

## **RURAL HOSPITAL CASH (VARIANCE OF DR. CASH PLUS)**

### **PROSPECTUS**

#### **Eligibility**

Rural Hospital Cash Policy is available to Farmers / Co operative members / members of Rural institution / Social Sector People / unorganized sectors / People residing in Rural areas. Rural Hospital Cash plan is available to persons between the age of 91 days and 65 years at the commencement date of the Policy. (For the purpose of this insurance, "age" shall mean completed years of age). The set age limit is for entry stage only and there is no exist age for renewal of existing insured person. The cover can be extended to his family members i.e., spouse, dependant children who are financially dependent upon the proposer and dependant parents.

#### **Special features of the cover**

- It is a simple benefit policy that offer a lump sum payment if the insured is hospitalized due to illness or accidental injury.
- For all in-patient hospitalization a fixed daily benefit as per plan chosen for a maximum of 14 days per hospitalization and 90 days for the entire policy period will be paid irrespective of actual expenses incurred by the insured. A minimum of 24 hours hospitalization is necessary.
- Payment is made on the basis of actual number of days the insured stayed at the Hospital as inpatient
- In other words the insured is entitled to receive the amount according to the stay in the hospital as an inpatient.

#### **Convalescence Benefit**

If hospitalisation is for continuous period of more than 21 days then a fixed sum of Rs.10,000/- will be paid as convalescence benefit. This benefit is followed by admissible liability under hospital confinement benefit and is payable only once per period of insurance per Insured person.

#### **Modern Treatment Methods:**

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 the max 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.

### **Exclusions**

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

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 (Insurance Products) 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 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) List of specific diseases/procedures : During the first year of the operation of the respective certificate of insurance the treatment of Cataract, Benign Prostatic Hypertrophy, Hysterectomy

for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Anomaly, Fistula in Anus, Piles and Sinusitis are not payable.

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

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

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

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

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

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. ***Uncontrolled Type2 DiabetesChange-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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim. **(Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)**

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

13. Treatments received in health hydros, 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. Birth control, Sterility and Infertility: Code- Excl17**

*Expenses related to Birth Control, sterility and infertility. This includes:*

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. 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. Code- **Excl19**

20. Dental treatment or surgery of any kind unless requiring Hospitalisation. Code- **Excl20**

21. Congenital external diseases: Congenital external diseases or defects or anomalies. Code- **Excl 21**

22. Hospitalisation in connection with or arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. Code- **Excl 22**

23. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination. Code- **Excl 23**

24. 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). Code- **Excl 24**

25. Directly or indirectly caused by or arising from or attributable to. Code- **Excl 25 :**

1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel  
Or
2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

26. Any routine or preventative examinations, vaccinations, inoculation or screening. Code- **Excl26**

27. Outpatient treatment. Code- **Excl27**

28. Any treatment received outside India. Code- **Excl28**

29. Any other Alternative Treatments except allopathy Code- **Excl29**

**Plans Offered:**

Daily Benefit
Rs.500/-
Rs.1000/-
Rs.2000/-

**Premium:**

Daily Benefit Limit	Insured alone	Insured and spouse	For inclusion of dependent children	For inclusion of dependent parent
Rs. 500/-	Rs. 400/-	Rs. 650/-	Rs. 200/- (Per Child)	Rs. 400/- (Per parent)
Rs. 1,000/-	Rs. 650/-	Rs. 1,150/-	Rs. 270/- (Per Child)	Rs. 650/- (Per parent)
Rs. 2,000/-	Rs. 1,150/-	Rs. 1,940/-	Rs. 375/- (Per Child)	Rs.1,150/-(Per parent)

**Notes:**

The above table shows the annual premium inclusive of GST Rate may vary due to any change in GST.

**Claims Procedure:**

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

The Claims Procedure is as follows:

Claim intimation should be given within 10 days from date of discharge.

The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.

- a) Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b) Photo copy of F.I.R. copy in case of an Accident.
- c) Complete set of Hospital/medical records if specifically sought by Us.
- d) If required, the Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
- e) If required, the Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

**The documents should be sent to:**

Health Claims Department

**Royal Sundaram General Insurance Co. Limited**

Regd Office: 21, Patullos Road, Chennai 600 002.

Corporate Office: "Vishranthi Melaram Towers", No.2/319

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097

Ph: 91-44- 71177117 Fax: 91-44- 7113 7114.

The claim if admissible shall be paid to the nominee of the Insured person in case if the insured person is not surviving at the time of payment of claim.

**Payment of Claim**

- All claims under respective certificate of insurance shall be payable in Indian Currency.
- 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.  
("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
- Any claim intimated after 30 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

**Free Look in:**

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.

**Portability:**

The insured Person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with the all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI 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:

- i. The waiting periods specified in Section 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 below link:-

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

**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:

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 Section 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 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>



### **Cancellation**

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

### **Renewals**

- i. 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.
- ii. 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.
- iii. 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 30 days in case of one year 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.
- iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- v. 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.

### **Grievances**

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.

**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>

\*This is only a summary of the product features. For complete details refer policy document.

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