

Top Up Insurance- Health XS and Super Health XS Policy

PROSPECTUS AND SALES LITEARTURE

Top Up Insurance- Health XS and Super Health XS Policy- Quality Health Insurance

Your Health is your biggest investment. Conventional Health policies offer only the basic cover. But foreseeing the magnitude of health problems is as difficult as predicting a health problem itself. Sometimes ailments and related complications demand much more than what you are prepared for.

Presenting “Health XS Policy” / “Super Health XS Policy” Insurance from Royal Sundaram General Insurance Co. Limited, Health Insurance Plan offered for a period ranging from one year to three years. It offers coverage much larger than the ones offered by basic plans.

What is the difference between Health XS and Super Health XS Policy?

The main difference between Health XS and Super Health XS Policy is the application of deductible. Under Health XS Policy, the deductible is applied on each and every admissible claim, whereas under Super Health XS Policy, it is applied on the aggregate of all admissible claims per annum.

For a Sum Insured of one lakh and a deductible of one lakh, the deductible will be applied as below:

Sum Insured - Rs.100000/-
 Deductible - Rs.100000/-

Details	Amount	Health XS	Super Health XS
First Claim	Rs.50000	Not payable	Not payable
Second Claim	Rs.70000	Not payable	Rs.20000/-
Total Claim	Rs.120000/-		

What are the key benefits of Health XS / Super Health XS Policy?

This policy is specially designed to offer complete protection to Self, spouse and dependant children for

Hospitalisation Cover: Any expenses incurred towards Inpatient Hospitalisation for a period of more than 24 hours, for the illnesses / diseases contracted or injury sustained by the insured person during the period of Insurance.

- 1) Room, Boarding Expenses as provided by the Hospital/Nursing Home 2% of the Sum Insured subject to a maximum limit of Rs.4000/- per day.
- 2) Nursing Expenses incurred during In-Patient hospitalization.
- 3) Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees – as per actual
- 4) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation – as per actuals.
- 5) **Pre-hospitalisation expenses** – Actuals subject to a maximum of 8% on admissible hospitalisation expenses.
- 6) **Post –hospitalisation expenses** – Actuals subject to a maximum of 10% on the admissible hospitalisation expenses.
- 7) **Day Care Treatment** – We shall pay for Day Care expenses incurred on advanced technological surgeries and procedures requiring less than 24 hours of hospitalization.

- 8) **Ambulance charges** - Rs.1000 per admissible claim will be reimbursed to You on producing the bills in original.
- 9) **Hospital Cash** – We shall make payments of Rs.2000/- for each completed 24 hrs of hospitalisation if the hospitalization exceeds 24 hours, subject to maximum number of 10 days per annum. This benefit is available only for Sum Insured of above 2 lacs.
- 10) **Medical Examination cost** -The Company shall bear 50% of the relevant cost of medical examination for policy with 1 year tenure, and 100% of the relevant cost of medical examination for policy of more than 1 year tenure, in the event of the risk being accepted.
- 11) **Modern Treatments:** The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:
- Uterine Artery Embolization and HIFU
 - Balloon Sinuplasty
 - Deep Brain stimulation
 - Oral chemotherapy
 - Immunotherapy- Monoclonal Antibody to be given as injection
 - Intra vitreal injections
 - Robotic surgeries
 - Stereotactic radio surgeries
 - Bronchical Thermoplasty
 - Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - IONM - (Intra Operative Neuro Monitoring)
 - Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

12) **Rider cover**

Accidental Death Benefit - In the event of accidental death an amount would be paid to the nominee.

Who is providing coverage under Health XS / Super Health XS Policy?

Your Coverage under Health XS / Super Health XS Policy is offered by Royal Sundaram General Insurance Co. Limited (first private non-life Insurance Company licensed to operate in India).

What additional benefits do I get?

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

- **Cashless Hospitalisation:** Health XS / Super Health XS Policy also provides the benefit of a cashless cover for more than 4000 network hospitals.
- **Floater Cover:** A Floater Sum Insured is offered to Self , Spouse and dependent children indicating that either one / all together are eligible to Claim upto the Sum Insured.
- **Individual Cover:** Cover is also available on individual basis.
- **Tax Benefit:** This insurance scheme is approved by IRDAI and the medical premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.
- **Pre-existing disease:** Pre-existing disease means any condition, ailment, injury or disease
(a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

(b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

What are the medical examinations to be done before taking Health XS / Super Health XS Policy?

- a. The following medical reports are required for Plan 1 to Plan 4
- HBAIC Report (Blood Sugar)
 - Urine analysis report
 - ECG print out with report

The Company shall bear 50% & 100% of the cost of the medical examination for policy periods of up to 1 year and more than 1 year respectively in the event of the risk being accepted.

- b. The following medical reports are required for Plan 5 and Plan 6

- Mandatory MER (as per the attached format), FBS, RUA, Lipid Profile, Hb, S.Creatinine, Liver Function Tests

The Company shall bear 50% & 100% of the cost of the medical examination for policy periods of up to 1 year and more than 1 year respectively in the event of the risk being accepted.

Medical examination is required as per the table given below:

Plans	Plan1	Plan2	Plan3	Plan4	Plan5	Plan6
Age	>50	>50	>45	>45	>35	>35

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

What is the coverage amount under Health XS / Super Health XS Policy?

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

Health XS / Super Health XS Insurance						
Main Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Policy Type	Individual	Individual / Floater	Individual / Floater	Individual / Floater	Individual / Floater	Individual / Floater
Sum Insured - Hospitalization expenses	200,000	200,000	500,000	750,000	1,000,000	1,500,000
Deductible	100,000	200,000	300,000	500,000	500,000	500,000
Sum Insured - Hospital Cash	N.A.	N.A.	2,000/ day	2,000/ day	2,000/ day	2,000/ day
Ambulance Charges	1,000/ claim	1,000/ claim	1,000/ claim	1,000/ claim	1,000/ claim	1,000/ claim
Room Rent	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000
Rider Benefits						
Personal Accident – Death only	Sum Insured ranges from Rs.1,00,000 to 50,00,000					

The limits specified above are in Indian Rupees and is applicable for the stipulated policy period.

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

Who is eligible for the coverage?

You must satisfy the following conditions:

Parameter	Eligibility
Age at entry	91 days - 65 years. Renewable lifelong.
Maximum cover ceasing age i.e renewal age	21 years for children
Coverage Term	1 year, 2 years and 3 years
Health Condition	You need to be in good health, have understood and signed the health declaration form.

What do I need to pay?

Group Policy: When this product is underwritten as a group policy, the rate table will be modified by underwriter judgment which shall include risk factor, age composition, location, expenses on policy servicing, etc

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

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

Premium table for Main Benefit
One Year Premium Table

One Year Individual Premium							
SI	Deductible	Health XS			Super Health XS		
		Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs	Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs
200,000	100,000	2,700	3,600	4,320	3,450	4,550	5,460
200,000	200,000	1,800	2,500	3,000	2,100	2,850	3,420
500,000	300,000	1,850	2,550	3,060	2,150	2,900	3,480
750,000	500,000	2,450	3,300	3,960	3,050	4,000	4,800
1,000,000	500,000	2,700	3,600	4,320	3,350	4,450	5,340
1,500,000	500,000	3,000	4,000	4,800	3,750	4,950	5,940

Applicable Service Tax Extra

Two Years Individual Premium Table

Two Years Individual Premium							
SI	Deductible	Health XS			Super Health XS		
		Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs	Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs
200,000	100,000	4,968	6,624	7,949	6,348	8,372	10,046
200,000	200,000	3,312	4,600	5,520	3,864	5,244	6,293
500,000	300,000	3,404	4,692	5,630	3,956	5,336	6,403
750,000	500,000	4,508	6,072	7,286	5,612	7,360	8,832
1,000,000	500,000	4,968	6,624	7,949	6,164	8,188	9,826
1,500,000	500,000	5,520	7,360	8,832	6,900	9,108	10,930

Applicable Service Tax Extra

Three Years Individual Premium Table

Three Years Individual Premium							
SI	Deductible	Health XS			Super Health XS		
		Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs	Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs
200,000	100,000	7,452	9,936	11,923	9,522	12,558	15,070
200,000	200,000	4,968	6,900	8,280	5,796	7,866	9,439
500,000	300,000	5,106	7,038	8,446	5,934	8,004	9,605
750,000	500,000	6,762	9,108	10,930	8,418	11,040	13,248
1,000,000	500,000	7,452	9,936	11,923	9,246	12,282	14,738
1,500,000	500,000	8,280	11,040	13,248	10,350	13,662	16,394

Applicable Service Tax Extra

One Year Floater – Health XS

One Year Floater - Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
		200,000	100,000	3,950	3,850	6,350	5,100
200,000	200,000	2,750	2,550	4,450	3,400	5,340	4,080
500,000	300,000	2,800	2,600	4,550	3,500	5,460	4,200
750,000	500,000	3,600	3,500	5,750	4,550	6,900	5,460
1,000,000	500,000	3,950	3,850	6,300	5,050	7,560	6,060
1,500,000	500,000	4,400	4,350	7,000	5,650	8,400	6,780

Applicable Service Tax Extra

Two Years Floater – Health XS

Two Years Floater - Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
		200,000	100,000	7,268	7,084	11,684	9,384
200,000	200,000	5,060	4,692	8,188	6,256	9,826	7,507
500,000	300,000	5,152	4,784	8,372	6,440	10,046	7,728
750,000	500,000	6,624	6,440	10,580	8,372	12,696	10,046
1,000,000	500,000	7,268	7,084	11,592	9,292	13,910	11,150
1,500,000	500,000	8,096	8,004	12,880	10,396	15,456	12,475

Applicable Service Tax Extra

Three Years Floater – Health XS

Three Years Floater - Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
		200,000	100,000	10,902	10,626	17,526	14,076
200,000	200,000	7,590	7,038	12,282	9,384	14,738	11,261
500,000	300,000	7,728	7,176	12,558	9,660	15,070	11,592
750,000	500,000	9,936	9,660	15,870	12,558	19,044	15,070
1,000,000	500,000	10,902	10,626	17,388	13,938	20,866	16,726
1,500,000	500,000	12,144	12,006	19,320	15,594	23,184	18,713

Applicable Service Tax Extra

One Year Floater – Super Health XS

One Year Floater – Super Health XS				
SI	Deductible	Upto 45 years	46 years to 65	66 to 75 years

				years			
		2A	IA + IC	2A	IA + IC	2A	IA + IC
200,000	100,000	5,000	4,950	7,900	6,450	9,480	7,740
200,000	200,000	3,150	2,950	5,050	3,950	6,060	4,740
500,000	300,000	3,200	3,050	5,100	4,000	6,120	4,800
750,000	500,000	4,450	4,350	7,000	5,650	8,400	6,780
1,000,000	500,000	4,900	4,850	7,700	6,300	9,240	7,560
1,500,000	500,000	5,500	5,500	8,600	7,050	10,320	8,460

Applicable Service Tax Extra

Two Years Floater – Super Health XS

Two Years Floater – Super Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
200,000	100,000	9,200	9,108	14,536	11,868	17,443	14,242
200,000	200,000	5,796	5,428	9,292	7,268	11,150	8,722
500,000	300,000	5,888	5,612	9,384	7,360	11,261	8,832
750,000	500,000	8,188	8,004	12,880	10,396	15,456	12,475
1,000,000	500,000	9,016	8,924	14,168	11,592	17,002	13,910
1,500,000	500,000	10,120	10,120	15,824	12,972	18,989	15,566

Applicable Service Tax Extra

Three Years Floater – Super Health XS

Three Years Floater – Super Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
200,000	100,000	13,800	13,662	21,804	17,802	26,165	21,362
200,000	200,000	8,694	8,142	13,938	10,902	16,726	13,082
500,000	300,000	8,832	8,418	14,076	11,040	16,891	13,248
750,000	500,000	12,282	12,006	19,320	15,594	23,184	18,713
1,000,000	500,000	13,524	13,386	21,252	17,388	25,502	20,866
1,500,000	500,000	15,180	15,180	23,736	19,458	28,483	23,350

Applicable Service Tax Extra

Per child Rate for floater policy with 2 Adults

One Year Per Child Rate			
SI	Deductible	Health XS	Super Health XS
200,000	100,000	1,450	1,850
200,000	200,000	900	1,050
500,000	300,000	950	1,100
750,000	500,000	1,250	1,600
1,000,000	500,000	1,400	1,800
1,500,000	500,000	1,600	2,050

Applicable Service Tax Extra

Two Years Per Child Rate			
SI	Deductible	Health XS	Super Health XS
200,000	100,000	2,668	3,404
200,000	200,000	1,656	1,932
500,000	300,000	1,748	2,024

750,000	500,000	2,300	2,944
1,000,000	500,000	2,576	3,312
1,500,000	500,000	2,944	3,772

Applicable Service Tax Extra

Three Years Per Child Rate			
SI	Deductible	Health XS	Super Health XS
200,000	100,000	4,002	5,106
200,000	200,000	2,484	2,898
500,000	300,000	2,622	3,036
750,000	500,000	3,450	4,416
1,000,000	500,000	3,864	4,968
1,500,000	500,000	4,416	5,658

Applicable Service Tax Extra

Premium for Rider Cover

Personal Accident

Sum Insured Range	Premium per lac (Applicable Service Tax Extra)
Rs.1,00,000 to Rs.20,00,000	Rs.170/-
Above Rs.20,00,000 upto Rs.50,00,000	Rs.250/-

How do I pay my Premium?

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

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

How do I Enroll?

Quick and easy enrolment process. Medical examination is required for persons above 35 years depending on the plan and term chosen. All you need to do is to complete the proposal form. Kindly ensure all details are captured accurately and completely filled in before signing.

When does the coverage start?

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

How can my coverage end?

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

Event	Parameter
End of coverage term	After 1 year or 2 Years or 3 years of policy inception
If you cancel the coverage	Premium would be refunded as per the short period scales mentioned below
Non payment of installment	If the installment premium is not paid within the due date including the

premium	grace period (if any). This is applicable as per the plan selected
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What document will I get as a proof of Insurance?

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

Does the policy allow changing the SI and deductibles?

No midterm increase in sum insured is allowed during the currency of the policy. On renewal the next available plan can be granted at Insurers discretion.

Medical examination is required as per the table given under Medical Reports Required

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

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

When I can include my family members under the policy?

No midterm inclusions of members are allowed in Top up Insurance except for addition of newborn children over the age of 90 days and spouse immediately after marriage, on payment of premium as per the short period scale given below.

Medical examination is required as per the table given under Medical Reports Required.

Short period scales – One Year:

Entry within	15 days	100% of the Annual Premium
-do-	1 month	85% of the Annual Premium
-do-	2 months	70% of the Annual Premium
-do-	3 months	60% of the Annual Premium
-do-	4 months	50% of the Annual Premium
-do-	5 months	40% of the Annual Premium
-do-	6 months	30% of the Annual Premium
-do-	7 months	25% of the Annual Premium
-do-	8 months	20% of the Annual Premium
-do-	9 months	15% of the Annual Premium
Entry after	9 months	No inclusion

Short period scales – Two Years

Entry within	30 days	100% of the Premium
-do-	2 months	85% of the Premium
-do-	4 months	70% of the Premium
-do-	6 months	60% of the Premium
-do-	8 months	50% of the Premium
-do-	10 months	40% of the Premium
-do-	12 months	30% of the Premium
-do-	14 months	25% of the Premium
-do-	16 months	20% of the Premium
-do-	18 months	15% of the Premium
Entry after	18 months	No Inclusion

Short period scales – Three Years

Entry within	30 days	100% of the Premium
-do-	3 months	85% of the Premium
-do-	6 months	70% of the Premium
-do-	9 months	60% of the Premium
-do-	12 months	50% of the Premium
-do-	15 months	40% of the Premium
-do-	18 months	30% of the Premium
-do-	21 months	25% of the Premium
-do-	24 months	20% of the Premium
-do-	27 months	15% of the Premium
-do-	30 months	10% of the Premium
-do-	33 months	5% of the Premium
Entry after	33 months	No Inclusion

However deletion of members may be allowed based on insured's request during the currency of the policy and refund shall be allowed as per the short period scale given under Cancellation Clause

Who can cancel the policy and what will I get if the policy is cancelled?

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

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

Short period Scales : One year policy

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium
-do-	2 months	30% of the Annual Premium
-do-	3 months	40% of the Annual Premium
-do-	4 months	50% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	70% of the Annual Premium
-do-	7 months	75% of the Annual Premium
-do-	8 months	80% of the Annual

		Premium
-do-	9 months	85% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

Short period Scales : Two year policy

For a period not exceeding	30 days	10% of the Annual Premium
-do-	2 months	15% of the Annual Premium
-do-	4 months	30% of the Annual Premium
-do-	6 months	40% of the Annual Premium
-do-	8 months	50% of the Annual Premium
-do-	10 months	60% of the Annual Premium
-do-	12 months	70% of the Annual Premium
-do-	14 months	75% of the Annual Premium
-do-	16 months	80% of the Annual Premium
-do-	18 months	85% of the Annual Premium
For a period exceeding	18 months	Full Annual Premium

Short period Scales : Three year policy

For a period not exceeding	30 days	5% of the Premium Paid
-do-	3 months	15% of the Premium paid
-do-	6 months	30% of the Premium paid
-do-	9 months	40% of the Premium Paid
-do-	12 months	50% of the Premium paid
-do-	15 months	60% of the Premium paid
-do-	18 months	70% of the Premium paid
-do-	21 months	75% of the Premium paid
-do-	24 months	80% of the Premium paid
-do-	27 months	85% of the Premium paid
-do-	30 months	90% of the Premium paid
-do-	33 months	95% of the Premium paid

For a period exceeding	33 months	Full Premium paid
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For Multi year policies the following conditions shall be applied:

1. A free look in period of 15 days shall be available to the insured
 2. The customer shall be eligible for 100% refund in case of the request for cancellation received during the free look in period, which shall be 15 days from the date of receipt of policy documents by the customer.
 3. If the cancellation request is received after the free look in period, the below condition shall be applied:
 - a) Total premium shall be divided by the policy tenure to arrive annual premium
 - b) Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.
 - c) Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.
 - d) For the remaining unexpired period the entire premium shall be refunded.
- In case of payment of premium by Installments there will not be any refund of premium if the insured cancels the policy.

What is the claim process?

Claims Procedure

For admission in network Hospital - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.

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

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

• Mandatory documents

1. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness.
2. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
3. Death summary in case of death of the insured person at the hospital.
4. Hospital Receipts / bills / cash memos in Original (including advance and final hospital settlement receipts).
5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests/investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought).
6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
7. F.I.R/MLC. in the case of accidental injury and English translation of the same, if in any other language.
8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
9. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
10. For a) Cataract claims - IOL sticker b) PTCA claims - Stent sticker.
11. Copies of health insurance policies held with any other insurer covering the insured persons.
12. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that Original claim documents are retained at their end.

• Documents to be submitted if specifically sought

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart).
2. Copy of extract of Inpatient Register.
3. Attendance records of employer/educational institution
4. Complete medical records (including indoor case records and OP records) of past hospitalization/ treatment if any.
5. Attending Physician's certificate clarifying.

- reason for hospitalization 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/preemployment medical records if any.
 7. Any other document necessary in support of the claim on case to case basis.

1. In the event if the Insured having multiple insurance policies and prefers to lodge a partial claim with the Company, the Company shall accept photo copies of the documents duly certified by the first insurance company.
2. Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
3. If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at our expense.
4. If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

The documents should be sent to:

Health Claims Department
M/s.Royal Sundaram General Insurance Co. Limited.,
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corporate office,
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai - 600 097.

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

Can I renew my policy after the stipulated period?

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

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

However non receipt of renewal notice shall not be accepted as a valid reason for not renewing the policy within the stipulated time for ensuring continuity benefits.

What are the benefits of renewing the policy next year?

You become eligible to claim for ailments, which have a waiting period. For example, you may claim expenses for ailments like Stones in the Urinary and Biliary systems, Surgery on Tonsils, etc. (First Year Exclusion) after the first renewal in case of one year policy. Similarly, even pre-existing ailments become claimable after the 4th year of renewal.

What are the exclusions?

Exclusions under Hospitalisation benefit

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 (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/48 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) I) List of specific diseases/procedures is as under (12 months):

- i. Treatment of Congenital Internal Anomaly,
- ii. any type of Migraine /Vascular head ache,
- iii. Stones in the Urinary and Biliary systems,
- iv. Surgery on Tonsils / Adenoids,
- v. Gastric and Duodenal Ulcer,
- vi. any type of Cyst/ Nodules / Polyps,
- vii. any type of Breast Lumps

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

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

III) List of specific diseases/procedures is as under (48 months):

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

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

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

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

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

6. Obesity/ Weight Control: Code- Excl06

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

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

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

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

8. Cosmetic or plastic Surgery: Code- Excl08

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

9. Hazardous or Adventure sports: Code- Excl09

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

10. Breach of law: Code- Excl10

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

11. Excluded Providers: Code- Excl11

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

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

13. Treatments received in health 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. Sterility and Infertility: Code- Excl17

Expenses related to Sterility and infertility. This includes:

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

18. Maternity: Code Excl18

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

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

20. The cost of spectacles, contact lenses. **Excl20**

21. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury. **Excl21**

22. Convalescence, general debility, 'Run-down' condition, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide. **Excl22**

23. Claims directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination. **Excl23**

24. Claims directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not). **Excl24**

25. Claims directly or indirectly caused by or arising from or attributable to:

- a. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
- b. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it. **Excl25**

26. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization. **Excl26**

27. Outpatient treatment charges. **Excl27**

28. Hormone replacement therapy, Cytotron Therapy. **Excl28**

29. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist. **Excl29**

30. Any treatment received outside India. **Excl30**

31. Any other alternative medicine except Allopathy (Modern Medicine). **Excl31**

32. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor. **(Excl32)**

33. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner. **(Excl33)**

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

. Implantable electronic devices (such as replacement batteries or replacement devices) **(Excl34)**

35. Health XS - Amount shown as deductible on the schedule of the policy in respect of each and every admissible claims.

Super Health XS – Amount shown as deductible on the schedule of the policy in respect of aggregate of all admissible claims per annum. **(Excl35)**

36. External and or durable Medical / non medical equipment or any kind used for diagnosis and / or treatment and / or monitoring and / or maintenance and / or support including oxygen concentrator, etc., Stocking, etc., of any kind, also any medical equipment, which are subsequently used at home. **(Excl36)**

37. Existing Diseases allowed to be permanently excluded: **(Excl37)**

Sr. No.	Disease	ICD Code
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1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0).

		When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0 Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1 to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 - Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 - Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 -Acute hepatitis B without delta-agent and without hepatic coma; B17.0 -Acute delta-(super)infection of hepatitis B carrier; B18.0 - Chronic viral hepatitis B with delta-agent; B18.1 - Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9 Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37

13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease
14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

38. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List- IV respectively of Annexure-A (**Excl38**)

Exclusions for Rider - Personal Accident Cover:

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Payment of compensation in respect of death, injury or disablement of the Insured Person
 - (a) from intentional self injury, suicide or attempted suicide.
 - (b) whilst under the influence of intoxicating liquor or drugs.
 - (c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. ("Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine)
 - (d) directly or indirectly caused by venereal diseases, AIDS or insanity.
 - (e) arising or resulting from the Insured/Insured Persons committing any breach of law with criminal intent.

(f) as a result of, or which is contributed to by, the Insured person suffering from any pre-existing condition or pre-existing physical or mental defect or infirmity.

Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing condition

2. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments.

3. Payment of Compensation in respect of Death of or bodily Injury or disablement or any disease or illness to the Insured person

- directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
- directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, Injury or Disablement resulting directly or indirectly, caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

6. Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, Jockeys, Circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, potholing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard. Persons while engaged in the following occupations are excluded:

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing) Jockey, Marine salvager, Miner and other occupations underground, Off-shore oil or gas rig worker, Policeman (Full time), Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffold Worker, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller, Ship crew.

7. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly or indirectly arising out Health XS and Super Health XS Policy Wordings of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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

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

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

Renewal Procedure

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

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

In the event of mis-description, fraud, non co-operation by the insured or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal. At renewal, the coverages, terms & conditions & premium may change, in which case a three months notice by shall be sent to the Proposer at his last known address as recorded in the policy.

Any change in premium on account of change of age will not require any prior notice.

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

Change in Sum Insured

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

When the Company is admitting liability for disease/illnesses / medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person during the first occurrence of such disease/ illness/medical condition/ burns or the available Sum Insured under the current Policy, whichever is less.

Free Look in:

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

- a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;
- b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Migration:

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

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

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

Portability

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

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

For Detailed Guidelines on Portability, kindly refer the link

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

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

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

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

Nominee

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

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

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

Grievance Redressal

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

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

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

Our website: www.royalsundaram.in

Email: customer.services@royalsundaram.in

Call us at : 18604250000

Fax: 91-44-7113 7114

Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in

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

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

The Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited.

Vishranthi Melaram Towers,

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

Karapakkam, Chennai - 600097

Email: grievance.redressal@royalsundaram.in

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

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

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

<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>	<p>11/09/2019</p>
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<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>	<p>16/04/2018</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>	<p>03/05/2018</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</p>	<p>12/09/2019</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p>02/05/2018</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2- 46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p>11/06/2018</p>

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

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



OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

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

Shri M.M.L. Verma, Secretary General

Smt Moushumi Mukherji, Secretary

Annexure A

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

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



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

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

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



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

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

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT



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

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

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

Disclaimer:

Health XS / Super Health XS Policy: Insurance is the subject matter of solicitation. The Health XS / Super Health XS Policy is issued by Royal Sundaram General Insurance Co. Limited. Claims will be settled by Royal Sundaram General Insurance Co. Limited as per the terms and conditions of the policy. This brochure is not a contract of Insurance. Please refer policy document for exact terms and conditions and specific details applicable to this Insurance. This plan is underwritten by Royal Sundaram General Insurance Co. Limited. Your participation in this insurance product is purely on a voluntary basis.



Prohibition of rebates:

Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published

Prospectuses or table of the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten lakh rupees.

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

Royal Sundaram General Insurance Co. Limited.

Vishranthi Melaram Towers,

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

Karapakkam, Chennai - 600097

Email: grievance.redressal@royalsundaram.in

Email: customer.services@.royalsundaram.in

Visit us at www.royalsundaram.in

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

Renewal Disclosure

- Premium will be charged based on the age band in the premium table and is subject to a maximum increase of 25%. Any further increase is subject to IRDAI's approval.
- Any change in the terms of cover during renewal shall be subject to IRDAI's approval & a notice of 90 days before expiry of the policy shall be given.