

## **Family Plus Prospectus and Sales Literature**

### **Your search for high quality health insurance stops here**

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. 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 Family Plus, a unique health insurance plan, providing most comprehensive health coverage at an affordable price. Family Plus is a Family Floater Plan which is designed especially for large families and it covers up to 19 relationships. The Plan also offers maternity cover and provide an option to cover large families under same policy. Family Plus is health insurance cover which is simple to buy and easy to understand. In addition to comprehensive health insurance cover to suit your needs, this plan helps you care for your health proactively over time and according to your profile. The product offers a unique benefit where each insured member of the family will have an individual sum insured apart from a floater sum insured and reload benefit which any of the family member can consume in case of a major illness. This ensures you are adequately covered at all times. It comes with rich no claim bonus which also helps make your insurance inflation proof by adding 20% additional sum insured for each claim free year. We are here to build a long term healthy relationship with you and your family.

### **Key Features of the Policy**

#### **Basic Covers:**

- Inpatient Care
- Pre Hospitalization Medical Expenses
- Post Hospitalization Medical Expenses
- All Day Care Treatment
- Domiciliary Hospitalization
- Ambulance Cover
- Organ Donor Expenses
- No Claim Bonus
- Re-load of Sum Insured
- Ayush Treatment
- Vaccination in case of Animal Bite
- Emergency Domestic Evacuation
- Maternity Benefit including New Born Baby Cover and Vaccination for new born baby before the baby completes one year of age
- Nutritional Allowance for mother post discharge after delivery

#### **Value Added Covers:**

- Health Check-up
- Second opinion for 11 critical illness
- Preventive Healthcare & Wellness Benefit

#### **Optional Covers:**

- Hospital Cash

## Product Benefits – Key Highlights

The policy covers reasonable and customary expenses incurred towards medical treatment taken during the Policy Period for an Illness or an Accident. We cover the following expenses:

### Basic Covers

1. **In-patient Care:** Medical Expenses for:
  - (i) Medical practitioner's fees, diagnostics tests, medicines, drugs and consumables, nursing charges, operation theatre charges, Room Rent, Intensive Care Unit, Intravenous fluids, blood transfusion, injection administration charges.
  - (ii) The cost of prosthetics and other devices or equipment if implanted internally during a surgical procedure.
2. **Pre & Post hospitalization Medical Expenses:** Expenses for consultations, investigations and medicines incurred of an Insured person due to an accident or injury or illness incurred immediately prior to hospitalisation or incurred post hospitalisation up to the limits specified under the plan opted by the Insured subject. These are payable for the same illness or treatment as long as we have accepted an In-patient Care claim (as mentioned above) for that treatment or illness. These can be claimed only as reimbursements.
3. **Day Care Treatment:** Medical expenses for day care treatments (including Chemotherapy, Radiotherapy, Hemodialysis, any procedure which needs a period of specialized observation or care after completion of the procedure) where such procedures are undertaken by an insured person as an inpatient in a hospital/day care center for a continuous period of less than 24 hours. Any OPD Treatment undertaken in a hospital will not be covered. Pre & Post hospitalization Medical Expenses are not payable for this benefit. Please refer annexure 4 for indicative list of Day Care Procedures.
4. **Ambulance Cover:** Reasonable charges for ambulance expenses (by surface transport only) incurred to transfer the insured person following an Emergency to the nearest Hospital, if we accept the in-patient claim. Our maximum liability for ambulance expenses is limited up to limit specified in Product Benefits Table per event of hospitalization.
5. **Domiciliary Hospitalization:** Medical expenses for treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization as long as either (i) the attending medical practitioner confirms that the insured person could not be transferred to a hospital or (ii) you satisfy us that a hospital bed was unavailable. Claims for pre-hospitalization expenses shall be payable, however, post-hospitalisation medical expenses shall not be payable.

6. **Organ Donor Expenses:** Medical expenses for an organ donor's treatment for harvesting of the organ provided that the insured person has been medically advised to undergo an organ transplant and the donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the insured person;

We will not cover:

- (a) Pre-hospitalisation or post-hospitalization medical expenses or screening expenses of the donor or any other medical expenses as a result of the harvesting from the donor;
  - (b) Costs directly or indirectly associated with the acquisition of the donor's organ.
7. **No Claim Bonus (NCB):** If no claim has been made by any insured person, we will increase the Individual base sum insured by 20% on each policy year up to a maximum of 100% of Individual base Sum Insured, provided the Policy is renewed continuously. You will not earn No Claim Bonus on Policy renewal if any claim is made by any of the Insured in expiring Policy Year. However, if there is no claim made in subsequent Policy Year, you will earn No Claim Bonus on renewal as per the variant.

If the Individual Base Sum Insured is increased/decreased, No Claim Bonus will be calculated on the basis of Individual Base Sum Insured of the last completed Policy Year and will be capped to max No Claim Bonus allowed for renewed Base Sum Insured.

If customer has opted for 2 years or 3 years policy, then No Claim Bonus will be added at the end of each policy year subject to no claim being made in policy year.

- a) **Re-load of Sum Insured:** – We will provide Re-load of Base Sum Insured upto 100% of Individual Base Sum Insured. Re-load benefit will be available only once to Insured either jointly or severally during the Policy year:
    - a) It will be applicable only to subsequent claims made by the Insured Person and not against any Illness (including its complications or follow up) for which a claim has been paid or accepted as payable in the current Policy Year.
    - b) Any unutilized reinstated sum insured cannot be carried forward to next year.
    - c) Re-load of Sum Insured is applicable only for Baseline Cover benefits and not for optional benefits.
8. **Vaccination in case of Animal Bite (in case of Post Bite Treatment)** – We will reimburse the medical expenses incurred for vaccination including inoculation and immunizations in case of post-bite treatment up to actuals subject to the limit of Rs. 5,000. This will be part of overall sum insured.

9. **Ayush Treatment**– Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.
10. **Emergency Domestic Evacuation**– We will provide domestic evacuation in case of life threatening emergency condition for treatment of an illness or injury on the advice of treating doctor subject to:
- a. Treating doctor confirms that insured need to be transferred to another hospital having suitable medical technology & equipment for treatment.
  - b. Evacuation will be from one medical center to another medical center.
    - i. Our maximum liability in case of Emergency Domestic Evacuation will be Rs.100,000/-
  - c. Any expenses over and above the limit specified above, customer will have to make the payment to the service provider.
  - d. This benefit can be availed once by an Insured Person during a Policy Year.
  - e. This benefit is on per Insured Person basis.

#### Value Added Covers

11. **Health Checkup:** We will cover the cost of health check-up arranged by us through our empanelled service providers as per your plan eligibility defined below:

This benefit can be availed at each renewal.

Annual Health Check-up	<b>List of Medical Tests</b>
	Complete Blood Count, Urine Routine, ESR, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG, Complete physical examination by Physician

Abbreviation of test is provided here:

ESR – Erythrocyte Sedimentation Rate, ECG – Electrocardiogram, S Cholesterol – Serum Cholesterol, SGPT – Serum Glutamic Pyruvate Transaminase, TMT – Tread Mill Test

This benefit is available to those insured person who have attained the age of 18 years or above on the Policy Period Start Date.

This benefit is provided irrespective of any claim being made in the Policy Year. This benefit is over and above the Base Sum Insured.

**12. Second Opinion for critical illnesses** – We will provide second opinion to the insured person if he is diagnosed with any of the below mentioned 11 critical illnesses:

1. Cancer
2. First Heart Attack
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma
6. Kidney Failure
7. Stroke
8. Major Organ/Bone Marrow Transplant
9. Permanent paralysis of Limbs
10. Motor Neurone Disease
11. Multiple Sclerosis

This benefit is available only once during the policy year. Benefit is available only for adults.

**13. Preventive Healthcare & Wellness**

We will provide various Preventive Healthcare & Wellness related services that will help the insured person to assess their health status and aid in improving their overall well being. Various Preventive Healthcare & Wellness services include Health related articles, access to various preferred health maintenance network etc.

**14. Maternity Benefits**

**Maternity Expenses:** For this benefit, two adult members need to be covered in the policy at the time of first inception under the same Family Floater Policy. We pay Medical Expenses for the delivery of a child, only after 24 months of continuous coverage of mother since the inception of the first Policy with Us. In case, customer is porting from any other policy providing maternity benefit, the respective waiting period served in that policy will be considered as waiting period waiver in Family Plus policy as per portability guideline. Maternity benefits are paid only twice during the lifetime of the Policy including any of its renewals. However, expenses in respect of harvesting and storage of stem cells are not covered.

**New Born Baby:** The new born baby will be covered as an insured person from birth. We will cover medical expenses towards the medical treatment of the Insured Person's new born baby while the Insured Person is Hospitalized as an Inpatient for delivery and we have accepted the maternity claim as payable.

**Vaccination for New Born Baby:** We will cover Reasonable & Customary Charges for vaccination of the new born baby, if we have accepted the maternity claim as payable. If the Policy Period ends before the New Born Baby has completed one year, then, We will only cover such vaccinations until the baby completes one year, provided that We have accepted the baby as an Insured Person at the time of renewal of the Policy.

**Nutrition allowance for mother post discharge**

- a. We will provide Nutrition allowance for mother post-delivery of the child.
- b. This benefit is available in the form a fixed benefit and maximum liability under this is Rs. 10,000 and it is payable after a period of 2 months from the date of discharge of mother after delivery of the child.
- c. This benefit is payable only if we accept the claim made under the Maternity Benefit. At the time of settlement of Maternity Claim, we shall issue a post-dated cheque of Rs. 10,000 towards Nutritional allowance.

## **Optional Benefits**

### **1. Hospital Cash**

If the insured person is hospitalized and if We have accepted an inpatient care hospitalization claim under the base plan, We will pay the hospital cash amount as opted by you for each continuous and completed period of 24 hours of hospitalization provided that:

- (a) You should have been hospitalized for a minimum period of 48 hours continuously;
- (b) We will not make any payment under this optional benefit in respect of an Insured Person for more than 30 days of hospitalization in total under any policy year;
- (c) We will not make any payment under this optional benefit for any diagnosis or treatment arising from or related to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born baby.

The Sum Insured under Hospital Cash is over and above the base Sum Insured.

## **Policy Features**

### **1. Age Eligibility**

Children: The minimum entry age under this policy is 91 days.

Adult: Minimum entry age is 18 years. There is no limit on maximum entry age in this policy.

### **2. Individual Sum Insured & Family Floater Sum Insured Combination**

The policy can be purchased only on Family Floater basis. In this policy, Insureds will have two types of Sum Insured i.e. Base sum Insured and Floater Sum Insured. A floater plan can cover any(n) number of adult and children under a Policy as per the below mentioned relationships.

1. Self



2. Legally married spouse as long as he or she continues to be married to You
3. Son
4. Daughter-in-law
5. Daughter
6. Father
7. Mother
8. Father-in-law as long as Your spouse continues to be married to You
9. Mother-in-law as long as Your spouse continues to be married to You
10. Grandfather
11. Grandmother
12. Grandson
13. Granddaughter
14. Son-in-law
15. Brother
16. Sister
17. Sister-in-law
18. Brother-in-law
19. Nephew
20. Niece

The intent here is provide coverage to following relations:

- blood relative of proposer,
- blood relative of proposer's spouse,
- spouse of proposer's blood relative
- spouse of proposer's spouse blood relative,

There should be atleast two Insureds member at the time of inception of Policy.

### 3. Policy Period Option

Customer can buy the policy for one, two or three continuous years at the option of the Insured. 'One Policy Year' shall mean a period of one year from the date of issuance of the policy.

### 4. Variant & Sum Insured Options

Customer has the option to choose from a wide range of Sum Insured's available as under:

Type of Sum Insured	Sum Insured
Base Sum Insured	Rs.2lacs, Rs.3lacs, Rs.5lacs, Rs.10lacs, Rs. 15 Lacs
Floater Sum Insured	Rs.3lacs, Rs.4lacs, Rs.5lacs, Rs.10lacs, Rs. 15 Lacs, Rs.20 Lacs, Rs. 25 Lacs, Rs. 50 Lacs

Sum Insured is on Annual basis.

### 5. Premium

The Premium charged on the Policy will depend on the Sum Insured, Policy Tenure, Age, No. of Insureds, Zone of Cover and Optional Cover opted. Additionally the health status of the individual will also be considered.

For detailed premium chart please refer Annexure "Rate Chart" attached along with this document.

For the purpose of calculating premium, the country has been divided into 2 Zones.

**Zone 1:** Delhi/NCR, Mumbai (inc. Thane and Vashi), Bengaluru, Chennai, Pune, Hyderabad, Kolkata and Gujarat.

**Zone 2:** Rest of India.

A discount of 15% for members in Zone 2 will be applicable. Grid as below:

<b>ZONE</b>	<b>Discount</b>
Zone 1	0%
Zone 2	15%

#### **6. Loading**

The premium can be loaded for optional benefits as opted by customers.

#### **7. Disease Specific Loading/Co-payment**

We shall apply a risk loading on the premium payable or Co-payment for certain specific conditions as per underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Schedule of Insurance Certificate. The maximum risk loading applicable shall not exceed 150% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the inception of the initial Policy including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured). The maximum risk Co-payment shall not exceed 20% per diagnosis/medical condition and an overall risk co-payment of 20%.

We will inform You about the applicable risk loading and/or applicability of Co-payment through post/courier/email/phone. You shall revert to Us with your written consent and additional premium (if any), within 7 days of the issuance of such counter offer. In case, You neither accept the counter offer nor revert to Us within 7 days, We shall cancel Your application and refund the premium paid within the next 7 days.

#### **8. Discounts**

Customer can avail of the following discounts on the premium of their policy.





- Discount on Multiyear policy
  - 7.5% discount for 2 year policy
  - 12% discount for 3 year policy
- 5% discount for Sundaram Group employees & customers.

## **9. Renewal Features**

- a) 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.
- b) 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.
- c) 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,
- d) Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- e) 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.
- f) 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.
- g) Applicable Cumulative Bonus shall be accrued on each renewal as per eligibility under the variant opted.

## **10. Portability**

You can port your existing health insurance policy from another company or Royal Sundaram General Insurance Co Ltd to Family Plus, provided:

- a) You have been covered under an Indian retail health insurance policy from a Non-life or Standalone Health Insurance company registered with IRDAI without any break
- b) We should have received your application for portability with complete documentation at least 45 days before the expiry of your present period of Insurance.
- c) If the Sum Insured under the previous policy is higher than the sum insured chosen under this policy, the applicable waiting periods under the Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the Sum Insured and the Eligible Cumulative Bonus under the expiring health insurance policy.
- d) In case the proposed Sum Insured opted for under our policy is more than the insurance cover under the previous policy, then all applicable waiting periods under the Policy shall be applicable afresh to the amount by which the Sum Insured under this Policy exceed the total of Sum Insured and Eligible Cumulative Bonus under the expiring health insurance policy;
- e) All waiting periods under the Policy shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

The Portability provisions will be available to You, if you wish to migrate from this Policy to any other health insurance policy on renewals.

For Detailed Guidelines on Portability, kindly refer the below link:-

<https://www.royalsundaram.in/health-insurance/health-insurance-portability>

#### **11. Income Tax benefit**

Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income Tax Act 1961. (Tax benefits are subject to change in the tax laws, please consult your tax advisor for more details).

#### **12. 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.

### **13. Cancellation/Termination**

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Company shall:

- a. 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.
- b. 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.

### **14. Redressal of grievance**

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:

1. 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.
2. 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)
3. 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)



4. 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:**

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in).
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. 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.**

Insurance is the subject matter of solicitation.

#### **15. Premium Payment in Instalment**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of insurance, the following Conditions shall apply (not withstanding any terms contrary elsewhere in the Policy)

1. In case of monthly mode of premium payment, grace period of 15 days is allowed and would be given maximum two times in a policy period. In case of quarterly and half-yearly and yearly mode of premium payment, grace period will be allowed maximum only once for a period of 30 days for payment of the instalment premium due for the policy.
2. If the premium is paid in instalments, coverage will still be available during the grace period.
3. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
4. No interest will be charged if the instalment premium is not paid on due date.
5. In case of instalment premium due not received within the grace period, the policy will get cancelled.
6. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

#### **16. 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 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 benefits shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the below link:-

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

### **Waiting Periods and Exclusions:**

Claims for the following are not covered:

- **30 Days Initial Waiting Period:** We will not cover any treatment taken during the first 30 days since the commencement of the Policy, unless the treatment needed is a result of an Accident. This waiting period does not apply for any subsequent and continuous renewals of your Policy or Policy is enforced with any other Insurance Company (Non-Life/Health Insurance Company).
- **24 months Waiting Period for Maternity Benefits Coverage:** We will not cover Maternity Expenses for Insured Person during the first 24 months since the date of first inception of policy.
- **Pre-Existing Diseases:** Benefits will not be available for Pre-existing Diseases until 36 months of continuous coverage have elapsed since the inception of the first Policy with us or Policy is enforced with any other Insurance Company (Non-Life/Health Insurance Company).
- **Specific Waiting Periods:** For all insured persons the 17 conditions listed below will be subject to a waiting period of 24 months and will be covered in the third policy year as long as the insured person has been insured continuously under the Policy without any break:
  - Stones in biliary and urinary systems • Lumps / cysts / nodules / polyps / internal tumours
  - Gastric and Duodenal Ulcers • Surgery on tonsils / adenoids • Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse • Cataract • Fissure / Fistula / Haemorrhoids • Hernia / Hydrocele • Chronic Renal Failure or end stage Renal Failure • Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media • Benign Prostatic Hypertrophy • Knee/Hip Joint replacement • Dilatation and Curettage • Varicose veins • Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis • Diabetes and related complications • Hysterectomy for any benign disorder.
- **Personal Waiting Periods:** A special waiting period not exceeding 36 months, may be applied to Individual Insured Persons depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule of Insurance Certificate and will be applied only after receiving Your specific consent.
- **Specific Exclusions:** Addictive conditions and disorders; Adventurous or Hazardous Sports; Ageing and puberty; Alternative Treatment; Ancillary Hospital Charges; Artificial life maintenance; Charges for Medical Papers; Circumcision; Conflict and Disaster; Congenital conditions; Convalescence and Rehabilitation; Cosmetic surgery; Dental/oral treatment;

Drugs and dressings for OPD Treatment or take-home use; Eyesight; Health hydros, nature cure, wellness clinics etc.; HIV and AIDS; Hereditary conditions (specified); Hospitalization undertaken for observation or for investigations only; Items of personal comfort and convenience; Psychiatric and Psychosomatic Conditions; Obesity; OPD Treatment; Preventive care; Reproductive Medicine; Self-inflicted injuries; Sexual problems and gender issues; Sexually transmitted diseases; Sleep disorders; Speech disorders; Stem Cell Implantation; Treatment for Alopecia; Treatment for developmental problems; Treatment received outside India; Unproven/Experimental Treatment; Unrecognized physician or Hospital; Unrelated diagnostic, X-ray or laboratory examinations; Unlawful Activity; Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure I.

For details of specific exclusions please read the policy terms and conditions or visit [www.royalsundaram.in](http://www.royalsundaram.in).

- **Moratorium Period:** After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five 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. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

### **Claims Procedure**

It is imperative to note that Cashless Claims will be settled through TPA and Re-imburement Claims will be settled by Us.

### **For admission in Network Hospital (Cashless Claims)**

Insured Person shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by fax or e-mail, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc in the prescribed form available with the Insurance help desk at the Hospital. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms conditions and limitations of the policy.

- **Notice of claim:** 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 and address of the attending hospital, should be given to the Insurer within 72 hours before admission in case of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization.

- **Submission of claim:** The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge.

#### **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) maternity claims, Discharge Summary mentioning Last Menstrual Period (LMP), Estimated Date of Delivery (EDD) & Gravida (a women's status regarding pregnancy) b) Cataract claims – (Intraocular Lens Implant) IOL sticker c) Percutaneous Transluminal Coronary Angioplasty (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.
13. For domiciliary hospitalization claims, a certificate from the attending doctor confirming that the condition of the patient is such that he/she is not in a condition to be removed to a hospital.
14. Additional documents for Emergency Domestic Evacuation.
  - a. Certification by the treating Medical Practitioner of such life threatening emergency condition and confirming that current Hospital does not have suitable medical equipment & technology for the life threatening condition.
  - b. Bills/Receipts of transportation agency/ambulance company/air ambulance receipts.

**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.

Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.

The claim documents should be sent to:

### **Health Claims Department**

Royal Sundaram Alliance Insurance Company Ltd

Vishranthi Melaram Towers,

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

Karapakkam, Chennai - 600097

### **Payment of Claim**

- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
  - Insured must give at his expense, all the information We asks for about the claim and he must help to take legal action against anyone, if required.
  - If required the Insured / Insured Person must give consent to obtain Medical Report from 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.
  - 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.
  - Benefits payable under this policy will be paid within 15 days of the receipt of last necessary document.
1. We shall be liable to pay 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 a delay in payment beyond 7 days the date of acceptance.
  2. At the time of claim settlement, We may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

### **Claim Processing & settlement – reimbursement claims and pre-post hospitalization claims**

- **Notice of claim:** 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 and address of the attending hospital, should be given to the Insurer within 72 hours before admission incase of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization.



- **Submission of claim:** The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge.
- As soon as the claim papers are received for claims on reimbursement basis or pre & post hospitalization claims - Revise the reserve made if any in our books suitably. The Reserve shall be made for the total amount claimed by the insured or the sum insured/limit of liability for the particular ailment as per policy norms. If any add-on benefits like hospital cash, convalescence benefit are available, adequate amount towards the same shall also be reserved.
- Send claim file to TPA (through scanned images) after updation of additional details in the claims system.
- Once processed claim file is received from TPA, settlement or repudiation of the claim is to be done.
- Appropriate entries in the system are to be made by claim handler and claim should be put up for approval with the claim approving authority.
- **Delayed submission:** All claims are to be notified within a timeline as mentioned above. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the insured, we may condone such delay and process the claim. However, such waiver of the time limit for notice of claim and submission of claim is at the discretion of claims approving authority.

### **Documents Required**

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) maternity claims, Discharge Summary mentioning Last Menstrual Period (LMP), Estimated Date of Delivery (EDD) & Gravida (a women's status regarding pregnancy) b)

Cataract claims – (Intraocular Lens Implant) IOL sticker c) Percutaneous Transluminal Coronary Angioplasty (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.
13. For domiciliary hospitalization claims, a certificate from the attending doctor confirming that the condition of the patient is such that he/she is not in a condition to be removed to a hospital.
14. Duly numbered, signed and seal receipt of the ambulance provider in case of emergency ambulance charges
15. Receipts and corresponding prescription by the doctor for vaccination charges
16. For Emergency Domestic Evacuation
  - a) Certification by the treating Medical Practitioner of such life threatening emergency condition and confirming that current Hospital does not have suitable medical equipment & technology for the life threatening condition
  - b) Bills/Receipts of transportation agency/ambulance company/air ambulance receipts

#### **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.

#### **Claims Falling in 2 policy Periods**

If the claim event falls within two Policy Periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy Periods, including the deductibles for each Policy Period. The admissible claim amount shall be reduced to the extent of premium to be received for the Renewal/due date of premium of health insurance policy, if not received earlier.

### **Nomination Facility:**

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

### **Disclosure:**

All insured persons' personal information collected or held by Royal Sundaram may be used by Royal Sundaram for processing the claims and analysis related to insurance / reinsurance business.

### **How to Buy Royal Sundaram Policy**

Royal Sundaram policy is sold through various channels like telesales team, direct team, individual agents, our website [www.royalsundaram.in](http://www.royalsundaram.in), licensed brokers and corporate agents.

1. You should go through the product brochure, policy benefits, exclusions etc to thoroughly understand the product before buying.
2. Proposal Form must be filled. You will be required to provide various information (as accurately as possible) such as;
  - Insured's' name, date of birth, and contact details (email id, mobile no., address).
  - As above for all dependants to be covered by the policy.
  - Selection of sum insured & optional covers (if any).
  - Any existing health insurance policy details and claims history, if applicable.
  - Disclosure of any Pre-existing Diseases with details.
  - Medical history report for the proposed insured, if necessary.
  - Height and weight for the proposed insured.
  - Signature and date on application, wherever applicable.
  - Premium payment collected and receipted
3. If You are required to undergo medicals tests as per the chosen Sum Insured, Age band and BMI, we would arrange the medical check-up's at Our network of diagnostic centres.
4. Based on the above information we will process Your proposal for Insurance and a policy kit containing the Benefit Schedule, Policy Terms and associated documents will be sent to you.

In case we are unable to underwrite Your proposal We will intimate the same to You and refund any premium that has been collected. Upon assessment if there is any change in terms or premium is loaded then We will inform You about any revised terms through a counter offer letter. We will issue the Policy only once you accept the counter offer. Where You do not agree to the counter offer we will cancel your proposal and refund any premium collected.

### **Pre-policy Medical Check-up requirements:**

We will require You to undergo a medical check-up based on Your age and the Sum Insured opted as provided in the grid below or on the basis of Your BMI as per underwriter evaluation. Wherever any pre-existing disease or any other adverse medical history is declared, We may ask such member to undergo specific tests, as We may deem fit to evaluate such member,



irrespective of Age/ Sum Insured opted. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. We will contact You and fix up an appointment for the Medical Examination to be conducted at a time convenient to You. The validity of medical tests would be; for medical tests reports with test result within normal range, the validity is for 6 months from the date of tests done, whereas for medical tests reports with test result not within the normal range, validity is for 3 months from the date of tests done.

Wherever required we may request for additional tests to be conducted based on the declarations on the proposal form and the results of any medical tests that we have received.

**Underwriting Grid:**

**Medical Underwriting Grid for Non Bancassurance Channels: (other than Nationalized, Private and Foreign Banks):**

Age/Sum Insured	Cumulative SI upto Rs.10lacs	Cumulative SI above Rs.10lacs
Upto 50 years	No Check-up*#	Set1/Set2
51 years and above	Set 1/Set2	Set 1/Set2

**Medical Underwriting Grid for Bancassurance Channels (Nationalized, Private and Foreign Banks):**

Age/Sum Insured	Cumulative SI upto Rs.20lacs	Cumulative SI above Rs.20lacs
Upto 60 years	No Check-up*#	Set1/Set2
61 years and above	Set 1/Set2	Set 1/Set2

\*Additionally, all Portability cases will be subject to Medical Underwriting

**# Subject to no adverse medical conditions as disclosed in proposal form.**

➤ Medical test mix:

- **Set 1:** CBC, ESR, URA, MER, FBS/HbA1C, S Cholesterol, ECG, SGPT, S Creatinine.
- **Set 2:** CBC, ESR, URA, MER, HbA1C, Lipid Profile, TMT or 2D Echo, LFT with GGT, RFT, HBsAg, S Creatinine.



- \* - If the BMI of proposed insured is more than or equal to 33, proposal will be subject to medical underwriting. Underwriter might trigger the medical test post evaluation of medical condition of the proposed insured.
- Any additional tests to be triggered as per underwriter’s discretion.
- Home visits can be arranged but customer needs to pay the home visit charges. Home visit charges will be in the range of Rs. 200 to Rs. 400 per Home visit.
- Any waiver of medical tests to be approved by Lead – Underwriting and/or Chief Product Officer.

**Cost of Pre Policy Medical Check-up (PPMC):**

Product	Proposal Accepted/Rejected
Family Plus	Royal Sundaram to bear 100% cost of PPMC

Three potential options will be determined by Royal Sundaram’s Underwriter.

- **Low to Medium Risk** - accept application with no condition exclusion(s)
- **Medium to High Risk** – accept application, but special conditions, loading/co-payment and (or) exclusion(s) shall apply.
- **Very High Risk** – decline policy cover. Royal Sundaram may decline policy cover where potential risk cannot be quantified through the use of best knowledge and expertise. Royal Sundaram will consider past medical history, pathological conditions, acquired disease conditions, deformity or disability, terminal conditions, and/or a combination thereof to determine if a risk is uninsurable.

**What to do next:** If you wish to know more about Royal Sundaram’s Family Plus Product and/or would like a personal quote, speak to our specially trained sales team or your local agent. They’ll take time to fully understand your requirements and help you to select the right plan for you.

Web: [www.royalsundaram.in](http://www.royalsundaram.in)

**Disclaimer:** This is only a summary of the product features and is for reference purpose only. The details of benefits available shall be as described in the policy document, and will be subject to the policy terms, conditions and exclusions. Please call our customer service if you require any further information or clarification.

**Statutory Warning:** Prohibition of rebates (under section 41 of Insurance Act 1938); no person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to life 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 prospectus or the tables of the insurer. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred rupees.

**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>

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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 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

### **Annexures:**

Annexure 1 – List of Generally excluded in Hospitalization Policy

Annexure X – Format to be filled up by the proposer for change in occupation of the Insured

Annexure 2 – Product Benefits Table

Annexure 3 – Rate Tables

Annexure 4- Indicative list of Day Care Procedures

### **Royal Sundaram Alliance Insurance Company Limited**

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

Registered Office: No. 21, Patullos Road, Chennai - 600002  
[www.royalsundaram.in](http://www.royalsundaram.in)

Insurance is the subject matter of solicitation

Unique Identification Number: **RSAHLIP22200V032122**





**Annexure I**

<b>List of Generally excluded in Hospitalization Policy</b>		
<b>SNO</b>	<b>List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -</b>	<b>Suggestions</b>
<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>		
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moissturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges ( For Site Preparations)	Payable
24	Eau-De-Cologne / Room Freshners	Not Payable
25	Eye Pad	Not Payable
26	Eye Sheild	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
29	Foot Cover	Not Payable



30	Gown	Not Payable
31	Leggings	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures should be considered
<b>Items Specifically Excluded In The Policies</b>		
59	Weight Control Programs/ Supplies/ Services	Exclusion in policy unless otherwise specified
60	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in policy unless otherwise specified
61	Dental Treatment Expenses That Do Not Require Hospitalisation	Exclusion in policy unless otherwise specified



62	Hormone Replacement Therapy	Exclusion in policy unless otherwise specified
63	Home Visit Charges	Exclusion in policy unless otherwise specified
64	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in policy unless otherwise specified
65	Obesity (Including Morbid Obesity) Treatment If Excluded In Policy	Exclusion in policy unless otherwise specified
66	Psychiatric & Psychosomatic Disorders	Exclusion in policy unless otherwise specified
67	Corrective Surgery For Refractive Error	Exclusion in policy unless otherwise specified
68	Treatment Of Sexually Transmitted Diseases	Exclusion in policy unless otherwise specified
69	Donor Screening Charges	Exclusion in policy unless otherwise specified
70	Admission/Registration Charges	Exclusion in policy unless otherwise specified
71	Hospitalisation For Evaluation/ Diagnostic Purpose	Exclusion in policy unless otherwise specified
72	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	Not payable - Exclusion in policy unless otherwise specified
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /HIV/ AIDS Etc Is Detected/ Directly Or Indirectly	Not payable as per HIV/AIDS exclusion
74	Stem Cell Implantation/ Surgery And Storage	Not Payable except Bone Marrow Transplantation where covered by policy
<b>Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is</b>		
75	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately
76	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	Microscope Cover	Payable under OT Charges, not payable separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not payable separately
79	Surgical Drill	Payable under OT Charges, not payable separately
80	Eye Kit	Payable under OT Charges, not payable separately



81	Eye Drape	Payable under OT Charges, not payable separately
82	X-Ray Film	Payable under Radiology Charges, not as consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable
84	Boyles Apparatus Charges	Part of OT Charges, not separately
85	Blood Grouping And Cross Matching Of Donors Samples	Part of Cost of Blood, not payable
86	Antiseptic Or Disinfectant Lotions	Not Payable -Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable -Part of Dressing Charges
88	Cotton	Not Payable -Part of Dressing Charges
89	Cotton Bandage	Not Payable -Part of Dressing Charges
90	Micropore/ Surgical Tape	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	Torniquet	Not Payable (service is charged by hospitals,consumables can not be separately charged)
94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
95	Urine Container	Not Payable
<b>Elements Of Room Charge</b>		
96	Luxury Tax	Actual tax levied by government is payable .Part of room charge for sublimits
97	HVAC	Part of room charge not payable separately
98	House Keeping Charges	Part of room charge not payable separately
99	Service Charges Where Nursing Charge Also Charged	Part of room charge not payable separately
100	Television & Air Conditioner Charges	Payable under room charges not if separately levied
101	Surcharges	Part of room charge not payable separately
102	Attendant Charges	Not Payable - Part of Room Charges
103	IM/IV Injection Charges	Part of nursing charges, not payable
104	Clean Sheet ^	Part of Laundry/Housekeeping not payable separately
105	Extra Diet Of Patient(Other Than That Which Forms Part Of Bed Charge)	Patient Diet provided by hospital is payable



106	Blanket/Warmer Blanket Administrative Or Non-Medical Charges	Not Payable- part of room charges
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Convenyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related To Prescription On Discharge	To be claimed by patient under Post Hosp where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (Not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable upto 24 hrs, shifting charges not payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
<b>External Durable Devices</b>		
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	CPAP/ CAPD Equipments Device	Not Payable
135	Infusion Pump - Cost Device	Not Payable
136	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
137	Pulseoxymeter Charges Device	Not Payable



138	Spacer	Not Payable
139	Spirometre Device	Not Payable
140	Sp0 2prob E	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid by patient)
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces ( Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
150	Lumbosacral Belt	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	Nimbus Bed Or Water Or Air Bed Charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal Binder	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc.obstruction,
<b>Items Payable If Supported By A Prescription</b>		
156	Betadine \ Hydrogen Peroxide\Spirit\Disinfectants Etc	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	Private Nurses Charges- Special Nursing Charges	Post hospitalization nursing charges not Payable
158	Nutrition Planning Charges - Dietician Charges diet Charges	Patient Diet provided by hospital is payable
159	Sugar Free Tablets	Payable -Sugar free variants of admissable medicines are not excluded
160	Creams Powders Lotions (Toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Payable when prescribed



161	Digestion Gels	Payable when prescribed
162	ECG Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	Gloves Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV Kit	Payable - payable Preoperative screening
165	Listerine/ Antiseptic Mouthwash	Payable when prescribed
166	Lozenges	Payable when prescribed
167	Mouth Paint	Payable when prescribed
168	Nebulisation Kit	If used during hospitalization is payable reasonably
169	Novarapid	Payable when prescribed
170	Volini Gel/ Analgesic Gel	Payable when prescribed
171	Zytee Gel	Payable when prescribed
172	Vaccination Charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
173	Ahd	Not Payable - Part of Hospital's internal Cost
174	Alcohol Swabes	Not Payable - Part of Hospital's internal Cost
175	Scrub Solution/Sterillium	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		
176	Vaccine Charges For Baby	Payable as per Plan
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's Fees	Not payable, except for telemedicine consultations where covered by policy
186	186 Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be payable in case of PIVI) requiring traction as this is generally not reused
189	Referral Doctor's Fees	Not Payable



190	Accu Check ( Glucometery/ Strips)	Not payable pre-hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable as per Plan
196	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	Urine Bag P	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Essential for case like CABG etc. where it should be paid.





**Annexure X**

**Format to be filled up by the proposer for change in occupation of the Insured**

<b>Policy No</b>	<b>Name of the Insured</b>	<b>Date of birth/Age</b>	<b>Relationship with Proposer</b>	<b>City of residence</b>	<b>Previous Occupation or Nature of Work</b>	<b>New Occupation or Nature of Work</b>

Place: \_\_\_\_\_

Proposer's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(DD/MM/YYYY)