Royal Sundaram
General Insurance

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.

MASTER PRODUCT - Total Health Advantage

Customer Information Sheet			
Description is illustrative and not exhaustive			
Sl. No.	**Title**	**Description**	**Refer to Policy Clause Number**
1	Product Name	**MASTER PRODUCT - TOTAL HEALTH ADVANTAGE**	
2	What am I Covered for	Hospitalization expenses that are incurred as in-patient during the policy period.	C-Benefits
		Pre-Hospitalization medical expenses incurred 30 days prior to hospitalisation.	C-Benefits-1c
		Post Hospitalization medical expenses incurred within 60 days from date of discharge from the hospital	C-Benefits-1d
		Day care procedures which do not require 24 hours hospitalization	C-Benefits-1e
		Ambulance Charges - A sum specified as per Schedule is reimbursed towards the Emergency ambulance charges	5 Additional Benefits
		Cost of contact lens, spectacles and hearing aids (applicable under Gold & Platinum Plan) The insured is eligible for specified amount as per Schedule towards the Cost of contact lens, spectacles and hearing aids on completion of four consecutive years.	5 Additional Benefits
		Dental Care(applicable under Gold and Plaitnum Plans) - The insured is eligible for a specified amount as per Schedule towards the cost of Fillings and Crowns, Emergency Tooth Replacement, Non-cosmetic Oral Surgeries, Dental x-rays, on completion of four consecutive years.	5 Additional Benefits
		Maternity Benefit (applicable under Silver Plan) - A maximum benefit of 10% of the Sum Insured subject to maximum of Rs. 20,000/- shall be payable towards maternity benefit. This benefit shall be applicable only in respect of delivery of first two living children.	5 Additional Benefits
		Outpatient Treatment (Applicable under Gold and Platinum Plans) - Expenses incurred, related to Medical treatment as Out patient shall be reimbursed as per plan selected subject to Policy terms and conditions.	5 Additional Benefits
		Hospital Cash - A daily benefit as per the schedule is payable on minimum 24 hours hospitalization to a maximum limit of 30 days per annum. This benefit follows admitted liability under hospitalization cash benefit.	5 Additional Benefits
		Surgicare (extended on payment of appropriate additional premium) - A fixed benefit amount shall be payable in the event of Insured person undergoing covered surgery. The covered surgeries are classified into 4 categories. The fixed benefit amount, depending upon the category in which the covered surgery falls, shall be payable, irrespective of the acutal amount incurred. Maximum life time benefit payable under this policy is 4 times the annual Sum Insured at policy inception, opted by the individual Insured	5 Additional Benefits
3	What are the major exclusions in the policy	Expenses incurred towards External Durable Devices	D-Exclusions(ii)-4
		Any other alternative medicine except Allopathy(Modern Medicine).	D-Exclusions(ii)-23
		Any fertility, infertility or sub-fertility or assisted conception related treatments.	D-Exclusions(ii)-25
		Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor.	D-Exclusions(ii)-32
		Any treatment received outside India.	D-Exclusions(ii)-22
		Hospitalization directly or indirectly in consequence of AIDS and related diseases.	D-Exclusions(ii)-7
		The treatment of psychiatric, psychosomatic disorders, mental or insanity related diseases.	D-Exclusions(ii)-16
		Genetic disorders and stem cell implantation / surgery / storage.	D-Exclusions(ii)-35
		Treatment by a family member or self-medication or any treatment that is not scientifically recognized.	D-Exclusions(ii)-31
		Directly or indirectly caused by or arising from or attributable to War and allied perils, Nuclear Weapons and Radio Active contamination,	D-Exclusions(ii)-11
		Treatment taken in excluded hospitals.	D-Exclusions(ii)-43
Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing			

4	Waiting Period	Initial waiting period: 30 days for all illnesses from the date of commencement of the First Policy. (not applicable on renewal or for accidents)	D-Exclusions-2
		Specific waiting periods :	
		12 months: Congenital Internal Anomaly, Any type of Migraine/Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, Any type of Cyst/Nodules/Polpys/Benign Tumours/Breast Lumps	D-Exclusions-3
		24 months: Spondylosis/Spondilitis, Any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Salphingo – Oophorectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis and Deviated Nasal Septum, Heart ailments, Chronic Renal Failure or end stage Renal Failure, Any type of cancer including but not limited to Carcinoma / Sarcoma Blood Cancer, Diabetes and its related complications both direct and indirect, Hypertension and its related complications both direct and indirect, Organ Transplant, Retinal detachment surgery with or without vitrectomy.	D-Exclusions-4
		36 months: Osteoarthritis of any joint, Treatment of Joint replacement Surgery by any cause other than accident, Chronic Obstructive Pulmonary Disease (C.O.P.D), Operations for age related macular degeneration (ARMD) or chronic neo vascular membrane (CNVM).	D-Exclusions-5
		36 months: Expenses related to Maternity treatment	5 Additional Benefits
		Pre-existing diseases: Covered after 36 months under hospitalization benefit.	D-Exclusions-1
		For Surgicare: Specific waiting period of 90 days, 2 years and 4 years are applicable for Covered surgeries as per Policy condition.	5 Additional Benefits
5	Payout Basis	Reimbursement of covered expenses up to specified limits mentioned in the Schedule / Certificate of this policy AND / OR Fixed amount on the occurrence of a covered event/ Daily Cash benefit for each completed 24 hours of hospitalization.	C-Benefits & 5 Additional Benefits
6	Cost Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:	
		Room/ ICU charges: A limit of 2% and 4% of the Sum insured per day respectively.	C-Benefits-1a
		Specified diseases: Cataract - 10% of the Sum Insured subject to a maximum of Rs.1,00,000/- Dialysis, Chemotherapy and Radiotherapy - 10% of the Sum insured per month Physiotherapy Charges Rs.250/- per day.	C-Benefits-1f
		A co payment of 25% of the expenses incurred is applicable for Cost of contact lens, spectacles and hearing aids and Dental Care.	5 Additional Benefits
		For Surgicare: 50% of Sum Insured for all category-2 Surgeries 25% of Sum Insured for all category-3 Surgeries 10% of Sum Insured for all category-4 Surgeries	5 Additional Benefits
		Maternity Benefit: 10% of the Sum Insured subject to maximum of Rs. 20,000/-	5 Additional Benefits
7	Renewal Conditions	Life long renewal provided premium is paid on / before the expiry date of the policy or grace period of 30 days.	E-Conditions-14
		The Policy shall be withdrawn at any time by the company by giving three months notice to the insured/proposer. A suitable alternate product will be made available at the time of withdrawal.	
		At renewal, the coverages, terms & conditions & premium may change, in which case a three months notice shall be sent to the Proposer/Insured.	
		In the event of mis-description, fraud, non co-operation by you or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal.	
8	Renewal Benefits	Cumulative Bonus: The Sum insured shall be increased by slabs of 5% in respect of every claim free year subject to a maximum accumulation of 10 slabs.	Additional Features 3
		Health Checkup - A maximum amount of Rs.1500/- (Plan - Silver and Gold) and Rs.5000/- (Plan - Platinum) is reimbursed after each 4 consecutive claim free years	5 Additional Benefits
9	Cancellation	The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the Insured.	E-Conditions-4
		The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company.	E-Conditions-4
		Free look in: At the inception of the policy the insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable and the refund in such case shall be subject to terms and conditions of the policy.	E-Conditions-5

10	Claim Form Availability	The standard claim form (Part A and Part B) and the cashless pre-authorisation request form are available in our website for ready reference. The same may be also obtained from any of our offices on request.	--
11	Network Hospitals of TPA	The updated Network Hospital List may be obtained from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change.	--
(Legal Disclaimer) Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.			

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

IRDA Registration No.102. | CIN: U67200TN2000PLC045611

PR16020/APR16

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MASTER PRODUCT - Total Health Advantage

IMPORTANT NOTES ABOUT THIS INSURANCE

- Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our tele-agent by You/proposer, forms the basis of this Contract. Any non disclosure or suppression of material information relating to any Insured Person will make the contract void. No claim shall be paid and policy will be cancelled.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

A. PERSONS WHO CAN BE INSURED

This insurance is available to persons who are aged between 91 days and 65 years at the Commencement Date of the Policy.

However renewal is accepted up to the age of 21 years for dependent children.

B. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

Accident/Accidental

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Alternative treatments

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Cashless facility

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Condition Precedent

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body.

b. **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body.

Contribution

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion.

Co-Payment

A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

Cumulative Bonus

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Day Care Centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is:

I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

II. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Dental Treatment

Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants.

Dependant Child

A dependant child refers to a child (natural or legally adopted) upto the completed age of 21, who is financially dependant on the

primary insured or proposer and does not have his/her independent sources of income.

Diagnostic Centre

Diagnostic Centre means the diagnostic centres which have been empanelled by Us (or Our TPA's) as per the latest version of the schedule of diagnostic centres maintained by Us, which is available to You on request.

Domiciliary Hospitalisation

Domiciliary hospitalization means 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 o f the following circumstances:

- the condition o f the patient is such that he/she is not in a condition to be removed to a hospital, or- the patient takes treatment at home on account o f non availability o f room in a hospital.

Emergency Care

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Excluded Hospital

An excluded hospital means any hospital which the company might discourage the insured to take treatment of any sickness or illness, due to fraud or moral hazard or misrepresentation indulged by the hospital.

Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

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

Hospitalization

Hospitalization means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests.
   - it needs ongoing or long-term control or relief of symptoms.
   - it requires your rehabilitation or for you to be specially trained to cope with it.
   - it continues indefinitely.
   - it comes back or is likely to come back.

Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Intensive Care Unit

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Maternity expense

Maternity expenses shall include - (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization). (b) expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advise

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical expenses

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the

Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.' The registered practitioner should not be the insured or close family members.

Network Provider

"Network Provider" means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Non- Network

Any hospital, day care centre or other provider that is not part of the network.

Notification of Claim

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

OPD treatment

OPD treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Post-hospitalization Medical Expenses

Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

I. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

II. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Pre existing Condition

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issued by the insurer.

Pre-hospitalization Medical Expenses

Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

II. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Policy

Policy means the complete set of documents consisting of the Proposal, Policy Wording, Schedule and Endorsements and Attachments, if any.

Policy Period

Policy Period means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.

Proposal Form

The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media.

Proposer

Insured or any person who signs the proposal form on behalf of the insured.

Qualified Nurse

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary Charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

Renewal

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Room Rent

Room rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Schedule

Schedule means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the period and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule

Subrogation

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Sum Insured

Sum Insured means the amount stated in the Policy Schedule, which is the maximum amount We will pay for all claims made by You in one policy period (per annum for multi year tenure) irrespective of the number of claims You make.

Surgery

Surgery or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Third Party Administrator

Third Party Administrator [TPA] means the person or organization named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf and at its direction.

Unproven/Experimental treatment

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

We/Our/Us/Company and Insurer – We/Our/Us and Insurer means Royal Sundaram General Insurance Co. Limited. (Formerly known as Royal Sundaram Alliance Insurance Company Limited).

You/Your/Yourself and Insured – You/Your and Yourself means the Insured Person shown in the Schedule.

C. BENEFITS

1. Hospitalisation Benefit

The Policy covers Reasonable and Customary Charges for a medically necessary inpatient treatment incurred during the policy period towards hospitalization for the disease, illness, medical condition or injury contracted or sustained by the Insured Person during the Period of Insurance stated in the Schedule subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Proposer, the Reasonable and Customary Charges, subject to the various limits mentioned hereunder, but not exceeding the Sum Insured and the Cumulative Bonus, if any, mentioned in the Schedule for all claims admitted during the Period of Insurance.

a. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home subject to a limit of 2% of the Sum Insured. For Intensive Care Unit subject to a limit of 4% of the Sum Insured, Nursing Expenses incurred during In-Patient hospitalization.

b. Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and Cost of Organs.

c. Pre-hospitalization expenses – We shall pay for expenses incurred 30 days prior to date of admission into the hospital.

d. Post-hospitalization expenses - We shall pay for expenses incurred 60 days after the date of discharge from the hospital.

e. Day Care Treatment – We shall pay for medical expenses for day care procedures (as Annexure II) requiring less than 24 hours of hospitalisation but not towards expenses incurred in the out patient department of any hospital.

f. Claim amount payable per person towards the treatment of following disease, illness, medical condition or in jury during the period of insurance is subject to a limit of:

Treatment	Limit of claim
Cataract	10% of the Sum Insured subject to a maximum of Rs.1,00,000
Dialysis, Chemotherapy and Radiotherapy	10% of the Sum insured per month
Physiotherapy Charges	Rs.250 per day

Hospitalization Expenses incurred beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance shall not be payable.

Additional Features

Cashless Facility: (Through Third Party Administrators - TPA).

Cashless facility is offered through Third Party Administrators (TPA) who will be guided by TPA Regulations formed by IRDA.

In network hospitals, provided pre-admission authorisation in writing is taken from TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly. The cashless facility can be availed subject to compliance of the procedure laid down in the information handbook issued along with this Policy.

The TPA/Insurers may reject a cashless claim if the timelines are not met or if information provided is not sufficient to decide on the admissibility of the claim. In such cases, Insured may approach the Insurer for a Reimbursement Claim.

In non-network hospitals, all admissible hospitalisation expenses will only be reimbursed. The proposer can seek for a change of TPA within the list of empanelled TPAs with Us 30 days prior to the date of expiry of this policy. The list of empanelled TPAs shall be available upon request in writing

1. **Ambulance Referral facility**
   TPA will be providing a referral facility for availing ambulance in case of emergency.

2. **Income Tax Relief**
   This insurance scheme is approved by IRDA and the premium is eligible to get exemption under Section 80D of the Income Tax Act, 1961.

3. **Cumulative Bonus**
   The Limits under this Policy shall be progressively increased by slabs of 5% of the Sum Insured in respect of each claim-free year of insurance with Us, subject to a maximum accumulation of 10 slabs of cumulative bonus. Sum Insured for the purpose of calculation of Cumulative Bonus shall be the expiring Sum Insured or the revised Sum Insured whichever is lower.

   Where a claim has arisen under the expiring policy, the earned cumulative bonus, if any, in respect of such insured person shall be reduced by the last 1 slab of cumulative bonus. However under no circumstances shall the Sum insured under the policy be reduced on account of reduction of cumulative bonus.

   Cumulative bonus will not be considered for settling claims for pre existing diseases or any additional benefits, if any under the policy.

   In respect of Floater Policy, any claim admitted/settled under the policy shall lead to denial of the above benefit.

D. EXCLUSIONS

The policy does not cover any expenses incurred towards the following:

1. **Pre-existing Disease**
   All ailments/diseases/conditions which are pre-existing when the cover incepts for the first time.

   These ailments/diseases/conditions shall however be covered after 3 years of continuous insurance from the Commencement Date of the cover with Us under this policy.

   This exclusion will also apply to any complications arising from pre-existing ailments/diseases/conditions. Such complications will be considered to be part of the pre-existing health condition or disease. For example, if a person is suffering from diabetes or hypertension or both, then the policy would be subject to the following exclusions

Diabetes	Hypertension
Diabetic Retinopathy	Coronary Artery Disease
Diabetic Nephropathy	Cerebro Vascular Accident
Diabetic Foot / wound	Hypertensive Nephropathy
Diabetic Angiopathy	Internal Bleeding/ Haemorrhages
Diabetic Neuropathy	
Hyper / Hypoglycaemic shocks	

2. **30 days waiting period**
   Any claim during the first 30 days from the Commencement Date of the First Policy with us shall not be payable

3. **First Year Exclusions:** During the first year of the policy any expenses incurred towards the following disease/surgical procedures are not covered:

   1. Congenital Internal Anomaly,
   2. Any type of Migraine/Vascular head ache,
   3. Stones in the Urinary and Biliary systems,

4. Surgery on Tonsils/Adenoids,

5. Gastric and Duodenal Ulcer,

6. Any type of Cyst/Nodules/Polyps/Benign Tumours/Breast Lumps.

4. **Two Year Exclusions:** During the first two years of the policy any expenses incurred towards the following disease/surgical procedures are not covered:

1. Spondylosis/Spondilitis.
2. Any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders.
3. Cataract,
4. Benign Prostatic Hypertrophy,
5. Hysterectomy, Salphingo – Oophorectomy
6. Fistula,
7. Fissure in Anus,
8. Piles,
9. Hernia,
10. Hydrocele,
11. Sinusitis and Deviated Nasal Septum.
12. Heart ailments.
13. Chronic Renal Failure or end stage Renal Failure
14. Any type of cancer including but not limited to Carcinoma / Sarcoma Blood Cancer,
15. Diabetes and its related complications both direct and indirect,
16. Hypertension and its related complications both direct and indirect,
17. Organ Transplant.
18. Retinal detachment surgery with or without vitrectomy.

5. **ThreeYear Exclusions:** During the first Three years of the policy any expenses

incurred towards the following disease/surgical procedures are not covered:

1. Osteoarthritis of any joint.
2. Treatment of Joint replacement Surgery by any cause other than accident.
3. Chronic Obstructive Pulmonary Disease (C.O.P.D).
4. Operations for age related macular degeneration (ARMD) or chronic neo vascular membrane (CNVM)

Exclusion 2, 3, 4 and 5 will not be applicable if caused directly due to an accident during period of insurance.

However if the above mentioned diseases under exclusion 2, 3, 4 and 5 are Pre Existing as defined, at the time of proposal then they will be considered as falling under Exclusion 1.

(ii) General Exclusion

In addition to the foregoing, the following shall not be covered under the policy unless specified otherwise in the schedule of the policy .

1. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
2. Implantable electronic devices (such as replacement batteries or replacement devices).
3. Cost of cochlear implant(s).
4. External Durable Devices
   a. Walking Aids Charges.
   b. Bipap Machine.
   c. Commode.
   d. CPAP/CPAD Equipments.
   e. Infusion Pump.
   f. Oxygen Cylinder (for Usage outside the hospital).
   g. Pulseoxymeter Charges.
   h. Spacer.
   i. Spirometre.
   j. Spo2 Probe.
   k. Nebulizer Kit.
   l. Steam Inhaler.
   m. Armsling.
   n. Thermometer.
   o. Cervical Collar.
   p. Splint.
   q. Diabetic Foot Wear.
   r. Knee Braces (Long/Short/Hinged).
   s. Knee Immobilizer / Shoulder Immobilizer.
   t. Lumbo Sacral Belt (except in respect of surgery of lumbar spine).
   u. Nimbus Bed or Water or Air Bed Charges (except in respect any ICU hospitalization requiring a stay of more than 3 days or the insured suffering from Paraplegia quadriplegia).
   v. Ambulance Collar.
   w. Ambulance Equipment.
   x. Microshield.
   y. Oxygen Convertor/nebulizers for Asthmatic condition.
   z. Belts, braces and stockings.
   aa. Glucometer and Gluco strips.
   bb. Thermometer and similar related devices.
5. Prosthesis, corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intraoperatively or for the Illness for which the Insured required Hospitalisation.
6. Convalescence, general debility, `Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
7. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV.
8. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
9. Admission for diagnostic studies alone.
10. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.
11. Claims directly or indirectly caused by or arising from or attributable to:

a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not)

b. Biological, nuclear or chemical terrorism

c. Nuclear weapons/materials or Radioactive Contamination.

d. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or

e. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

12. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization.

13. Sex change or treatment, which results from, or is in any way related to, sex change.

14. Hormone replacement therapy,(including hormone replacement treatment following any disease/surgery) Cytotron Therapy, Oxymed Therapy, Arterial Clearance Therapy and similar such therapies

15. Treatment of obesity (including morbid obesity) and any other weight control programs, services, surgeries or supplies.

16. The treatment of psychiatric, psychosomatic disorders, mental or insanity related diseases.

17. Any cosmetic, plastic surgery, aesthetic or related treatment of any description corrective surgery for refractive error and any complication arising from these treatments, whether or not for psychological reasons, unless medically required as part of treatment of cancer, accidents and burns.

18. Expenses incurred towards treatment of illness/disease/injury/ condition arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not).

19. Diseases due to tobacco abuse such as Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease (Thromboangitis Obliterans). All types of pre malignant conditions /cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers only due to tobacco abuse only.

20. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.

21. Any stay in Hospital not warranting inpatient treatment

22. Any treatment received outside India.

23. Any other alternative medicine except Allopathy (Modern Medicine).

24. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.

25. Any fertility, infertility or sub-fertility or assisted conception treatments (including but not limited to Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation) any treatment related to sterilization.

26. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, flying an aircraft other wise than as a passenger on a regular air carrier , parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.

27. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.

28. Cost of allopathic treatment if administered and/or recommended by non allopathic medical practitioner.

29. Treatment taken from persons not registered as Medical Practitioners under respective medical councils or acting outside the scope of licence or registration granted to him by any medical council.

30. Charges for Nurses/Attendants, etc. incurred during Pre-hospitalisation period and/or Post-hospitalisation period.

31. Treatment by a family member or self-medication or any treatment that is not scientifically recognized.

32. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor.

33. Any travel or transportation expenses excluding ambulance charges.

34. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.

35. Genetic disorders and stem cell implantation/surgery/storage.

36. All non-medical expenses of any kind whatsoever, Personal comfort and convenience items or services such as television, telephone, barber or beauty service guest service and similar incidental services and supplies, if charged separately and does not form part of the room rent.

37. Treatment arising from or traceable to pregnancy/childbirth including voluntary termination of pregnancy. This exclusion shall however not apply in case of ectopic pregnancy.

38. The cost of spectacles, contact lenses and hearing aids,

39. Dental treatment or dental surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury.

40. Outpatient treatment charges.

41. Domiciliary Hospitalization.

42. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent

43. Treatment taken in excluded hospitals , as per Annexure III

44. Excluded expenses as per Annexure I

E. CONDITIONS

1. **Claims Procedure**

Provided that the due observance and fulfillment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they relate to anything to be done or not to be done by the Insured and / or Insured person, be a condition precedent to any liability of the Company under this Policy.

The Claims Procedure is as follows:

For admission in network Hospital - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital

should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.

For admission in non-network Hospital - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/Hospital/Nursing Home should be given to Us within seven days from the date of hospitalization/injury/ death, failing which admission of claim is at insurer's discretion.

Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.

- **Mandatory documents**
  1. Test reports and prescriptions relating to First/Previous consultations for the same or related illness.
  2. Case history/Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
  3. Death summary in case of death of the insured person at the hospital.
  4. Hospital Receipts / bills / cash memos in Original (including advance and final hospital settlement receipts).
  5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests/ investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought).
  6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
  7. FIR/MLC. in the case of accidental injury and English translation of the same, if in any other language.
  8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
  9. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us
  10. For a) maternity claims, discharge summary mentioning LMP, EDD & Gravida b) Cataract claims - IOL sticker c) PTCA claims - Stent sticker
  11. Copies of health insurance policies held with any other insurer covering the insured persons
  12. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that Original claim documents are retained at their end.
- **Documents to be submitted if specifically sought**
  1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists notes, vitals chart).
  2. Copy of extract of Inpatient Register.
  3. Attendance records of employer/educational institution.
  4. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any.
  5. Attending Physician's certificate clarifying.
     - reason for hospitalization and duration of hospitalization.
     - history of any self-inflicted injury.
     - history of alcoholism, smoking.
     - history of associated medical conditions, if any.
  6. Previous master health check-up records/pre-employment medical records if any
  7. Any other document necessary in support of the claim on case to case basis.

The claim documents should be sent to:

Health Claims Department

M/s. Royal Sundaram General Insurance Co. Limited.,

Corporate office: Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Toll Number 1860 425 0000.

- In the event if the Insured having multiple insurance policies and prefers to lodge a partial claim with the Company, the Company shall accept photo copies of the documents duly certified by the first insurance company.
- Insured /Insured Person must give Us at his expense, all related information We ask for about the claim.
- Insured must help Us to take legal action against anyone if required.
- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.
- If required, insured should procure from the hospital or cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.
- Insurers have the right to reject the claim if the documents are inadequate and if the requirements for additional documents by the Insurer are not complied with in reasonable time of not more than 45 days from the time of making such request.

2. Payment of Claim

- All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require.
- The company shall be released from any obligation to pay benefits if any of the obligations are breached.
- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.
- The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment of claim.
- In case of a policy issued on an installment premium basis, balance premium due if any, shall be adjusted against the claim amount.
- The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days the date of acceptance.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer, as per the relevant AML guidelines in force.
- In respect of hospitalization benefit, claims falling within two policy periods, the Sum Insured considered for such claim shall be the available Sum Insured under both policy periods.

3. Transfer

Transferring of interest in this Policy to anyone else is not allowed.

4. Cancellation

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the insured, by giving fourteen (14) days notice in writing by courier/registered post/acknowledgement due post to the Insured at address recorded/updated in the policy. In the event of such cancellation on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy. In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period. This Policy has been in force at the Company's short period scale as mentioned below provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured subject to a minimum premium retention of Rs.250 plus applicable service taxes.

Short period scales - Annual Policies

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of Premium
Up to 3 months	50% of Premium
Up to 6 months	75% of Premium
Exceeding 6 months	Full annual Premium

For Multi year policies refund of premium shall be calculated as follows;

a) Total premium shall be divided by the policy tenure to arrive annual premium.

b) Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.

c) Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.

d) For the remaining unexpired period the entire premium shall be refunded.

5. FreeLookin:

At the inception of the policy you will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If you have not made any claim during the free look period, you will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

a. A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;

b. where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;

c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

d. In case of payment of premium by Installments there will not be any refund of premium if the insured cancels the policy.

6. Automatic Termination

The cover shall terminate immediately on the earlier of the following events:

- Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the sum insured.
- Upon non receipt of the installment premium when it becomes due.

7. Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected.

However Initial notification of claim can be made by telephone.

8. Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

9. Geographical Area

The cover granted under this insurance is valid for treatments taken in India only.

10. Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss, the right of contribution apply. This clause shall however not be applicable for benefit sections of the policy.

11. Continuation of Terms and Conditions

The Insured has to renew the policy without any break to ensure continuity of cover from the commencement. A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, the company shall not be liable for hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

12. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights. The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. This clause shall however not be applicable for benefit sections of the policy.

13. Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

14. Renewals

This Policy may be renewed by mutual consent every year and

in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. Policy must be renewed within the Grace Period of thirty days of expiry to maintain the continuity of Coverage. However no coverage shall be available during the period of such break.

A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at the discretion of Us. Any condition/diseases contracted during the break-in period shall not be covered and shall be treated as Pre-existing condition and waiting period for such disease will commence afresh.

In the event of mis-description, fraud, non co-operation by the insured or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal.

At renewal, the coverages, terms & conditions and premium may change, in which case a 3 months notice shall be sent to the Proposer at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

The product/plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer at the address recorded/ updated in the policy. When the policy is withdrawn, the product/plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

The renewal premium shall be subject to changes (as approved by IRDA) if any, as specified in the prospectus.

14. Customer Service

If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hour.

15. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

16. Disclaimer

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

17. Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

18. Change of address

The Insured must inform in writing of any change in his/her address. This is to ensure better service in terms of communication and any failure to do so shall not amount to non-adherence to policy conditions so long as the changed address is within India.

19. Change in Sum Insured

Any change in the Sum Insured can be opted only at the time of renewal, subject to no claim under the expiring policy and the increase is restricted to 100% of the current Sum Insured and is at the discretion of company. When the Company is admitting liability for disease / illnesses / medical condition / injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person in the policy during the first occurrence of such disease/illness/medical condition/burns or the available Sum Insured under the current Policy, whichever is less.

When the Company is admitting liability for pre existing disease the least sum insured opted in all years of insurance will be considered.

20. Portability

This policy is portable. If proposer desires to port to this policy, application in the appropriate form should be made before 45 days from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Indemnity Health Insurance Policy and to the extent of the coverage as it regards the Sum Insured, provided the Policy has been continuously renewed without any break in the policy.

For Portable policies, Portability benefit will be offered to the extent of - sum of previous sum insured and accrued cumulative bonus, if available. The portability rights apply only to Hospital Benefit.

21. Compliance with Policy provisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

22. Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address or contact through Toll number during normal business hours or by E mail.

a. Any partial or total repudiation of claims by the Company.
b. Any dispute regard to premium paid or payable in terms of the policy.
c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
d. Delay in settlement of claims.
e. Non-issue of any insurance document to customer after receipt of the premium.
f. Any other grievance, apart from the above mentioned.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram General Insurance Co. Limited is located for the following grievances. The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. Address, contact person and contact number details are given as per Annexure IV.

5 ADDITIONAL BENEFITS

Ambulance Charges

Subject otherwise to terms, conditions and exclusions of the policy,

Emergency ambulance charges for transporting the patient to the hospital up to a sum specified in the schedule per admissible hospitalization and overall policy limit as specified in schedule will be reimbursed on producing the bills in original.

Cost of contact lens, spectacles and hearing aids (Applicable under Gold & Platinum Plan)

The Insured is eligible, once in 4 years, the amount specified in the schedule, on completion of four consecutive years, under this policy with us towards the following:

a. One pair of spectacles or contact lenses, or

b. A hearing aid, excluding batteries.

Provided that the above are prescribed by a Medical Practitioner and does not include anything of cosmetic in nature.

i) The benefit under this section is subject to a co payment of 25% of the expenses incurred by the insured person.

ii) Under a Family Floater cover, the limits are per policy.

iii) The prescription of the medical practitioner and the bills/ receipts/invoices are necessary for making a claim.

iv) This benefit is payable once in 4 years only.

Dental Care (Applicable under Gold and Plaitnum Plans)

The Insured is eligible for the amount specified in the schedule, on completion of four consecutive years under this policy with us towards the following

a. Fillings and Crowns.

b. Emergency Tooth Replacement.

c. Non-cosmetic Oral Surgeries.

d. Dental x-rays.

Provided that the above are prescribed by a Medical Practitioner and does not include anything of cosmetic in nature.

i) The benefit under this section is subject to a co payment of 25% of the expenses incurred by the insured person.

ii) Under a Family Floater cover, the limits are per policy. .

iii) The prescription of the medical practitioner and the bills/ receipts / invoices are necessary for making a claim.

iv) This benefit is payable once in 4 years only

Health Checkup

Reimbursement of expenses, subject to a maximum of Rs.-1,500/- per Insured Person, under Silver and Gold Plans and maximum of Rs.5000/- under Platinum Plan towards Master Health Check up for the Insured Person, after each 4 consecutive claim free years. This is payable once in 4 claim free years.

In respect of a floater policy, if a claim is admitted/settled under the policy, no insured member shall be eligible for the above benefit.

Maternity Benefit (Applicable under Silver Plan)

1. The maximum amount payable under this Benefit is 10% of the Sum Insured subject to maximum of Rs. 20,000/- irrespective of number of policies. Any complication arising out of pregnancy will be deemed to be covered under this extension only, and the limits mentioned herein would apply.

2. This Benefit is admissible only if the expenses are incurred in Hospital/Nursing Home as In-Patient in India.

3. Expenses incurred towards Maternity Treatment shall not be payable during the first 36months from the Commencement Date of the cover for the insured person. The waiting period may be relaxed only in case of delivery/miscarriage/abortion induced by accident or other medical emergency.

4. Pre Hospitalization and Post Hospitalization expenses shall not be covered under this benefit

5. This benefit shall be applicable only in respect of delivery of first two living children. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.

6. Hospitalization expenses incurred up to 3 days after a regular delivery and 5 days after a cesarean delivery shall be covered. Any extended stay, shall be covered only if medically necessary.

Outpatient Treatment (Applicable under Gold and Platinum Plans)

The Company hereby agrees subject to the terms, conditions herein contained or otherwise expressed herein, that, if during the Period of Insurance stated in the Schedule of the policy, the Insured shall incur any medical charges related to medical treatment taken at a Hospital (or any clinic) , the Company shall pay to the Insured, the amount of such Medical Charges as are reasonably and necessarily incurred thereof, but not exceeding the aggregate Sum Insured under this benefit for a particular Insured as appearing in the Schedule of the policy hereto.

a) Basis of assessment of Claims

The claim payable under this benefit shall be such Medical Charges incurred by the Insured for medical treatment of the Insured for any Illness or Bodily Injury but not exceeding the Limit of Indemnity as specified under this benefit in respect of such Insured.

b) Claims Procedure

Claim Documents:

The Insured shall be required to furnish the following documents in original for or in support of a claim:

- Duly completed claim form.
- Discharge Card (if applicable) or OPD card of the Hospital.
- Prescription of the treating Medical Practitioner, bills, receipts, etc.
- Bills from chemists supported by proper prescription.
- Test reports and payment receipts.
- Any other document as required by the Company

Payment of Claims:

Claims pertaining to each Insured can be lodged only once during the Period of Insurance. The Company shall not receive any claims prior to completion of 90 days of the commencement of the Policy. Claims under this benefit shall be payable only on re-imbursement basis. No claim shall be admissible under this benefit, 30 days after expiry of the Period of Insurance, whether the policy is renewed or not.

Note: The Company at its option can introduce plan with 100% network hospital / clinics for availing OP treatment benefit.

Hospital Cash

For each completed 24 hours of hospitalization the daily benefit as specified in the schedule will be payable. This benefit follows admitted liability under hospitalization cash benefit.

This benefit is not applicable in case of an admitted liability under hospitalization benefit for day care procedures where no inpatient treatment is involved.

The daily benefit as mentioned in the Schedule of the Policy is payable for a maximum period of 30 days per annum.

Exclusions for Hospital Cash

The Company shall not be liable for any claim in connection with or in respect of:

1.1 Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.

1.2 Any heart, kidney and circulatory disorders in respect of Insured Persons caused by Hypertension/Diabetes.

2.2 All exclusions flowing from base policy (except PED).

Hospital Cash Claims procedure

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name, address Hospital/ Nursing Home etc. should be given to Us 24 hours prior to admission in case of planned hospitalisation and not later than 24 hours after admission in case of an emergency hospitalisation.
2. The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.
   a) Photo copy of bills, receipt and discharge certificate/card from the Hospital.
   b) Photo copy of FIR. copy in case of an Accident.
   c) Complete set of Hospital/medical records if specifically sought by Us.
   d) If required, the Insured Person must give consent to obtain Medical Report from any Medical Practitioner at our expense.
   e) If required, the Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

The claim documents should be sent to:

Health Claims Department

M/s. Royal Sundaram General Insurance Co. Limited.,

Corporate office: Vishranthi Melaram Towers, No. 2 / 319
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Surgicare (extended on payment of appropriate additional premium)

- Under this benefit the policy pays a fixed benefit amount on the Insured person undergoing of covered Surgery.
- The covered surgeries are classified as Category-1, Category-2, Category-3 and Category-4.
- The amount payable is 100% of the Sum Insured for all category-1 Surgeries, 50% of Sum Insured for all category-2 Surgeries, 25% of Sum Insured for all category-3 surgeries and 10% of Sum Insured for all category-4 surgeries subject to following limits:

  Maximum life time benefit payable under this policy is 4 times the annual Sum Insured at policy inception, opted by the individual Insured. In case the life insured undergoes more than one type of surgical procedure, the payouts would be made as per the category of claim, subject to the annual and policy life limits.
- The fixed benefit amount depending upon the category in which the covered Surgery falls shall be maximum amount payable, irrespective of the number of Surgicare benefit the Insured Person holds.
- In the event of the Insured Person(s) covered under more than one Surgicare benefit only one policy will pay the benefit.
- The fixed benefit amount depending upon the category in which the covered Surgery falls shall be payable irrespective of the actual cost incurred by the Insured Person(s).
- If the actual cost incurred is lower than the benefit amount, the Policy Holder shall be entitled to the difference as cash payout.
- The cash payout shall be made only after completion of the surgery as certified by the attending Medical Practitioner.
- The cash payout will not be made if the surgical procedure is not conducted even though it may have been advised by the Medical Practitioner.
- A 90 day waiting period is applicable for all listed surgeries from date of inception except for those surgeries necessitated due to accident.
- A 2 year waiting period is applicable for all surgeries towards treatment of any type of cancer.
- In addition to the above, a waiting period upto four years is applicable for some of the surgeries listed below from the date of inception unless necessitated due to accident.

CATEGORY 1- Benefit scale 100% of the applicable SI

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
1	Coronary artery bypass graft surgery	2 years
2	Heart, Lung or combined heart-lung transplantation	2 years
	ENT	
3	Block dissection of thoracic structures for cancers	90 days
4	Extensive Surgery for oropharangeal malignancy accompanied with Radical neck dissection along with reconstructive surgery	90 days
	General Surgery	
5	Bone Marrow transplant	90 days
6	Kidney or Liver transplantation as a recipient	2 years
7	Major reconstructive oro-maxillofacial surgery for trauma or burns (not for cosmetic purposes)	90 days
	Neurology	
8	Craniotomy for excision of malignant cerebral tumours	90 days
9	Repair of cerebral/ spinal arterio-venous malformations/cerebral aneurysms	2 years
	Orthopaedics	
10	Head-Face, Trauma, Craniofacial Approach Open Reduction and Fixation	90 days

CATEGORY 2 - Benefit scale is 50% of the applicable SI

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
11	Coronary angioplasty with stenting	2 years
12	Heart valve replacement using prosthesis via open heart surgery	2 years
13	Major Surgery of the Aorta with graft	90 days
14	Major surgery of the pulmonary artery	90 days
15	Permanent pacemaker implantation	2 years
	ENT	

16	Major Surgical treatment for Oropharangeal Malignancy (Excision Biopsy Excluded)	90 days
	General Surgery	
17	Abdominoperineal resection	90 days
18	Hemi / Total colectomy	90 days
19	Hepatectomy	90 days
20	Large Vessel, Injury, Repair with Grafting	90 days
21	Mandible, Tumours, Marginal Resection with/without Bone Graft	90 days
22	Oesophagectomy	90 days
23	Oesophagus, Tumour, Bypass with Stomach/Intestine	90 days
24	Open Thoracotomy for mediastinal mass	90 days
25	Radical Mastectomy /Modified Radical Mastectomy	2 Years
26	Radical nephrectomy	90 days
27	Radical thyroidectomy	90 days
28	Testis, Tumour, Retroperitoneal Lymph Node Dissection Following Orchidectomy	2 Years
29	Whipples operation	90 days
	Gynaecology	
30	Wertheim's operation	2 Years
	Neurology	
31	Craniotomy for benign tumours/ space occupying lesions	90 days
32	Excision of benign /malignant spinal cord tumours	90 days
	Orthopaedics	
33	Open Reduction Of Fracture Dislocation & Internal Fixation of Spine/Pelvis	90 days
34	Total hip replacement	4years
35	Total knee replacement	4 years
	Urology	
36	Radical prostectomy	90 days

Category 3 - Benefit scale is 25% of the applicable SI

Sl.No	Surgeries	Waiting Period
	ENT	
37	Microlaryngeal Surgeries	90 days
38	Radical glossectomy	90 days
39	Radical tonsillectomy	**1 Year**
	General Surgery	
40	Adrenalectomy for carcinoma	90 days
41	Hepatico-jejunostomy	90 days
42	Nephrectomy	90 days
43	Open lobectomy/pneumonectomy	90 days
44	Repair of rupture of abdominal cavity viscus	90 days
45	Segmental Osteotomy of mandible	90 days
46	Segmental Osteotomy of maxilla	90 days
47	Skin grafting treatment for major burns (third degree burns of more than 10% of the body surface area)	90 days
48	Surgical treatment of diaphragmatic/ hiatus hernia	2 years
49	Total Gastrectomy/ Gastroduodenectomy	
	Gynaecology	
50	Repair of Ruptured Uterus	90 days
	Neurology	
51	Cranioplasty	90 days
52	Craniotomy for traumatic fracture of skull with intracranial haematoma evacuation	90 days
53	Decompression of nerve entrapment syndromes of upper and lower limbs with nerve transposition and endoneurolysis	90 days
54	Major nerve repair with grafting to prevent muscle paralysis	90 days
55	Trans-sphenoidal surgery of intracranial tumors	90 days
	Orthopaedics	
56	Anterolateral decompresion and Spinal fusion	2 years
57	Excision of bone tumours – Deep	90 days
58	Extensive Crush Injuries (Lower limb and Upper limb), Debridement with repair of bone and soft tissues	90 days
59	Hand and Foot, Complex Injuries, Debridement with Repair/ Reconstruction	90 days
60	Knee - ligament reconstruction(Arthroscopic / Open)	90 days
61	Major amputation (Above knee/ Below knee, Above elbow/Below elbow)	90 days
62	Open reduction with internal fixation of long bones of lower limb	90 days
63	Surgical treatment of fracture neck of femur with or without prosthesis	90 days
	Urology	
64	Major replacement / Reimplantation surgeries for reflux ureter	90 days
65	Open Nephrolithotomy	2 Years

Category 4 - Benefit scale is 10% of the applicable SI

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
66	Percutaneous transluminal mitral valvulotomy/Valvuloplasty	2 Years
	ENT	
67	Angiofibroma excision	90 days
68	Excision of para thyroid adenoma/ carcinoma	90 days
69	Functional endoscopic sinus surgery (FESS)	2 years
70	Mastoidectomy with tympanoplasty	90 days
71	Myringoplasty	90 days
72	Septoplasty	2 years
73	Stapedectomy	90 days

74	Tracheostomy	90 days
	General Surgery	
75	Appendicectomy (Open / Laproscopic)	90 days
76	Bypass procedure for inoperable cancer of pancreas	90 days
77	Cholecystectomy (Open/Lap)	2 years
78	Cholecystectomy with chole biliary duct (CBD) exploration (Open/ Lap)	2 years
79	Direct operation on oesophagus for portal hypertension	90 days
80	Fistulectomy for high rectal fistula/ complex fistulas	2 Years
81	Herniorhaphy for external hernia with or without mesh repair	2 Years
82	Herniotomy (Open/Laproscopic)	2 Years
83	Laparotomy for Peritonitis- Lavage and drainage	90 days
84	Laryngectomy	90 days
85	Lumbar sympathectomy	90 days
86	Operation for intestinal Obstruction	90 days
87	Pancreato duodenectomy	90 days
88	Partial / Total thyroidectomy	2 Years
89	Pharyngotomy	90 days
90	Prostatectomy(Open/ Trans urethral resection of prostate-TURP)	2 Years
91	Resection and anastomosis of intestine	90 days
92	Simple mastectomy	2 Years
93	Skin and suncutaneous tissue - malignant tumour Wide excision and Reconstruction	90 days
94	Skin grafting treatment for minor burns (third degree burns of less than 10% of the body surface area)	90 days
95	Splenectomy	90 days
96	Surgery for prolapse rectum	2 Years
97	Surgery for removal of liver abcess	90 days
98	Surgery for removal of lung abcess	90 days
99	Surgical treatment for pseudocyst of pancreas	90 days
100	Temporary / Permanent colostomy as a stand alone procedure	90 days
101	Thoracoplasty	90 days
102	Total Parotidectomy	90 days
103	Surgical treatment for gall bladder calculi (Lithotripsy)	2 Years
104	Varicose vein stripping with or without sub fascial ligation(Non Cosmetic)	2 Years
	Gynaecology	
105	Colporraphy/ Colpoperinnioraphy	90 days
106	Hysterectomy (Abdominal / Vaginal /Laparoscopic/Pan)	2 Years
107	Myomectomy	2 Years
108	Ovarian cystectomy	2 Years
109	Salphingo oophrectomy/ Oophorectomy	90 days
	Neurology	
110	Evacuation of hematoma through burrhole surgery	90 days
111	Facial nerve decompression	90 days
112	Primary Repair of Injury to Digital Nerve	90 days
113	Surgery for brachial plexus injury	90 days
114	Surgery for removal of brain abcess	90 days
	Opthalmology	
115	Corneal transplant	90 days
116	Evisceration/Excentration of eyeball	90 days
117	Retinal detachment surgery with or without vitrectomy	2 Years
118	Repair of penetrating injury of the eye/globe rupture	90 days
119	Surgery for glaucoma	2 Years
	Orthopaedics	
120	Arthrodesis for ankle/knee joint	2 years
121	Disarticulations/Amputation of digits	90 days
122	Disc Prolapse Surgery - Discectomy with laminectomy	2 years
123	Excision of bone tumours – superficial	90 days
124	Implant Removal from long bones - upper/lower limb	90 days
125	K-Wire fixation (Hand/Foot)	90 days
126	Open reduction and fixation of mandibular fracture	90 days
127	Open reduction and fixation of maxillary fracture	90 days
128	Open Reduction Of Dislocations of Joints	90 days
129	Open Reduction with internal fixation of long bones of upper limb	90 days
130	Repair of multiple tendon injury – Flexor/Extensor of both upper and lower limb	90 days
131	Total Ankle Joint replacement	2 years
132	Total Shoulder/Elbow joint replacement	2 years
	Urology	
133	Diathermy destruction of bladder neoplasm	90 days
134	Kidney cyst excision	90 days
135	Open drainage of perinephric abcess	90 days
136	Operations for injuries of the bladder	90 days
137	Operations for injuries of the kidney	90 days
138	Pyeloplasty for hydronephrosis	90 days
139	Treatment for renal/ureteric calculi - Lithotripsy/Cystoscopy and Basketting with/without stenting	2 Years
140	Ureterolithotomy	2 Years

Exclusions for Surgicare

1. Surgeries due to Pre Existing condition.
2. Treatment which is either not taken from recognised Hospitals or

not taken under the supervision of a registered Medical Practitioner.

3. Treatment by any Medical Practitioner acting outside the scope of licence or registration granted to him by any Medical Council

4. Any surgical procedure carried out on account of opportunistic conditions associated with HIV/AIDS, AIDS Related Complex Syndrome (ARCS) and sexually transmitted diseases.

5. Where the surgery is being undertaken to correct congenital or hereditary diseases/internal or external physical defects.

6. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including laser surgery for power correction, myopia, hyper metropia, astigmatism and any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.

7. Suicide or attempted suicide or intentional self inflicted injury, by the Insured, whether sane or not at the time.

8. Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered Medical Practitioner and surgical procedure necessitated due to Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease (Thromboangitis Obliterans) All types of pre malignant conditions/cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers, resulting from, or related to tobacco abuse only.

9. Service in the military/Para-military, naval, air force or police organizations of any country in a state of war (declared or undeclared) or of armed conflict.

10. Admission into a hospital for pregnancy and childbirth, pregnancy complications such as toxemia, or hyperemesis gravidarum, abortion, ectopic pregnancy.

11. Any birth control procedures and/or hormone replacement therapy, contraceptive measures, fertility tests and invitro fertilization.

12. Prosthesis, corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intra-operatively.

13. Participation by the Insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the Insured does not, at that time, have any duty on board such aircraft.

14. Insured engaging in or taking part in professional sport (s) or competitive sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

15. Admission into a hospital for an organ transplant procedure, where the Insured himself acts as a donor

16. Any covered Surgical Procedure necessitated as a result of the Insured committing any breach of law with criminal intent.

17. War, invasion, act of foreign enemy, war like operations whether war be declared or not.

18. Treatment by
    a. A family member of the Insured, even though the family member may be a registered Medical Practitioner.
    b. Self-medication by Insured, even though the Insured may be a registered Medical Practitioner.
    c. Non Allopathic ways

19. Any act of terrorism.

20. Nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

21. Experimental and unproven treatment, any Illness or Injury caused by or as result or consequence of undergoing of any experimental or unproven treatment, diagnostic tests and treatment not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury for which Hospitalization is required.

22. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.

23. Treatment received outside India.

24. Any travel or transportation expenses

Claims Procedure

1. Claims Process at Network Hospitals

All Claims at Network Hospitals should be preauthorised by the Third Party Administrator of the Company. Preauthorisation of a claim allows cashless access at the Network Hospital. In case of hospitalisation, the treating hospital will send a completely filled 'Preauthorisation Request Form' to the nearest office of the TPA. Preauthorisation is completed upon issuance of an Authorisation Letter by the TPA.

For planned surgical admissions, preauthorization would be provided up to 96 hours prior to admission.

If the actual cost incurred by the Insured is lower than the entitled benefit amount, the Policy Holder/Insured shall be entitled to the difference as cash payout. Any Claims for cash payout should be reported to the TPA within 30 days from the date of discharge.

2. Claims process at Non-Network Hospitals

Reporting of Claim – All claims should be reported to the TPA within 30 days from the date of discharge from the hospital along with following documents.

Claims Document Submission

- Duly completed and signed claim form,
- original or attested photo copies of bills, receipts, discharge summary sheet, pathological and investigation reports with Doctor Prescriptions.
- X-ray films, Scan films if necessary.
- copies of First Information Report (FIR) and Medico Legal Certificate (MLC) where required.
- Self Declaration as to When, Where and how the accident / injury happened.
- and any other relevant details & documents indoor case records if specifically sought by Us pertaining to the Hospitalisation.

The claim documents should be sent to:

Health Claims Department

M/s. Royal Sundaram General Insurance Co. Limited,

Corporate office: Vishranthi Melaram Towers, No. 2 / 319
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

3. Emergency Hospitalisation

In emergency, if the Insured gets admitted to a Network Hospital, the Hospital would then contact the TPA and request for the Authorisation.

For emergency claims on the network, the pre-authorization process would include a specific processing queue with an enhanced Turn Around Time.

Claims for Hospital Cash Benefit (section C, article 2.1) are payable after discharge from the Hospital and should be claimed along with excess cash payout (if any) arising from Surgical Benefit (section C, article 1.1). All such claims should be submitted to the TPA within 30 days from the date of discharge.

TAT for hospitalization in a Network hospital.

1. 3 Hours for emergency hospitalization.
2. 6 Hours for normal hospitalization.
3. 48 Hours for planned hospitalization.

WHAT IF I EVER NEED TO COMPLAIN?

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

In all instances, call our Customer Services at our Chennai office at 1860 425 0000 or e-mail at customer.services@royalsundaram.in or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

IRDA Registration No.102. | CIN: U67200TN2000PLC045611

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