care Treatments (including Chemotherapy, Radiotherapy, Hemodialysis, any procedure which needs a period of specialized observation or care after completion of the procedure) where such procedures are undertaken by an Insured Person as an In-patient in a Hospital/Day Care Center for a continuous period of less than 24 hours. Any procedure undertaken on an OPD Treatment basis in a Hospital/Day Care Center will not be covered. Pre and Post Hospitalization Medical expenses shall be payable for this benefit. We cover all Day Care Procedures. 5. Ambulance Cover: We will cover Reasonable & Customary Charges for ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital. There is a sub-limit of Rs 4,000 per hospitalization. 6. Organ Donor Expenses: Medical Expenses for an organ donor’s treatment for harvesting of the organ. 7. Domiciliary Hospitalization: Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization. Domiciliary Hospitalization is applicable in case of (i) the attending medical practitioner confirms that the insured person could not be transferred to a hospital or (ii) you satisfy us that a hospital bed was unavailable. Pre-Hospitalization and Post-Hospitalization Medical expenses are payable. 8. No Claim Bonus: 20% of base sum insured upto a max of 100% of base sum insured. If any of the Insured claims in any Policy year, none of the Insured will get No Claim Bonus for that Policy Year. 9. Re-load of Sum Insured – We will provide a Re-load equal to 100% of Individual Base Sum Insured of any one Insured Member once in a Policy Year, provided that: <ol style="list-style-type: none"> a) the Base Sum Insured, No Claim Bonus (if any) and Floater Sum Insured is insufficient as a result of previous claims in that Policy Year; AND b) The Re-load Sum Insured shall be activated in following conditions: <ol style="list-style-type: none"> i. Re-load can get activated for same Insured Member in the same Policy year for different illness/injury other than the illness/injury for which claim has already been paid in the current Policy year and/or; ii. Re-load can get activated for different Insured Member in the same Policy year iii) Re-load benefit once activated for any one of the Insured Member and can be used jointly or severally. iv) Re-load once activated for any one of the Insured Member will not get activated again for another Insured Member in the same Policy Year. c) If the Re-load Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year. 10. Ayush Treatment – We will cover medical expenses for Alternative Treatment taken in government hospital or in any institute recognized by the government and /or as defined under Definition of AYUSH Hospital in Policy wordings, upto the limit specified. 11. Vaccination in case of Animal Bite –We will cover medical expenses for OPD treatment for vaccination or immunization for treatment post an animal bite. 12. Health Check-up - Cost of an annual health check-up for prescribed tests subject to renewal of the policy. This benefit is over and above the Base Sum Insured 13. Preventive Healthcare & Wellness – Provide various preventive healthcare & wellness related activities like health related articles, access to various preferred health maintenance network to maintain your health status. 14. Second Opinion for Critical Illness – Available once during Policy period for 11 critical illness. It is available once in a Policy Year and once during the Lifetime of an Insured Person for same Illness. 	<p>D.1</p> <p>D.2</p> <p>D.3</p> <p>D.4</p> <p>D.5</p> <p>D.6</p> <p>D.7</p> <p>D.8</p> <p>D.9</p> <p>D.10</p> <p>D.11</p> <p>D.12</p> <p>D.13</p> <p>D.14</p>

	<p>Critical illnesses covered: Cancer, First Heart Attack, Open Chest CABG, Open Heart Replacement or Repair of Heart Valves, Coma, Kidney Failure, Stroke, Major Organ/Bone Marrow Transplant, Permanent paralysis of Limbs, Motor Neurone Disease & Multiple Sclerosis.</p> <p>15. Emergency Domestic Evacuation– Available once during Policy Period in case of medical emergency and on advise of treating doctor. Covered upto Rs.1lac and will be part of overall Sum Insured. This benefit is payable only for bed to bed transfer of the patient who is in life threatening condition.</p> <p>16. Maternity Benefits: Medical Expenses for the delivery of a child, where atleast two adult members are covered, after a waiting period of 2 years, subject to a maximum of Rs. 50,000 per delivery. Maternity benefits are paid only for two deliveries for each female member covered during the lifetime of the Policy including any of its renewals.</p> <p>Miscarriage will not be payable as a part of Maternity Benefit Claim.</p> <p>Miscarriage can occur as a result of:</p> <ol style="list-style-type: none"> i. Accident ii. Internal Injury/Sickness/stress <p>If Miscarriage happens due to an internal injury/sickness/stress, it is not payable. However, it is payable when Miscarriage happens due to an accident.</p> <p>New Born Baby: New born baby will be covered as an insured person from birth (for the policy year in which the baby is born), if the Maternity Benefits claim has been accepted. This benefit is subject to maximum of Base Sum Insured.</p> <p>Vaccination expenses of the new born baby will also be covered for the first year, subject to renewal of the policy. The sub-limit for this benefit is Rs10,000.</p> <p>17. Nutrition allowance for mother post discharge</p> <p>We will provide Nutrition allowance for mother post-delivery of the child. This benefit is available in the form a fixed benefit and maximum liability under this section have been mentioned under Product Benefit table. This benefit is payable only if we accept the claim made under the Maternity Benefit. This benefit is subject to maximum of Rs. 10,000. This benefit is payable after two months of discharge from the hospital.</p> <p>Additional Optional Benefits at the Customer level (these will be offered to the final insured as optional coverage)</p> <p>1. Hospital Cash - If the Insured Person is Hospitalised and if We have accepted an In-patient Hospitalization claim, We will pay the Hospital Cash amount specified in the Product Benefits Table for each continuous and completed period of 24 hours of Hospitalisation provided that:</p> <ol style="list-style-type: none"> i. The Insured Person should have been Hospitalized for a minimum period of 48 hours continuously; ii. We will make payment under this endorsement in respect of an Insured Person upto 30 days of Hospitalisation in total under any Policy Year. <p>Claims Payable under this benefit will be maximum of Rs. 60,000 per Insured for a period of 30 days hospitalization.</p>	<p>D.15</p> <p>D.16</p> <p>D.17</p> <p>Optional Endorsements - 1</p>
<p>What are the major exclusions in the policy:</p>	<p>Investigation & Evaluation, Rest Cure, rehabilitation and respite care, Obesity/ Weight Control, Change-of-Gender treatments, Cosmetic or plastic Surgery, Hazardous or Adventure sports, Breach of law, Excluded Providers, Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences, Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons, Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals</p>	<p>E.1.4 to E.2.22</p>

	<p>and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure, Refractive Error, Unproven Treatments, Sterility and Infertility, Alternative treatment, Ancillary Hospital Charges, Charges for medical papers, Circumcision, Conflict and disaster, Congenital conditions, Convalescence and Rehabilitation, Dental/oral treatment, Drugs and dressings for OPD Treatment or take-home use, Hereditary conditions, Items of personal comfort and convenience, including but not limited to : (A)Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services (B) Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization (C) Drugs or treatment not supported by prescription etc., OPD Treatment, Preventive Care, Self-inflicted injuries, Sexual problems, Sexually transmitted diseases, Sleep disorders, Treatment for Alopecia, Treatment for developmental problems, Treatment received outside India, Artificial life maintenance is not covered from the time Insured Person goes into vegetative state and a point of no recovery to Life, Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</p> <ul style="list-style-type: none"> The expenses that are not covered in this policy are placed under List-I of Annexure-II. 	E.2.23
Waiting Period	<ul style="list-style-type: none"> 30 days Initial Waiting Period for all illnesses except any accidents. Waiting period for Pre-existing Diseases cover : 36 months <p>For Pre-existing Diseases to which Portability benefit was extended, recalculated waiting periods and Sum Insured limits are presented in the Schedule</p> <ul style="list-style-type: none"> 2 years specific waiting period for the following 17 conditions: <ul style="list-style-type: none"> Stones in biliary and urinary systems Lumps / cysts / nodules / polyps / internal tumours Gastric and Duodenal Ulcers Surgery on tonsils / adenoids Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse Cataract Fissure / Fistula / Hemorrhoids Hernia / Hydrocele Chronic Renal Failure or end stage Renal Failure Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media Benign Prostatic Hypertrophy Knee/Hip Joint replacement Dilatation and Curettage Varicose veins Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis Hysterectomy for any benign disorder. <p>There may be an explicit mention of certain Pre Existing Disease conditions in Schedule of Insurance on basis of Your declaration in the Proposal Form and/or discovered by us during the process of Medical Underwriting.</p>	E.1.3 E.1.1 E.1.2
Payout basis	Cashless facility or reimbursement of covered expenses up to specified limits.	
Cost Sharing	NA	-

Renewal Conditions	<ul style="list-style-type: none"> This is a life-long renewal product on mutual consent subject to application of Renewal and realization of renewal premium The Waiting Periods mentioned in the Policy wording will get reduced by 1 year with every continuous renewal of your Family Plus Policy. There is no maximum cover ceasing age in this Policy. Renewal premium is subject to change with prior approval from IRDAI. Underwriting will be done at the inception of first policy. Alterations in the policy such as Increase/ decrease in Sum Insured or Change in Plan/Product, addition/ deletion of members, addition deletion of Medical Condition will be allowed at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing policy will not be altered We will allow a grace period of 45 days from the due date of the renewal premium for payment to us. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation, fraud, non-disclosure or non-cooperation from the insured <p>Renewal of Policy</p> <p>The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <p>i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</p> <p>ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</p> <p>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days in case of one year to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.</p> <p>v. No loading shall apply on renewals based on individual claims experience</p>	<p>F.2.9</p> <p>F.1.10</p>																																								
Renewal Benefits:	<ul style="list-style-type: none"> No Claim Bonus: 20% of base sum insured upto a max of 100% of base sum insured. If any of the Insured claims in any Policy year, none of the Insured will get No Claim Bonus for that Policy Year. Health Check-up - Cost of an annual health check-up for prescribed tests subject to renewal of the policy. This benefit is over and above the Base Sum Insured. 	<p>D.8</p>																																								
Cancellation	<p>i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.</p> <table border="1" data-bbox="252 1469 1378 1877"> <thead> <tr> <th>Cancellation date upto (x months) from the Policy Period Start Date</th> <th>1 Year</th> <th>2 Year</th> <th>3 Year</th> </tr> </thead> <tbody> <tr> <td>Upto 1 month</td> <td>75%</td> <td>87%</td> <td>91%</td> </tr> <tr> <td>Upto 3 months</td> <td>50%</td> <td>74%</td> <td>82%</td> </tr> <tr> <td>Upto 6 months</td> <td>25%</td> <td>61.5%</td> <td>73.5%</td> </tr> <tr> <td>Upto 12 months</td> <td>0%</td> <td>48.5%</td> <td>64.5%</td> </tr> <tr> <td>Upto 15 months</td> <td>NA</td> <td>24.5%</td> <td>47%</td> </tr> <tr> <td>Upto 18 months</td> <td>NA</td> <td>12%</td> <td>38.5%</td> </tr> <tr> <td>Upto 24 months</td> <td>NA</td> <td>0%</td> <td>30%</td> </tr> <tr> <td>Upto 30 months</td> <td>NA</td> <td>NA</td> <td>8%</td> </tr> <tr> <td>Beyond 30 months</td> <td>NA</td> <td>NA</td> <td>0%</td> </tr> </tbody> </table> <p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.</p>	Cancellation date upto (x months) from the Policy Period Start Date	1 Year	2 Year	3 Year	Upto 1 month	75%	87%	91%	Upto 3 months	50%	74%	82%	Upto 6 months	25%	61.5%	73.5%	Upto 12 months	0%	48.5%	64.5%	Upto 15 months	NA	24.5%	47%	Upto 18 months	NA	12%	38.5%	Upto 24 months	NA	0%	30%	Upto 30 months	NA	NA	8%	Beyond 30 months	NA	NA	0%	<p>F.1.7</p> <p>F.1.14</p>
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FAMILY PLUS

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002.

	<p>ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p> <p>Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <p>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</p> <p>ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;.</p>	
Policy Tenure	1 year / 2 years / 3 years	