



## Master Product - Total Health Advantage

### Prospectus

#### Master Product -Total Health Advantage - Quality Health Insurance

Your family is the most important part of your lives. You try to plan out the best for them. But life sets its own course. And at times, you do face misfortunes like a sudden illness, a serious accident or an unavoidable surgery. To provide them with suitable medical attention in such a scenario, you fall back on your hard earned savings. Is there a better way to keep your savings intact?

Royal Sundaram brings to you Master Product -Total Health Advantage, a unique health insurance plan, providing optimum health coverage at an affordable price.

This Health Insurance Plan is offered for a period of one and two years. It offers coverage much larger than the ones offered by basic plans.

#### What are the key benefits of Master Product -Total Health Advantage?

- This policy is specially designed to offer complete protection to you and your family for
  - **Hospitalisation Cover:** Any expenses incurred towards Inpatient Hospitalization for a period of more than 24 hours, for the illnesses / diseases contracted or injury sustained by the insured person during the period of Insurance.
  - 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.
  - 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.
  - **Pre-hospitalization expenses** – We shall pay for expenses incurred 30 days prior to date of admission into the hospital.
  - **Post-hospitalization expenses** - We shall pay for expenses incurred 60 days after the date of discharge from the hospital.
  - **Day Care Treatment** – We shall pay for medical expenses for day care procedures (as per Annexure II ) requiring less than 24 hours of hospitalisation but not towards expenses incurred in the out patient department of any hospital.
1. Modern Treatments: The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:
    - a. Uterine Artery Embolization and HIFU
    - b. Balloon Sinuplasty
    - c. Deep Brain stimulation
    - d. Oral chemotherapy
    - e. Immunotherapy- Monoclonal Antibody to be given as injection



- f. Intra vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio surgeries
- i. Bronchical Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM - (Intra Operative Neuro Monitoring)

Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Claim amount payable per person towards the treatment of following disease, illness, medical condition or injury 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.

### 1. Additional Benefit

#### Ambulance Charges

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 Platinum 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 36 months 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.

#### **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.

#### **Surgicare**

- 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**

<b>Sl.No</b>	<b>Surgeries</b>	<b>Waiting Period</b>
<b>Cardio Vascular System</b>		
1	Coronary artery bypass graft surgery	2 years
2	Heart, Lung or combined heart-lung transplantation	2 years
<b>ENT</b>		
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
<b>General Surgery</b>		
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
<b>Neurology</b>		
8	Craniotomy for excision of malignant cerebral tumours	90 days



9	Repair of cerebral/ spinal arterio-venous malformations/cerebral aneurysms	2 years
	<b>Orthopaedics</b>	
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
	<b>Cardio Vascular System</b>	
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
	<b>ENT</b>	
16	Major Surgical treatment for Oropharangeal Malignancy (Excision Biopsy Excluded)	90 days
	<b>General Surgery</b>	
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
	<b>Gynaecology</b>	
30	Wertheim's operation	2 Years
	<b>Neurology</b>	
31	Craniotomy for benign tumours / space occupying lesions	90 days
32	Excision of benign / malignant spinal cord tumours	90 days
	<b>Orthopaedics</b>	
33	Open Reduction Of Fracture Dislocation & Internal Fixation of Spine/Pelvis	90 days
34	Total hip replacement	4years
35	Total knee replacement	4 years
	<b>Urology</b>	



36	Radical prosectomy	90 days
----	--------------------	---------

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

Sl.No	Surgeries	Waiting Period
	<b>ENT</b>	
37	Microlaryngeal Surgeries	90 days
38	Radical glossectomy	90 days
39	Radical tonsillectomy	<b>1 Year</b>
	<b>General Surgery</b>	
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	
	<b>Gynaecology</b>	
50	Repair of Ruptured Uterus	90 days
	<b>Neurology</b>	
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
	<b>Orthopaedics</b>	
56	Anterolateral decompression 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
	<b>Urology</b>	



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
	<b>Cardio Vascular System</b>	
66	Percutaneous transluminal mitral valvulotomy/Valvuloplasty	2 Years
	<b>ENT</b>	
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
	<b>General Surgery</b>	
75	Appendectomy (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
	<b>Gynaecology</b>	
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
	<b>Neurology</b>	
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
	<b>Ophthalmology</b>	
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
	<b>Orthopaedics</b>	
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
	<b>Urology</b>	
133	Diathermy destruction of bladder neoplasm	90 days
134	Kidney cyst excision	90 days
135	Open drainage of perinephric abscess	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

**Who is providing coverage under Master Product - Total Health Advantage?**

Your Coverage under Master Product -Total Health Advantage is offered by Royal Sundaram General Insurance Co. Limited (first private non-life Insurance Company licensed to operate in India).

**What additional benefits do I get?**

Along with the above benefits, you are also entitled to avail of the following benefits:-

- **Cashless Hospitalisation:** Master Product - Total Health Advantage also provides the benefit of a cashless cover for more than 4000 network hospitals.
- **Floater Cover:** A Floater Sum Insured is offered to Self, Spouse and dependent children indicating that either one / all together are eligible to Claim upto the Sum Insured.
- **Individual Cover:** Cover is also available on individual basis.
- **Tax Benefit:** Premium eligible tax benefits under Section 80D of the Income Tax Act, up to Rs.35, 000/- per year (applicable only in respect of premium paid towards health insurance).

**What are the medical examinations to be done before taking Master Product - Total Health Advantage?**

**Medical Examination:** Medical examination is required as per the table given below and the reports should not be more than 30 days from the date of proposal.

The same must be obtained from any of the hospitals / diagnostic centres in the list maintained by the Company

<b>Sum Insured</b>	Upto Rs.500,000	Above 500000
<b>Age</b>	>50 Years	>45 Years



The Company may alter / change the threshold age of medical examination on a later date based on the performance and market conditions.

- a. The following medical reports are required for Sum Insured less than or equal to Rs.500,000/-
- Blood Sugar Report – Fasting / PP
  - Routine Urine analysis report
  - ECG print out with report

These reports should be dated not prior to 30 days from the date of application. For policy periods of up to 1 year & more than 1 year , we shall bear 50% & 100% respectively of the cost of medical examination in the event of risk being accepted

- b. The following medical reports are required for Sum Insured above Rs.500,000/-
- In addition to the above, mandatory MER, ,(HBA1C), Lipid Profile, Hb, S.Creatinine, Liver Function Tests,.

These reports should be dated not prior to 30 days from the date of application. For policy periods of up to 1 year & more than 1 year , we shall bear 50% & 100% respectively of the cost of medical examination in the event of risk being accepted

**What is the coverage amount under Master Product -Total Health Advantage?**

You and your family would be covered under the following Sum Insured.

<b>Plan and Coverage</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
Indemnity Hospitalisation	2/3/5	5/7.5/10	15/20
Maternity Benefit (Waiting Period of 3 years)	10% of the SI subject to a max of Rs.20000/-	NA	NA
Hospital Cash	500	500	2000
Outpatient Charges	NA	2500	5000
Dental Care with 25% copay-once in 4 completed years	NA	5000	5000
Spectacles/Hearing Aid with 25% copay-once in 4 completed years	NA	5000	5000
Ambulance Charges	1500	1500	5000
Master Health Check Up-Reimbursement	1500	1500	5000

**Who is eligible for the coverage?**

You must satisfy the following conditions:

<b>Parameter</b>	<b>Eligibility</b>
Age at entry	91 days - 65 years
Maximum cover ceasing age i.e renewal age	21 years for children
Coverage Term	1 and 2 years
Health Condition	You need to be in good health, have understood and signed the



	health declaration form.
--	--------------------------

- This policy is renewable life long

### **What do I need to pay?**

**Floater Policy:** Indicative Single Premium (In Rupees) for the no of persons to be covered for the coverage of stipulated Sum Insured shown in the table below. Premium for the family will depend upon Plan Selected, age of eldest family member and the size of the family.

**Individual Policy:** Indicative premium for single life for coverage of stipulated Sum Insured is shown in the table below.

The premiums are for a healthy life and are inclusive of applicable service tax/education cess as per the prevailing rates.

### **Premium table**

#### **Individual Sum Insured - One year Premium including Service Tax @ 12.36%**

Plan	Silver			Gold			Platinum	
	200000	300000	500000	500000	750000	1000000	1500000	2000000
91d-18 yrs	3302	3775	5565	9044	10309	12136	23448	29890
19-25	4161	4884	7133	11425	14270	17498	31818	42517
26-30	4362	5132	7526	11848	14884	18326	33263	44678
31-35	4572	5394	7939	12290	15523	19193	34773	46937
36-40	4822	5705	8430	12817	16289	20226	37255	50311
41-45	5949	7060	11030	16195	20992	26434	41693	56827
46-50	6493	7736	12154	17453	23623	29710	52072	71987
51-55	8531	10163	14918	20467	27580	35006	58471	81558
56-60	10526	12618	18620	23490	31969	40944	68175	96077
61-65	12838	15488	23065	28170	38760	50131	83184	118533
66-70	19297	21375	33436	37328	52050	68109	112560	162484
71-75	27958	31080	49208	53099	74942	99074	163162	238184
76-80	31420	34960	55513	59403	84089	111450	183383	268440

#### **Individual Sum Insured - Two year Premium including Service Tax @ 12.36%**

Plan	Silver			Gold			Platinum	
	200000	300000	500000	500000	750000	1000000	1500000	2000000
91d-18 yrs	6373	7286	10741	17454	19896	23424	45254	57688



19-25	8032	9427	13765	22053	27543	33770	61411	82058
26-30	8418	9906	14525	22867	28725	35369	64197	86228
31-35	8824	10409	15321	23719	29959	37041	67113	90589
36-40	9308	11014	16271	24735	31437	39036	71902	97101
41-45	11482	13626	21286	31255	40516	51020	80466	109678
46-50	12532	14931	23457	33684	45593	57339	100498	138934
51-55	16465	19616	28793	39500	53230	67562	112848	157408
56-60	20318	24354	35935	45336	61702	79021	131576	185429
61-65	24778	29892	44516	54367	74806	96751	160543	228768
66-70	37245	41252	64531	72041	100456	131452	217242	313595
71-75	53960	59987	94972	102481	144636	191212	314901	459694
76-80	60640	67472	107137	114648	162289	215098	353930	518090

**Floater Sum Insured - One year Premium including Service Tax @ 12.36%**

**Silver plan**

Sum Insured - 2,00,000						Sum Insured - 3,00,000				
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C
Upto 30 yrs	5966	7922	9832	6361	7345	7013	9242	11419	7394	8496
Upto 40 Yrs	6575	8507	10397	6742	7653	7770	9965	12123	7868	8880
Upto 50 Yrs	11041	13683	16261	9306	11002	13152	16168	19109	10936	12839
Upto 55 Yrs	14502	17106	19643	11242	12713	17278	20246	23138	13242	14880
Upto 60 Yrs	17896	20460	22956	13137	14389	21451	24369	27211	15573	16940
Upto 65 yrs	21827	24343	26794	15334	16330	26329	29189	31975	18299	19351
Upto 70 yrs	32805	35193	37512	21468	21756	39867	42568	45195	25864	26040
Upto 75 yrs	47530	49743	51890	28211	29032	58144	60631	63043	34274	35072
Upto 80 yrs	53414	55559	57638	32161	32737	65449	67849	70176	39157	39648
Sum Insured - 5,00,000										
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C					
Upto 30 yrs	10262	13551	16766	10867	12501					
Upto 40 Yrs	11458	14697	17876	11617	13107					
Upto 50 Yrs	20662	25094	29414	16834	19561					
Upto 55 Yrs	25361	29739	34005	19460	21882					
Upto 60 Yrs	31655	35956	40149	22977	24991					
Upto 65 yrs	39212	43425	47528	27200	28726					
Upto 70 yrs	56842	60849	64744	37052	37437					
Upto 75 yrs	83654	87347	90926	49435	50685					



Upto 80 yrs	94372	97937	101390	56573	57381
-------------	-------	-------	--------	-------	-------

**Gold Plan**

Sum Insured - 5,00,000						Sum Insured - 7,50,000				
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C
Upto 30 yrs	18977	25664	32301	18886	23786	23365	30711	38018	22619	27645
Upto 40 Yrs	22389	28930	35469	22128	26402	28176	35317	42488	27159	31310
Upto 50 Yrs	30711	38582	46342	25519	31519	41199	50010	58683	32582	38826
Upto 55 Yrs	35834	43645	51347	28383	34051	47925	56657	65251	36341	42150
Upto 60 Yrs	40975	48725	56365	31254	36591	55387	64033	72538	40512	45837
Upto 65 yrs	48929	56586	64132	35700	40522	66930	75438	83810	46959	51539
Upto 70 yrs	64496	71970	79333	44400	48213	89525	97766	105872	59587	62704
Upto 75 yrs	91309	98467	105515	59383	61462	128439	136224	143871	81333	81933
Upto 80 yrs	102025	109058	115981	65372	66757	143991	151592	159057	87773	89616
Sum Insured - 10,00,000										
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C					
Upto 30 yrs	28343	36701	45019	27182	32555					
Upto 40 Yrs	34743	42827	50962	33193	37408					
Upto 50 Yrs	51547	61773	71824	40102	47011					
Upto 55 Yrs	60551	70670	80616	45133	51460					
Upto 60 Yrs	70644	80645	90472	50774	56448					
Upto 65 yrs	86262	96078	105722	59502	64165					
Upto 70 yrs	116827	126284	135569	76582	79267					
Upto 75 yrs	169466	178304	186968	103347	105277					
Upto 80 yrs	190506	199096	207513	114812	115674					

**Platinum Plan**

Sum Insured - 15,00,000						Sum Insured - 20,00,000				
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C
Upto 30 yrs	51785	68159	84413	50681	61584	68291	88274	108115	66125	78365
Upto 40 Yrs	59422	75468	91505	56424	66218	79159	98674	118205	74334	84993
Upto 50 Yrs	90603	110506	130078	72437	86461	124458	149374	173832	97476	114014
Upto 55 Yrs	101481	121256	140701	78516	91836	140732	165457	189722	106571	122054
Upto 60 Yrs	117976	137557	156807	87734	99988	165411	189846	213821	120363	134249
Upto 65 yrs	143494	162774	181725	101994	112596	203586	227572	251098	141696	153112
Upto 70 yrs	193435	212128	230490	129903	137273	278302	301409	324056	183449	190031
Upto 75 yrs	279452	297135	314487	177971	179776	406994	428586	449720	248981	253619
Upto 80 yrs	313830	331108	348054	192254	196762	458428	479415	499944	277005	279034



**Floater Sum Insured - Two year Premium including Service Tax @ 12.36%**

**Silver plan**

Sum Insured - 2,00,000						Sum Insured - 3,00,000				
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C
Upto 30 yrs	11514	15290	18974	12275	14177	13535	17836	22040	14269	16401
Upto 40 Yrs	12691	16417	20067	13015	14774	14994	19234	23397	15186	17141
Upto 50 Yrs	21309	26408	31383	17959	21233	25383	31205	36880	21106	24781
Upto 55 Yrs	27990	33014	37909	21695	24534	33347	39075	44656	25558	28717
Upto 60 Yrs	34540	39485	44304	25354	27771	41398	47031	52517	30056	32695
Upto 65 yrs	42126	46982	51711	29594	31518	50815	56337	61713	35316	37347
Upto 70 yrs	63314	67922	72400	41433	41989	76941	82157	87225	49918	50256
Upto 75 yrs	91731	96005	100149	54448	56030	112219	117017	121673	66151	67688
Upto 80 yrs	103089	107230	111240	62069	63183	126317	130950	135438	75571	76521
Sum Insured - 5,00,000										
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C					
Upto 30 yrs	19804	26153	32356	20973	24129					
Upto 40 Yrs	22116	28365	34503	22420	25296					
Upto 50 Yrs	39877	48429	56770	32489	37752					
Upto 55 Yrs	48948	57394	65628	37557	42232					
Upto 60 Yrs	61093	69395	77486	44345	48234					
Upto 65 yrs	75678	83810	91729	52496	55440					
Upto 70 yrs	109703	117437	124955	71510	72253					
Upto 75 yrs	161452	168577	175486	95407	97824					
Upto 80 yrs	182136	189018	195683	109187	110746					

**Gold Plan**

Sum Insured - 5,00,000						Sum Insured - 7,50,000				
Age Band	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C	2A	2 A+1C	2 A+2C	1 A+1 C	1 A+2C
Upto 30 yrs	36625	49533	62341	36451	45907	45093	59271	73375	43655	53355
Upto 40 Yrs	43210	55834	68454	42707	50957	54382	68163	82002	52416	60430
Upto 50 Yrs	59271	74465	89443	49253	60832	79515	96519	113260	62882	74934
Upto 55 Yrs	69160	84234	99099	54779	65717	92497	109348	125935	70137	81349
Upto 60 Yrs	79080	94038	108784	60320	70619	106899	123584	140001	78187	88464
Upto 65 yrs	94432	109212	123777	68902	78206	129175	145594	161753	90634	99470
Upto 70 yrs	124477	138903	153113	85692	93052	172783	188691	204332	115003	121018
Upto 75 yrs	176224	190044	203643	114609	118622	247888	262913	277672	156974	158130



<b>Upto 80 yrs</b>	196909	210482	223841	126168	128841	277903	292570	306979	169403	172959
<b>Sum Insured - 10,00,000</b>										
<b>Age Band</b>	<b>2A</b>	<b>2 A+1C</b>	<b>2 A+2C</b>	<b>1 A+1 C</b>	<b>1 A+2C</b>					
<b>Upto 30 yrs</b>	54702	70833	86886	52461	62830					
<b>Upto 40 Yrs</b>	67054	82656	98358	64063	72195					
<b>Upto 50 Yrs</b>	99487	119222	138621	77396	90733					
<b>Upto 55 Yrs</b>	116864	136394	155589	87107	99317					
<b>Upto 60 Yrs</b>	136343	155645	174611	97994	108942					
<b>Upto 65 yrs</b>	166487	185431	204044	114839	123839					
<b>Upto 70 yrs</b>	225476	243728	261646	147801	152984					
<b>Upto 75 yrs</b>	327069	344128	360850	199461	203186					
<b>Upto 80 yrs</b>	367677	384255	400500	221585	223250					

#### Platinum Plan

<b>Sum Insured - 15,00,000</b>						<b>Sum Insured - 20,00,000</b>				
<b>Age Band</b>	<b>2A</b>	<b>2 A+1C</b>	<b>2 A+2C</b>	<b>1 A+1 C</b>	<b>1 A+2C</b>	<b>2A</b>	<b>2 A+1C</b>	<b>2 A+2C</b>	<b>1 A+1 C</b>	<b>1 A+2C</b>
<b>Upto 30 yrs</b>	99944	131546	162919	97815	118856	131802	170369	208663	127622	151246
<b>Upto 40 Yrs</b>	114685	145654	176604	108898	127801	152777	190443	228137	143465	164035
<b>Upto 50 Yrs</b>	174863	213277	251050	139804	166870	240202	288292	335496	188130	220045
<b>Upto 55 Yrs</b>	195859	234024	271552	151537	177245	271612	319330	366163	205681	235566
<b>Upto 60 Yrs</b>	227693	265486	302637	169328	192974	319243	366402	412674	232300	259101
<b>Upto 65 yrs</b>	276943	314155	350730	196847	217311	392921	439214	484620	273473	295506
<b>Upto 70 yrs</b>	373327	409405	444848	250713	264936	537125	581720	625430	354056	366760
<b>Upto 75 yrs</b>	539345	573470	606958	343486	346969	785499	827170	867961	480532	489486
<b>Upto 80 yrs</b>	605694	639038	671744	371050	379751	884767	925271	964891	534619	538535

#### How do I pay my Premium?

You will get the choice of easy payment option as follows:

- If you prefer, you can choose to pay the premium in full by a cheque or demand draft in favour of “Royal Sundaram General Insurance Co. Limited”
- In case you wish to continue the policy after the stipulated period of one year, you have the option of making the premium payment by providing an ECS mandate against your bank account or by issuing a cheque in favour of Royal Sundaram General Insurance Co. Ltd.
- You can also pay your premium through your credit card.

#### How do I Enroll?



Quick and easy enrolment process. Medical examination is required for persons above 45 years depending on the plan and term chosen. All you need to do is to complete the enrolment cum health declaration form. Kindly ensure all details are captured accurately and completely filled in before signing.

**When does the coverage start?**

Coverage in respect of all customers starts from the date of receipt of premium.

**How can my coverage end?**

The coverage shall end on occurrence of any one of the instances as mentioned in the table below.

<b>Event</b>	<b>Parameter</b>
End of coverage term	After 1 or 2 years of policy inception
If you cancel the coverage	Premium would be refunded as per the grid short period scales

**What document will I get as a proof of Insurance?**

A Certificate of Insurance (COI)/ Policy Copy issued to you by the company, can be used as a proof of payment of premium to claim a benefit under the prevailing taxation laws. You would also get the Health Cards and the policy terms and conditions towards the insurance policy along with the Health Kit.

**What is the claim process?**

**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.

- 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.

**Claims Procedure for claiming Outpatient treatment charges**

**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-imbursalment 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 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.

### **Surgicare - 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

(Formerly known as Royal Sundaram Alliance Insurance Company 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.

### **Can I renew my policy after the stipulated period?**

Yes, for subsequent renewals post the expiry of your policy period, you have the following options:

- Provide ECS (Electronic Clearing System) instructions against your bank account.
- Provide a cheque in favor of Royal Sundaram General Insurance Co. Limited.
- Provide your credit card no with expiry date.

### **What are the benefits of renewing the policy next year?**

You become eligible to claim for ailments, which have a waiting period. For example, you may claim expenses for ailments like Stones in the Urinary and Biliary systems, etc. (First Year Exclusion) after the first renewal in case of one year policy. Similarly, even pre-existing ailments become claimable after the 3rd year of renewal.

### **What are the exclusions?**

Below is the list of important exclusions. For detailed list please refer policy conditions.

#### **1. Exclusion Name: Pre-Existing Diseases - Code- Excl01**

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

#### **2.. Exclusion Name: Specified disease/procedure waiting period- Code- Excl02**

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/36months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures is as under:

#### **I.List of specific diseases/procedures is as under (12 months):**

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.

**II. List of specific diseases/procedures is as under (24 months):**

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. Any type of cancer including but not limited to Carcinoma /Sarcoma Blood Cancer,
13. Organ Transplant.
14. Chronic Renal Failure or end stage Renal Failure
15. Retinal detachment surgery with or without vitrectomy.

**III. List of specific diseases/procedures is as under (36months):**

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)

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

**3.30-day waiting period- Code- Excl03**

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**4. Investigation & Evaluation- Code- Excl04**

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

**5. Rest Cure, rehabilitation and respite care- Code- Excl05**

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**6. Obesity/ Weight Control: Code- Excl06**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:



- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

#### **7.Change-of-Gender treatments: Code- Excl07**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

#### **8.Cosmetic or plastic Surgery: Code- Excl08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

#### **9.Hazardous or Adventure sports: Code- Excl09**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

#### **10.Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

#### **11.Excluded Providers: Code- Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12.Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

13.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. Code- Excl13



14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

**15. Refractive Error: Code- Excl15**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

**16. Unproven Treatments: Code- Excl16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**17. Sterility and Infertility: Code- Excl17**

Expenses related to Sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

**18. Maternity: Code Excl18**

- i.* Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii.* Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

This exclusion is not applicable under Silver Plan.

19. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident. (Excl19)

20. Implantable electronic devices (such as replacement batteries or replacement devices). (Excl20)

21. Cost of cochlear implant(s) (Excl21)

22. External Durable Devices – Commode, j. Spo2 Probe. Microshield. Oxygen Converter. stockings (Excl22)

23. Claims directly or indirectly caused by or arising from or attributable to (Excl23)

- 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.

24. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization. (Excl24)

25. Any stay in Hospital not warranting inpatient treatment (Excl25)

26. Any treatment received outside India. (Excl26)

27. Any other alternative medicine except Allopathy (Modern Medicine). (Excl27)

28. Any person whilst engaging in following occupations: (Excl28)

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations under ground, Off-shore oil or gas rig worker, Policeman, Pop



- Musicians, Professional sports person ,Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m,Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, steeplejack, Stevedore. Structural steel- worker, Tower crane operator, Tree feller
29. Charges for Nurses/Attendants, etc. incurred during Prehospitalisation period and/or Post-hospitalisation period.(Excl29)
30. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor.(Excl30)
31. The cost of spectacles, contact lenses,(Excl31)
32. Dental treatment or dental surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury.(Excl32)
33. Outpatient treatment charges.(Excl33). **This is not applicable under Gold and Platinum Plan**
34. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner. (Excl34)
35. Cost of allopathic treatment if administered and/or recommended by non allopathic medical practitioner (Excl35)
- 36.Treatment by a family member or self-medication or any treatment that is not scientifically recognized. (Excl36)
37. Any travel or transportation expenses excluding ambulance charges. (Excl37)
38. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization. (Excl38)
- 39.Domiciliary Hospitalization. (Excl39)
- 40.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(Excl40)

**41. Existing Disease which can be permanently Excluded(Excl41):** In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes. The disease which can be excluded under this section are as under:

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B





		Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue • D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behavior
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25) Ischemic heart diseases, I50 Heart failure, I42 Cardiomyopathy; I05-I09 - Chronic rheumatic heart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system • Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0 Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1 to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 - Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 - Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic





		pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 –Acute hepatitis B without delta-agent and without hepatic coma; B17.0 –Acute delta-(super)infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37
13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease



14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

42. The expenses that are not covered in this policy are placed under List-I of Annexure-A. (Excl42)  
The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List- IV of Annexure-A respectively

#### 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).

#### 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.

#### **Migration:**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Exclusion D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the link - <https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf>

#### **Portability**

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under: Page **133** of **155**



- i. The waiting periods specified in Exclusion D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link .....

<https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Portability.pdf>

#### **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.

#### **Free Look in:**

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.

#### **Policy Withdrawal:**

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.

#### **Renewal**

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

### **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**

<b>Period on Risk</b>	<b>Rate of Premium to be retained</b>
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;

- Total premium shall be divided by the policy tenure to arrive annual premium.
- Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.
- 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.
- For the remaining unexpired period the entire premium shall be refunded.

**Moratorium Period:** After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.

In case of non-disclosure of a condition which is other than list of Permanent exclusions under 4G, we can incorporate additional waiting period of not exceeding 48 months for the said undisclosed disease or condition from the date the un-disclosed condition was detected and continue with the policy subject to obtaining prior consent from you or Insured Person.



Where the non-disclosed condition allows us to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, we shall levy the same prospectively from the date of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, If the un-disclosed condition is surfaced before the expiry of the policy term, we may charge the extra premium or loading retrospectively from the first year of issuance of the policy or renewal, whichever is later.

#### Nominee

You are mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims, under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

#### Grievance Redressal

In case the Insured Person is aggrieved in any way, the Insured Person may contact Us for following grievances:

- i. Any partial or total repudiation of claims by the Company.
- ii. Any dispute regard to premium paid or payable in terms of the policy.
- i. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
  - ii. Delay in settlement of claims.
  - iii. Non-issue of any insurance document to customer after receipt of the premium.
  - iv. Any other grievance.

You / Insured Person may contact Us with the details of the grievance through:

Our website: [www.royalsundaram.in](http://www.royalsundaram.in)

Email: [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in)

Call us at : 18604250000

Fax: 91-44-7113 7114

Sr. Citizen can email us at : [seniorcitizengrievances@royalsundaram.in](mailto:seniorcitizengrievances@royalsundaram.in)

Courier: Any of Our Branch office or corporate office during business hours

In case You/Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the official for resolution on:

The Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited.

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai - 600097

Email: [grievance.redressal@royalsundaram.in](mailto:grievance.redressal@royalsundaram.in)

In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I. All Grievances will be handled in compliance with Insurance Ombudsman Rules, 2017.

The contact details of the Insurance Ombudsman offices are as below-



## Annexure I

Office Details	Jurisdiction of Office Union Territory, District)	Date Of Taking Charge
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p>	<p>03/10/2019</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>	<p>23/04/2018</p>
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>	<p>24/05/2018</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>	<p>11/09/2019</p>

<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir, Chandigarh.</p>	<p>16/04/2018</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>	<p>03/05/2018</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</p>	<p>12/09/2019</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p>02/05/2018</p>



<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p>11/06/2018</p>
---	---	-------------------

<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>	<p>13/04/2018</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>	<p>07/11/2018</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>	<p>30/09/2019</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>11/09/2019</p>

<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>	<p>04/05/2018</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>17/09/2019</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>	<p>09/10/2019</p>
<p>PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>		



OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

EXECUTIVE COUNCIL OF INSURERS,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W), Mumbai - 400 054.  
Tel.: 022 - 26106889 / 671 / 980  
Fax: 022 - 26106949 Email: inscoun@ecoi.co.in

Shri M.M.L. Verma, Secretary General

Smt Moushumi Mukherji, Secretary

**Annexure A**

List I – Items for which coverage is not available in the policy

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES



30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II — Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)



2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEX I MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKETS/VARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER



6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

**Disclaimer:**

Master Product - Total Health Advantage: Insurance is the subject matter of solicitation. The Master Product - Total Health Advantage is issued by Royal Sundaram General Insurance Co. Limited. Claims will

IRDAI Regn no.102

RSAHLIP21433V022021

Master Product - Total Health Advantage

39

Prospectus and Sales Literature



be settled by Royal Sundaram General Insurance Co. Limited as per the terms and conditions of the policy. This brochure is not a contract of Insurance. Please refer policy document for exact terms and conditions and specific details applicable to this Insurance. This plan is underwritten by Royal Sundaram General Insurance Co. Limited. Your participation in this insurance product is purely on a voluntary basis.

**Prohibition of rebates:**

Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published Prospectuses or table of the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lacs rupees.

**For any Complaint / Grievance / Refund / Cancellation / Claim, please contact:**

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Corporate office: Vishranthi Melaram Towers,

No. 2 / 319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097.

Toll No.1860 425 0000

Email: [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in)

Visit us at [www.royalsundaram.in](http://www.royalsundaram.in)