

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Health EcoAdvantage	
2	Policy Number	xxxxxxx	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> • Indemnity 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured – Rs. _____ • Floater Sum Insured – Rs. _____ 	
5	Policy Coverage (What the policy covers?)	1. The Company shall indemnify medical expenses incurred for In-patient Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for	B.4.1. A

		<p>a) Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home –Upto Rs. 3000 per day, with proportionate deduction</p> <p>b) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses Upto Rs. 8000 per day, with proportionate deduction</p> <p>c) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital</p> <p>d) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses</p> <p>e) Expenses on Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.</p> <p>f) All day care treatment shall be covered up to 25% of Sum Insured</p> <p>g) Expenses incurred on road Ambulance subject to a maximum of Up to Rs.750 per hospitalisation (payable within the sum insured)</p> <p>h) Expenses on hospitalisation for specified surgical procedures shall be payable upto the limits as specified.</p> <p>2. Hospital daily cash benefit - A daily cash benefit of Rs. 200 for every 24</p>	<p>4.1 to 4.6</p>
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		<p>hours of hospitalization in the PPN hospitals. Limited to a maximum of 10 days per hospitalization.</p> <p>3. AYUSH Treatment- Covered up to 100% of Sum Insured</p> <p>4. Pre Hospitalisation- For a fixed period of 15 days prior to the date of admissible hospitalization covered under the policy. The amount shall be limited to 25% sum insured.</p> <p>5. Post Hospitalisation- fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy. The amount shall be limited to 25% of sum insured</p> <p>6. Modern Treatment- Covered up to 20% of Sum Insured Following procedures-</p> <ul style="list-style-type: none"> A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as injection F. Intra vitreal injection G. Robotic surgeries 	
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		<p>H. Stereotactic radio surgeries</p> <p>I. Bronchical Thermoplastic</p> <p>J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</p> <p>K. IONM - (Intra Operative Neuro Monitoring)</p> <p>L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</p> <p>7. Disease specific sublimits-</p> <p>The Claim amount payable per person towards the treatment of following disease, illness, medical condition or injury during the period of insurance is subject to a limit of:</p> <table border="1" data-bbox="527 1549 1279 1843"> <thead> <tr> <th>Treatment</th> <th>Limit per claim (In Rs.)</th> </tr> </thead> <tbody> <tr> <td>Appendectomy</td> <td>65,000</td> </tr> <tr> <td>Surgical management of Stones in Urinary and Biliary systems</td> <td>65,000</td> </tr> </tbody> </table>	Treatment	Limit per claim (In Rs.)	Appendectomy	65,000	Surgical management of Stones in Urinary and Biliary systems	65,000	5
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Health EcoAdvantage



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		Surgical management of Hernia	60,000	
		Surgical management of Hydrocele	50,000	
		Hysterectomy with BSO (Uterus and ovarian removal)	70,000	
		Dilation and curettage (D&C)	20,000	
		Surgery for removal of Lump/Cyst/Nodule/poly ps	40,000	
		Surgical management of Tonsils/Adenoids	40,000	
		Surgery for IVDP, Spondylosis, Spondylitis	1,00,000	
		Surgical management of Anal Fissure, Fistula, Piles	50,000	
		Surgical management of Benign Prostatic Hypertrophy	60,000	
		Functional Endoscopic sinus surgery	55,000	
		Septoplasty (DNS)	45,000	
		Cataract surgery (only monofocal lens allowed)	25,000 per eye	
		Knee/Hip replacement (Unilateral) surgery	1,50,000	
		Knee/Hip replacement (Bilateral) surgery	2,00,000	

		<table border="1"> <tr> <td data-bbox="532 386 987 483">Coronary Artery Bypass Grafting surgery</td> <td data-bbox="987 386 1282 483">2,00,000</td> </tr> </table>	Coronary Artery Bypass Grafting surgery	2,00,000	
Coronary Artery Bypass Grafting surgery	2,00,000				
<p>8. Cumulative Bonus- We will increase Your Sum Insured by 5% of Base Sum Insured per Policy Year up to a maximum of 25% of Base Sum Insured of renewed Policy, if the Policy is renewed with Us and provided that there are no claims paid/outstanding in the expiring Policy Year by any Insured Person.</p> <p>9. Co-Payment-</p> <ul style="list-style-type: none"> • 25% co-pay on the admissible amount per claim* shall be applicable for any claim outside the preferred provider network. • 30% co-pay on the admissible amount per claim* shall be applicable for any claim for insured persons who have completed 61 years of age on the date of inception of the respective policy period. <p>Co-payment shall be applied as demonstrated below -</p> <ol style="list-style-type: none"> a) If the hospitalization is within PPN network and the insured person is aged 61 years and above, then the co-payment will be 30% only b) If customer has claimed outside PPN network (25%), aged 61 and above (30%) then total co-payment will be 47.5% 					

		<p>Co-payment will be applicable on any insured in the said age band irrespective of the entry age of the insured at the time of purchase of the policy.</p> <p>*per claim denotes a single continuous hospitalization and includes pre and post hospitalization period as defined earlier in the policy.</p>	
6	Exclusions (What the Policy does not cover)	<p>Following is a partial list of the policy exclusions.</p> <p>Investigation & Evaluation, Rest Cure, rehabilitation and respite care, Obesity/ Weight Control, Change-of-Gender treatments, Cosmetic or plastic Surgery, Hazardous or Adventure sports, Breach of law, Excluded Providers, Treatment for, Alcoholism, drug or substance abuse or any addictive condition consequences, Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons, 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, Refractive Error, Unproven Treatments, Sterility and Infertility, Maternity, Alternative treatment, Ancillary Hospital</p>	6

	<p>Charges, Charges for medical papers, Circumcision, Conflict and disaster, Congenital conditions, Convalescence and Rehabilitation, Dental/oral treatment, Drugs and dressings for OPD Treatment or take-home use, Hereditary conditions, Items of personal comfort and convenience, including but not limited to (A) Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services (B) Private nursing/attendant's charges incurred during Prehospitalization or post-hospitalization (C) Drugs or treatment not supported by prescription etc., OPD Treatment, Preventive Care, Self-inflicted injuries, Sexual problems, Sexually transmitted diseases, Sleep disorders, Treatment for Alopecia, Treatment for developmental problems, Treatment received outside India, Artificial life maintenance is not covered from the time Insured Person goes into vegetative state and a point of no recovery to Life, Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. The expenses that are not covered in this policy are placed under List-I of Annexure-I</p>	<p>8</p>
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		Other Exclusion- Expenses for treatment directly arising from or consequent upon any Insured Person was under influence of alcohol whilst driving.	
7	Waiting Period	<p>a. Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents)</p> <p>b. Specific Waiting periods:24 months</p> <p>c. Pre-existing diseases: 36 months waiting period</p>	6
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	4
	i.Sub-limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
	ii.Co-payment	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
	iii.Deductible	To be mapped if applied.	
	iv.Any other limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.	13.1

		<p>Procedure for Cashless claims:</p> <p>i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.</p> <p>ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>iii. The Company/TPA upon getting cashless request form and related medical information from the insured person/network provider will issue pre-authorization letter to the hospital after verification.</p> <p>iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>v. The Company/TPA reserves the right to deny pre-authorization in case the insure person is unable to provide the relevant medical details.</p> <p>vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim document to the Company/TPA for reimbursement.</p> <p>The reimbursement claim shall be processed subject to the admissibility of the claim as per the terms and conditions of the policy.</p> <p>Procedure for reimbursement of claims:</p> <p>For reimbursement of claims the insured person may submit the necessary</p>	
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	<p>documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.</p> <table border="1" data-bbox="483 571 1279 1264"> <thead> <tr> <th data-bbox="483 571 570 667">Sl. No</th> <th data-bbox="570 571 948 667">Type of Claim</th> <th data-bbox="948 571 1279 667">Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 667 570 940"></td> <td data-bbox="570 667 948 940">Reimbursement of hospitalization, day care and Pre hospitalization expenses</td> <td data-bbox="948 667 1279 940">Within thirty days of date of discharge from hospital</td> </tr> <tr> <td data-bbox="483 940 570 1264"></td> <td data-bbox="570 940 948 1264">Reimbursement of post hospitalization expenses</td> <td data-bbox="948 940 1279 1264">Within fifteen days from completion of post hospitalization treatment</td> </tr> </tbody> </table> <p>Notification of Claim Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:</p> <p>i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.</p> <p>ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p>	Sl. No	Type of Claim	Prescribed Time limit		Reimbursement of hospitalization, day care and Pre hospitalization expenses	Within thirty days of date of discharge from hospital		Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	
Sl. No	Type of Claim	Prescribed Time limit									
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	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment									

		<p>i. TAT for preauthorisation of cashless facility is 2 hours</p> <p>ii. TAT for cashless final bill authorisation is 2 hours</p> <p>i. Network Hospital details: https://www.paramounttpa.com/Home/ProviderNetwork.aspx https://www.medibuddy.in/networkHospitals</p> <p>ii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655</p> <p>i. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://my.royalsundaram.in/sites/default/files/2023-11/Excluded-list.xlsx</p> <p>ii. Downloading / getting claim form https://www.royalsundaram.in/html/files/form-s-central/health-claim-form.pdf</p>	
10	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>	

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<p>1 1</p>	<p>Grievance s / Complaint s</p>	<p>In case of any grievance the insured person may contact the company through Website: https://www.royalsundaram.in Grievance Redressal website: https://www.royalsundaram.in/app/customer-grievance. Contact numbers: 1860 258 0000, 1860 425 0000 E-mail: grievance.redressal@royalsundaram.in Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in Fax : 044-7117 7140 Courier: Grievance Redressal Unit Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097</p> <p>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,</p>	<p>9.16</p>
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		<p>No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097</p> <p>For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in</p> <p>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</p> <p>.Grievance may also be lodged at – Registration of Complaints in Bima Bharosa by Policyholders:</p> <ol style="list-style-type: none">1. Can directly register complaint in the Bima Bharosa Portal https://bimabharosa.irdai.gov.in/2. Can send the complaint through Email to complaints@irdai.gov.in.3. Can call Toll Free No. 155255 or 1800 4254 732.4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical	
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		<p>form, the same may be sent to IRDAI addressed to:</p> <p>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.</p>	
1 2	Things to remember	<p>Free look period The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured shall be allowed a period of 30 days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction 	9.15

		<p>towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <p>Cancellation</p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 15 days written notice if there are no claims and in such an event, the Insurer shall refund proportionate premium for the unexpired policy period.</p> <p>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.</p> <p>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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p> <p>Policy Renewal</p> <p>The policy shall ordinarily be renewable except on grounds</p>	<p>9.7</p> <p>9.10</p> <p>9.8 & 9.9</p>
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		<p>of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.</p> <p>Migration and portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>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:</p> <ul style="list-style-type: none"> i. The waiting periods specified in Section E 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 	
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		<p>shall not apply to any other additional increased Sum Insured. For Detailed Guidelines on Migration, kindly refer the below link:-</p> <p>https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf</p> <p>Portability The insured Person will have the option to port the policy to other insurers as an 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:</p> <p>i. The waiting periods specified in Section E shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.</p> <p>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.</p>	<p>9.12</p>
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		<p>For Detailed Guidelines on Portability, kindly refer the below link: - https://www.royalsundaram.in/health-insurance/health-insurance-portability</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of 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.</p>	
<p>1 3</p>	<p>Your Obligations</p>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p>	



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		Disclosure of other material information during the policy period such as change in occupation.	
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Declaration by the policy holder:

I have read the above and confirm having noted the details.

Place:

Date:
Policy Holder)

(Signature of the

Note:

- i. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.**