

Advanced Top Up Health Insurance Plan

SI No	Title	Description	Policy Clause Number
1	Product Name	Advanced Top Up Health Insurance Plan	
2	What am I covered for	<ul style="list-style-type: none"> • Inpatient Care: Medical Expenses for Medical Practitioner's fees, Diagnostic tests, Medicines, drugs and consumables, Treatment Charges, Nursing Charges, Operation Theatre charges, Intensive Care Unit charges, Intravenous fluids, blood transfusion, injection administration charges, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure. • Modern Treatments- Listed modern treatments will be covered up to Sum Insured. • Pre-Hospitalisation Expenses: Related medical expenses incurred 60 days prior to hospitalization. • Post-Hospitalisation Expenses: Related medical expenses incurred within 90 days from date of discharge. • Day-care Treatment: All Day Care procedures requiring less than 24 hours' hospitalization. • Organ Donor Expenses: Medical Expenses for an organ donor's treatment for harvesting of the organ. Organ donor expenses will be covered within the sum insured for the patient who is insured with us i.e. recipient of the Organ (who is undergoing the transplant) • Domiciliary Hospitalization: Medical Expenses upto Sum Insured for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization. 	<p>D.1</p> <p>D.2</p> <p>D.3</p> <p>D.4</p> <p>D.5</p> <p>D.6</p> <p>D.7</p>

		<ul style="list-style-type: none"> • AYUSH Treatment – We will cover medical expenses for Alternative Treatment taken in government hospital or in any institute recognized by the government and /or as defined under definition of AYUSH hospital in the Policy Document, upto Sum Insured. • Emergency Ambulance Cover including Application based cabs. • Second Opinion for Critical Illness – Available once during Policy period for 22 critical illness. • Home Care treatment – We shall cover the treatment expenses up to the limits as specified in the Policy Schedule/ Product Benefit Table of this Policy for the Insured Person’s treatment at his/her home in case of pandemic/endemic/ any other exceptional circumstances • Life Protect Benefit- In the event of Life Threatening Condition if the Sum Insured becomes insufficient, we will give additional amount for any claim admissible under inpatient Care up to the limits specified in Product Benefits Table. <p>Optional Benefits</p> <p>1. Reduction in Pre Existing Disease waiting Period from 36 months to 24 months</p>	<p>D.8</p> <p>D.9</p> <p>D.10</p> <p>D.11</p> <p>D.12</p> <p>Endorsement- 1</p>
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> • 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, 	E1.4 to E1.18

		<ul style="list-style-type: none"> • Treatment for, Alcoholism, drug or substance abuse, Tobacco abuse or any addictive condition and 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, 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 • The expenses that are not covered in this policy are placed under List-I of Annexure-A <p>(Note: the above is a partial/indicative list of the policy exclusions. Please refer to the policy clauses for the complete details/list on Exclusions.)</p>	
4	Waiting period	<ul style="list-style-type: none"> • Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) • Specific Waiting periods: 24 months for 16 diseases specified in Policy Wordings. • Pre-existing diseases: Covered after 36 months 	E1.2 E1.3 E1.1
5	Payment basis	<ul style="list-style-type: none"> • Cashless facility or reimbursement of covered expenses up to specified limits. 	
6	Loss Sharing	In case of a claim, this policy requires you to share the following costs: Insurer will not be liable to pay any claims up to the Deductible amount opted in the policy. The deductible will apply over aggregate of all admissible claims under the policy per annum as per the terms and conditions of the Policy.	D
7	Renewal Conditions	<ol style="list-style-type: none"> This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date. 	F2.12

		<ul style="list-style-type: none"> ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification. iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 30 days in case of annual payments immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any Claims incurred during such period. The provision of Section 64VB of the Insurance Act shall be applicable. iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You. v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered. vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy. 	
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8	Renewal Benefits	Not Applicable																																				
9	Cancellation	<p>Cancellation</p> <p>a) The Insured may cancel this Policy by giving 15 days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.</p> <table border="1"> <thead> <tr> <th rowspan="2">Cancellation date upto (x months) from the Policy Period Start Date</th> <th colspan="3">Refund of Premium (basis Policy Period)</th> </tr> <tr> <th>1 Year</th> <th>2 Year</th> <th>3 Year</th> </tr> </thead> <tbody> <tr> <td>Upto 1 month</td> <td>75%</td> <td>87%</td> <td>91%</td> </tr> <tr> <td>Upto 3 months</td> <td>50%</td> <td>74%</td> <td>82%</td> </tr> <tr> <td>Upto 6 months</td> <td>25%</td> <td>61.5%</td> <td>73.5%</td> </tr> <tr> <td>Upto 12 months</td> <td>0%</td> <td>48.5%</td> <td>64.5%</td> </tr> <tr> <td>Upto 15 months</td> <td>NA</td> <td>24.5%</td> <td>47%</td> </tr> <tr> <td>Upto 18 months</td> <td>NA</td> <td>12%</td> <td>38.5%</td> </tr> <tr> <td>Upto 24 months</td> <td>NA</td> <td>0%</td> <td>30%</td> </tr> </tbody> </table>	Cancellation date upto (x months) from the Policy Period Start Date	Refund of Premium (basis Policy Period)			1 Year	2 Year	3 Year	Upto 1 month	75%	87%	91%	Upto 3 months	50%	74%	82%	Upto 6 months	25%	61.5%	73.5%	Upto 12 months	0%	48.5%	64.5%	Upto 15 months	NA	24.5%	47%	Upto 18 months	NA	12%	38.5%	Upto 24 months	NA	0%	30%	F1.7
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10	Claims	<p>For cashless service – web link of network hospital royalsundaram.in/health-insurance</p> <p>Intimation – Before 3 days in case of planned hospitalisation and within 2 days of admission in case of emergency hospitalisation. Claim Document submission: within 30 days from the date of discharge.</p>									
11	Policy Servicing/ Grievances/Complaints	<p>Grievances/Complaints -Company Officials:</p> <p>E-mail: customer.services@royalsundaram.in Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in</p> <p>Mr. T M Shyamsunder – Grievance Redressal Officer</p> <p>IRDAI/(IGMS/Call Centre): - https://igms.irda.gov.in/ - IRDA Grievance toll-free number: 155255</p> <p>• Ombudsman Details– Please refer Annexure 1 to Policy Wordings</p>	F1.15								
12	Insured's Rights	<ul style="list-style-type: none"> Free Look: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 	F1.14								

		<p>The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ol 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 person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; <ul style="list-style-type: none"> • Implied renewability: Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You. • Migration and Portability related queries please email us at healthpolicy.helpdesk@royalsundaram.in and write us at: Royal Sundaram General Insurance Co. Ltd. 2nd Floor, Delphi C-wing, Hiranandani Business Park, Powai, Mumbai- 400076 • Increase in SI during the Policy term is not allowed. • Turn Around Time (TAT) for issue of PreAuth and settlement of Reimbursement Cashless - 3 hours from time of receipt of all requisite documents Reimbursement – 10 days from the date of receipt of all requisite documents 	
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Customer Information Sheet

13	Insured's Obligations	<ul style="list-style-type: none">• Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.• Disclosure of Material Information during the policy period such as change in occupation	
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Customer Information Sheet

How Aggregate deductible works?

In this plan every policy will have Deductible and the Deductible will be applied on the aggregate of all admissible claims per annum.

For a Sum Insured of Rs 15 lakhs and a deductible of Rs 10 lakhs, the deductible will be applied as below

Sum Insured - Rs.15,00,000/-

Deductible - Rs.10,00,000/-

Details	Amount	Clam Payable
First Claim	Rs.500000	Not payable
Second Claim	Rs.700000	Rs.200000/-
Total Claim in a year	Rs.1200000/-	Rs.200000/-

Notes:

1. This is fundamentally a Top Up plan and is an annual aggregate deductible policy which will pay only on the exhaustion of the deductible.
2. The Deductible is on Annual aggregate basis during the policy period of this policy.
3. Claims under this plan will be payable as per terms and conditions of this policy and not as per the terms and conditions of any base policy.
4. We request full understanding of Health Insurance plan to understand the interlinkage between this top up policy and your health insurance policy.
5. Claim under this policy is payable only if the hospitalisation has happened during the policy period of your policy

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.