

**TOP UP INSURANCE -  
Health XS and Super Health XS Policy**

**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 raised in the proposal form relating to the Insured Person will make the contract void. No claim shall be paid and policy will not be continued.
- 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.
- 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 family members of proposer from 91 days to 65 years at the Commencement Date of the Policy. Family means comprising of:

Self, Spouse and Dependant children (including unmarried children, step children or legally adopted children, who are financially dependant and aged between 91 days and 21 years).

**B) Definitions and interpretations**

**1. Accident / Accidental**

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

**2. Acquired Immune Deficiency Syndrome (AIDS)**

Acquired Immune Deficiency Syndrome means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition).

**3. Age**

Age means the age of the Insured Person on his/her most recent birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Period of Insurance.

**4. 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.

5. An **AYUSH Hospital** is a health care facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
- a) Central or State Government AYUSH Hospital or
  - b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
  - c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
    - I. Having at least 5 in-patient beds;
    - II. Having qualified AYUSH Medical Practitioner in charge round the clock;
    - III. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    - IV. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
6. **AYUSH Day Care Centre** means and includes Community Health Care (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criteria:
  - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
  - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
7. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
8. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
9. **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.
10. **Company/We/Our/Insurer/Us**  
Royal Sundaram General Insurance Co. Limited. (Formerly known as Royal Sundaram Alliance Insurance Company Limited).
11. **Commencement Date**  
Commencement date of this Policy shall be the inception date of first health Insurance policy under this Health XS / Super Health XS Policy for that Insured Person, insured with Us, with out any break in period of cover.

**12. Condition Precedent**

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

**13. 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.

**14. 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 of sum insured. This clause shall not apply to any Benefit offered on fixed benefit basis

**15. Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts of the body

**16. External Congenital Anomaly**

Congenital anomaly which is in the visible and accessible parts of the body

**17. 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—

- o has qualified nursing staff under its employment;
- o has qualified medical practitioner/s in charge;

- o has a fully equipped operation theatre of its own where surgical procedures are carried out;
- o maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

**18. Day Care Treatment**

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

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

**19. 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.

**20. Deductible**

Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

The deductible may be increased by 10% every year subject to a maximum of 50% with a corresponding change in the premium However Sum Insured would not be reduced on account of the increase in the deductible.

For Super Health XS Policy, the deductible will apply over aggregate of all admissible claims under the policy per annum.

The escalation clause leading to a change in the amount of deductible shall be applied at the time of renewal, if required.

**17. Dependant Child**

A dependant child refers to a child (natural or legally adopted), who is financially dependant on the primary insured or proposer and does not have his / her independent sources of income and aged between 91 days and 21 years.

**18. Disease**

Disease means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted after the Effective Date of the Certificate of Insurance.

**19. Diagnosis**

Diagnosis means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the company.

**20. 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.

**21. Endorsement**

Endorsement means written evidence of change to Your Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

**22. Family**

Family means and includes You, Your Spouse & Your 2 dependant children.

**23. Floater Sum Insured**

Floater Sum Insured means the Sum Insured as specified in the schedule of the policy available for any one or all members of family who have been mentioned as Insured Persons in the schedule, for one or more claims.

**24. Grace Period**

“Grace period” means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

**25. 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 inpatient 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.

#### **26. 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.

#### **27. 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.

**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

**Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- b. it needs ongoing or long-term control or relief of symptoms
- c. it requires your rehabilitation or for you to be specially trained to cope with it
- d. it continues indefinitely
- e. it comes back or is likely to come back.

#### **28. 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.

#### **29. 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.

#### **30. 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.

#### **31. Medical Advise**

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

**32. 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.

**33. 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.

**34. 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.

**35. Migration**

“Migration” means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

**36. 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.

**37. Non- Network**

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

**38. 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.

**39. 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.

**40. Period of Insurance**

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium.

**41. Policy**

Policy means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

#### **42. Portability**

“Portability” means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

#### **43. Post-hospitalization Medical Expenses**

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

Such Medical Expenses are incurred for the same condition for which the insured person’s hospitalization was required and the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Pre Existing Disease - 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 36 months to prior to the first policy issued by the insurer.

#### **44. Pre-hospitalization Medical Expenses**

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

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

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

#### **45. Pre-Existing Disease (PED)**

“Pre-existing disease (PED)” means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

#### **46. Proposer**

Insured Person or the person who signs the Proposal form or gives telephonic consent on behalf of the Insured person/s.

#### **47. 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.

#### **48. 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.

#### **49. 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.

**50. 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.

**51. “Specific waiting period”** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

**52. Sum Insured**

Sum Insured means the maximum amount of coverage, as specified in the Schedule of this Policy that the Insured Person is entitled to in respect of all claims during the policy period Where the policy period is more than a year, then the SI is available for every completed year of insurance.

**53. 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.

**54. TPA**

TPA means Third Party Administrator duly licensed with IRDAI and tied up with Royal Sundaram.

**55. Unproven/Experimental treatment**

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

**56. You/Your/Yourself**

Policy holder or Insured Person(s) who is detailed in the Policy Schedule.

**B) SCOPE OF COVER**

**Hospitalisation Benefit**

The Policy covers Reasonable and Customary charges 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, limitations and exclusions mentioned in the Policy.

We shall pay as follows:

- 1) Room, Boarding Expenses as provided by the Hospital/Nursing Home 2% of the Sum Insured subject to a maximum limit of Rs.4000/- per day.
- 2) Nursing Expenses incurred during In-Patient hospitalization.
- 3) Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees – as per actuals
- 4) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation – as per actuals.
- 5) Pre-hospitalisation expenses – Actuals subject to a maximum of 8% on admissible hospitalisation expenses.



- 6) Post –hospitalisation expenses – Actuals subject to a maximum of 10% on the admissible hospitalisation expenses.
- 7) Day Care Treatment – We shall pay for Day Care expenses incurred on advanced technological surgeries and procedures requiring less than 24 hours of hospitalisation as per the attached list.
- 8) Ambulance charges - Rs.1000 per admissible claim will be reimbursed to You on producing the bills in original.
- 9) Hospital Cash – We shall make payments of Rs.2000/- for each completed 24 hrs of hospitalisation if the hospitalization exceeds 24 hours, subject to maximum number of 10 days per annum. This benefit is available only for Sum Insured of above 2 lacs.
- 10) Medical Examination cost  
The Company shall bear 50% of the relevant cost of medical examination for policy with 1 year tenure, and 100% of the relevant cost of medical examination for policy of more than 1 year tenure, in the event of the risk being accepted.
- 11) 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)
  - l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

### **C.Additional Features:**

1. **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 IRDAI.

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.

In non-network hospitals, all admissible hospitalisation expenses will only be reimbursed.

2. **Income Tax Relief**

This insurance scheme is approved by IRDAI and the medical premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

#### **D. Exclusions**

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

##### **1. 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. 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 12/24/36 months 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)
  - I) List of specific diseases/procedures is as under (12 months):
    - i. Treatment of Congenita Internal Anomaly,
    - ii. any type of Migraine /Vascular head ache,
    - iii. Stones in the Urinary and Biliary systems,
    - iv. Surgery on Tonsils / Adenoids,
    - v. Gastric and Duodenal Ulcer,
    - vi. any type of Cyst/ Nodules / Polyps,
    - vii. any type of Breast Lumps

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

- i. Treatment of Spondylosis / Spondilitis – any type,
- ii. Inter vertebral Disc Prolapse and such other Degenerative Disorders,
- iii. Cataract,
- iv. Benign Prostatic Hypertrophy,
- v. Hysterectomy,
- vi. Fistula,
- vii. Fissure in Anus,
- viii. Piles,
- ix. Hernia,
- x. Hydrocele,
- xi. Sinusitis,
- xii. any type of Carcinoma/ Sarcoma/Blood Cancer,
- xiii. Chronic Renal Failure and End Stage Renal Failure

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

- i. Osteoarthritis of any joint ,
- ii. Treatment of Joint replacement Surgery (other than due to accidents)

**3. 30-day waiting period- Code- Excl03**

- d) 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.
- e) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- f) 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**

Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. 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.

19. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident. **Excl19**
20. The cost of spectacles, contact lenses. **Excl20**
21. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury. **Excl21**
22. Convalescence, general debility, `Run-down` condition , Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self-injury or attempted suicide. **Excl22**
23. Claims directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination. **Excl23**
24. Claims directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not). **Excl24**
25. Claims directly or indirectly caused by or arising from or attributable to:
  - a. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
  - b. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it. **Excl25**
26. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization. **Excl26**
27. Outpatient treatment charges. **Excl27**
28. Hormone replacement therapy, Cytotron Therapy. **Excl28**
29. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist. **Excl29**
30. Any treatment received outside India. **Excl30**
31. Any other alternative medicine except Allopathy (Modern Medicine). **Excl31**
32. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor. **Excl32**
33. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner. **(Excl33)**
34. Cost of allopathic treatment if administered and /or recommended by non allopathic medical practitioner. Implantable electronic devices (such as replacement batteries or replacement devices) **Excl34**
35. Health XS - Amount shown as deductible on the schedule of the policy in respect of each and every admissible claims.  
Super Health XS – Amount shown as deductible on the schedule of the policy in respect of aggregate of all admissible claims per annum. **(Excl35)**
36. External and or durable Medical / non medical equipment or any kind used for diagnosis and / or treatment and / or monitoring and / or maintenance and / or support including oxygen concentrator, etc., Stocking, etc., of any kind, also any medical equipment, which are subsequently used at home. **(Excl36)**
37. The expenses that are not covered in this policy are placed under List-I of Annexure-A. 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 respectively of Annexure-A **(Excl37)**

## **c) 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. F.I.R./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) Cataract claims - IOL sticker b) 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
  - 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.
  - i. 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.
  - ii. Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
  - iii. If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at our expense.
  - iv. If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

The 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.

**2. Payment of Claim**

Payment of claim under hospitalization benefit will be subject to the following deductions:

<b>Policy</b>	<b>Deductibles</b>
Health XS Policy	Amount shown as deductible on the schedule of the policy in respect of each and every
	admissible claim.

Super Health XS Policy	Amount shown as deductible on the schedule of the policy in respect of aggregate of all admissible claims per annum.
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- 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 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 from the date of acceptance.
- Any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained.
- No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.
- 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.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- In case of a policy issued on an installment premium basis, balance premium due if any, shall be adjusted against the claim amount.
- In the event of hospitalization 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 policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Company shall:

- refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.
- refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

### 5. Automatic Termination

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

- Upon the death of the Insured Person in which case the Company will refund premium calculated on prorata basis for the unexpired period subject there being no claim under the policy.



- Upon exhaustion of the sum insured.

**6. 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.

**7. 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 relating to this insurance.

**8. Geographical Area**

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

**9. Contribution**

If at the time of a claim under this Policy, there is any other insurance covering the same loss beyond the deductible limit, the right of the contribution apply.

**10. 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.

**11. 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.

**12. Renewals**

- This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.
- We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the **Grace Period**. For the purpose of this provision, Grace Period means a period of 15 days in case of monthly payments and 30 days in case of quarterly, half- yearly and yearly payments immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases. If the premium is paid in instalments, coverage will still be available during the grace period,
- Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions,

request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.

- vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.

In case of floater policies, children attaining 25 years at the time of renewal will be moved out of the floater into an individual cover however all continuity benefits on the policy will remain intact. Cumulative Bonus earned will be suitably passed on the fresh policy of child.

### **13. 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.

### **14. 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.

### **15. 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.

### **16. Jurisdiction**

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

### **17. 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.

### **18. Change in Sum Insured**

Any change in the Sum Insured can be opted only once in 4 years. Change in Sum Insured is subject to no claim and increase is restricted to 100% of the current Sum Insured.

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 during the first occurrence of such disease/ illness/medical condition/ burns or the available

Sum Insured under the current Policy, whichever is less.

#### **19. Free Look Period:**

At the inception of the policy the Insured Person will be allowed a period of 30 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 Insured Person has not made any claim during the free look period, he 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) Free-look will not be applicable for policies with tenure less than one year.
- e) Free-look not applicable in case of renewals.

All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

#### **20 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>

#### **21 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/health-insurance/health-insurance-portability>

## 20. Compliance with Policy provisions

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

**22. 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 specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.

**23.** In case of non-disclosure of a condition under D, we can incorporate additional waiting period of not exceeding 36 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.

**24.** 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

## 25. 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.

## 26. Grievance Redressal

In case of any grievance the insured person may contact the company through

Website: <https://www.royalsundaram.in>

Grievance Redressal: <https://www.royalsundaram.in/customer-service>

You may call us at – 1860 258 0000, 1860 425 0000

Email:

Please raise a complaint with us through e mail – [care@royalsundaram.in](mailto:care@royalsundaram.in), and we would come back to you with a response in 24 hours.

In case you are not satisfied with our response or have not received any response in 24 hours, you may write to [manager.care@royalsundaram.in](mailto:manager.care@royalsundaram.in)

If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to [head.cs@royalsundaram.in](mailto:head.cs@royalsundaram.in)

In case you are not happy with our response or have not received any response in 2 business days, you may approach [gro@royalsundaram.in](mailto:gro@royalsundaram.in) - GRO Contact Number – 7228087400

Sr. Citizen can email us at : [seniorcitizengrievances@royalsundaram.in](mailto:seniorcitizengrievances@royalsundaram.in) - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

Fax us at: 044 – 7117 7140

Courier us your complaint at:

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at

**Mr. T M Shyamsunder**

**Grievance Redressal Officer**

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai – 600097

For updated details of grievance officer, kindly refer the link <http://www.royalsundaram.in>

If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.

Insurance Ombudsman addresses -<https://www.cioins.co.in/ContactUs>

**Grievance may also be lodged at –**

**Registration of Complaints in Bima Bharosa by Policyholders:**

Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>

Can send the complaint through Email to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in).

Can call Toll Free No. **155255** or **1800 4254 732**.

Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

**General Manager**

**Insurance Regulatory and Development Authority of India(IRDAI)**

**Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.**

**Sy.No.115/1, Financial District, Nanakramguda,**

**Gachibowli, Hyderabad – 500 032.**

**No loading shall apply on renewals based on individual claims experience.**

Insurance is the subject matter of solicitation.



**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.

**Council for Insurance Ombudsmen**

Contact details:

Address:

Council for Insurance Ombudsmen,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.

**INSURANCE OMBUDSMAN OFFICE LIST**

The contact details of **Insurance Ombudsman Office** details are as below:

<https://www.cioins.co.in/ContactUs>

**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 258 0000 or e-mail at [care@royalsundaram.in](mailto:care@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

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611

**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


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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



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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



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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



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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:**



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Insurance is the subject matter of solicitation. This policy is issued by Royal Sundaram General Insurance Co. Limited. Claims will 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 Lakh rupees.

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

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Karapakkam, Chennai 600097

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

Toll No.: 1860 425 0000

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

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

**E)DAY CARE LIST Operations on the eyes**

1. Incision of tear glands
2. Incision of diseased eyelids
3. Excision and destruction of diseased tissue of the eyelid
4. Operations on the canthus and epicanthus
5. Corrective surgery for entropion and ectropion
6. Corrective surgery for blepharoptosis
7. Removal of a foreign body from the conjunctiva
8. Removal of foreign body from the cornea
9. Incision of the cornea
10. Operations for pterygium
11. Other operations on the cornea
12. Removal of a foreign body from the lens of the eye
13. Removal of a foreign body from the posterior chamber of the eye
14. Removal of a foreign body from the orbit and eyeball
15. Operation of a cataract

**Operations of Ears**



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Microsurgical operations on the middle ear

16. Myringoplasty (Type 1 tympanoplasty)
17. Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
18. Revision of a tympanoplasty
19. Stapedotomy
20. Stapedectomy

**Other operations on the middle and internal ear**

21. Paracentesis (myringotomy)
22. Removal of a tympanic drain.
23. Mastoidectomy
24. Incision of the mastoid process and middle ear
25. Reconstruction of the middle ear
26. Fenestration of the inner ear
27. Other operations on the inner ear.

**Operations on the nose and the nasal sinuses**

28. Operations on turbinates (nasal concha)

**Operations on the tongue**

29. Incision, excision and destruction of diseased tissue of the tongue
30. Partial glossectomy
31. Glossectomy
32. Reconstruction of the tongue

**Operations on the Salivary Glands and salivary ducts**

33. Incision and lancing of a salivary gland and a salivary duct
34. Resection of a salivary gland
35. Reconstruction of a salivary gland and a salivary duct Other operations on the mouth and face
36. Palatoplasty
37. External Incision and drainage in the region of the mouth, jaw and face
38. Excision and destruction of diseased hard and soft palate
39. Incision of the hard and soft palate

**Plastic Surgery to the floor of the mouth Operations on the tonsils and adenoids**

41. Transoral incision and drainage of a pharyngeal abscess
42. Tonsillectomy without adenoidectomy
43. Tonsillectomy with adenoidectomy
44. Excision and destruction of a lingual tonsil.



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45. Other operations on the tonsils and adenoids

**Operations on the Skin and subcutaneous tissues**

46. Free skin transplantation

47. Skin plasty

**Operations on the Breast**

48. Incision of the breast

49. Operations on the nipple.

**Operations on the digestive tract**

50. Surgical treatment of anal fistulas

51. Surgical treatment of hemorrhoids

52. Division of the anal sphincter (sphincterotomy)

53. Ultrasound guided aspirations.

54. Sclerotherapy.

**Operations on the urinary system**

55. Cystoscopical removal of stones

**Operations on the female sexual organs**

56. Incision of the ovary

57. Insufflation of the Fallopian tubes

58. Dilatation of the cervical canal

59. Conisation of the uterine cervix

60. Other operations on the uterine cervix

61. Incision of the uterus (hysterotomy)

62. Therapeutic curettage

63. Culdotomy

64. Incision of the vagina

65. Operations on Bartholin's glands (cyst)

**Operations on the Prostrate and seminal vesicles**

66. Transurethral excision and destruction of prostate tissue

67. Transurethral and percutaneous destruction of prostrate tissue

68. Incision and excision of periprostatic tissue

69. Radical Prostatovesiculectomy

70. Other excision and destruction of prostate tissue

71. Operations on the seminal vesicles

72. Other operations on the prostate



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**Operations on the scrotum and tunica vaginalis testis**

- 73. Incision of the scrotum and tunica vaginalis testis
- 74. Operation on a testicular hydrocele
- 75. Excision and destruction of diseased scrotal tissue.
- 76. Other operations on the scrotum and tunica vaginalis testis **Operations on the testes**

- 77. Incision of the testes
- 78. Excision and destruction of diseased tissue of the testes
- 79. Unilateral orchidectomy
- 80. Bilateral orchidectomy

81. Reconstruction of the testis **Operations on the Penis**

- 82. Amputation of the penis
- 83. Plastic reconstruction of the penis **Orthopedic Surgeries**

- 84. Incision on bone
- 85. Closed reduction on fracture, luxation or epiphysealolysis with osteosynthesis
- 86. Reduction of dislocation under GA **Other Operations**

- 87. Lithotripsy
- 88. Coronary angiography
- 89. Radiotherapy for Malignancies
- 90. Parenteral Chemotherapy
- 91. Haemodialysis

**D) Rider**

**1. Accidental Death Benefit**

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means, then the insured person or his / her nominee(s) or legal representative (s), as the case may be, will be paid the Sum Insured mentioned in the Schedule of this policy, against Accident Death, if such injury shall within 12 Calendar months of occurrence be the sole and direct cause of Death.

**Terms & Conditions:**

If the Insured Person meets with an Accident, which leads to death, the Company will provide insurance coverage to the Insured in the following manner:

**Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation subject to the maximum Sum Insured.

**Exclusions:**

The Company shall not be liable to make any payment under this Benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:



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1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Payment of compensation in respect of death, injury or disablement of the Insured Person
  - (a) from intentional self injury, suicide or attempted suicide.
  - (b) whilst under the influence of intoxicating liquor or drugs.
  - (c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world.  
("Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine)
  - (d) directly or indirectly caused by venereal diseases, AIDS or insanity.
  - (e) arising or resulting from the Insured/Insured Persons committing any breach of law with criminal intent.
  - (f) as a result of, or which is contributed to by, the Insured person suffering from any pre- existing condition or pre- existing physical or mental defect or infirmity.  
Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing condition
2. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments.
3. Payment of Compensation in respect of Death of or bodily Injury or disablement or any disease or illness to the Insured person
  - directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
  - directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, Injury or Disablement resulting directly or indirectly, caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
6. Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, Jockeys, Circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard. Persons while engaged in the following occupations are excluded:  
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 underground, Off-shore oil or gas rig worker, Policeman (Full time), Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffold Worker, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller, Ship crew.
7. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly or indirectly arising out Health XS and Super Health XS Policy Wordings of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological





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agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological” agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

If the Company allege that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

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**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](mailto: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.*

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