

Policy Wording  
**DIVYANG PLUS, ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED**

**DIVYANG PLUS, ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED**

**1. PREAMBLE**

This Policy is a contract of insurance issued by Royal Sundaram General Insurance Co. Limited (hereinafter called the 'Company') to the policy holder mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the "Insured Persons). The policy is based on the statements and declaration provided in the Proposal Form by the policy holder and is subject to receipt of the requisite premium.

This policy is specially designed for.

A) Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act, 2017. The cover under this policy is available for persons with the following disability/disabilities as defined under the Rights of Persons with Disabilities Act, 2016 and any subsequent additions / modifications to the list in the Act.

1. Blindness	2. Muscular Dystrophy
3. Low vision	4. Chronic Neurological conditions
5. Leprosy Cured persons	6. Specific Learning Disabilities
7. Hearing Impairment (deaf and hard of hearing)	8. Multiple Sclerosis
9. Locomotor Disability	10. Speech and Language disability
11. Dwarfism	12. Thalassemia
13. Intellectual Disability	14. Haemophilia
15. Mental Illness	16. Sickle Cell disease
17. Autism spectrum disorder	18. Multiple Disabilities including deaf/blindness
19. Cerebral Palsy	20. Acid Attack victim
21. Parkinson's disease	

- a) It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government for certifying Disability.
- b) Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Medical Board appointed by the government for certifying Disability.

Or / and

B) Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

**2. OPERATIVE CLAUSE**

If during the Policy Period an Insured Person is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary, expenses towards the Coverage mentioned in the Policy schedule.

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Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims paid under indemnity and/or benefit basis, during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

### **3. DEFINITIONS**

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

#### **3.1 Standard Definitions**

**1. Accident** means sudden, unforeseen, and involuntary event caused by external, visible, and violent means.

**2. Any one Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken.

**3. AYUSH Treatment** refers to medical/ or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

**4. AYUSH Hospital** means an AYUSH Hospital is a healthcare facility wherein medical / surgical / Para surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- i. Central or State Government AYUSH Hospital; or
- ii. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/ Central Council for Homeopathy; or
- iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - a) Having at least 5 in-patient beds.
  - b) Having qualified AYUSH Medical Practitioner in charge round the clock;
  - c) Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;
  - d) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**5. AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical / para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion.

- i. Having qualified registered AYUSH Medical Practitioner in charge round the clock;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out,

Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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- 6. Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- 7. Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
- 8. Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 9. Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or position.
- i. Internal Congenital Anomaly— Congenital Anomaly which is not in the visible and accessible parts of the body.
  - ii. External Congenital Anomaly— Congenital Anomaly which is in the visible and accessible parts of the body
- 10. Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- 11. Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under:
- i. has qualified nursing staff under its employment.
  - ii. has qualified medical practitioner/s in charge.
  - iii. has fully equipped operation theatre of its own where surgical procedures are carried out
  - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 12. Day Care Treatment** means medical treatment, and/or surgical procedure which is
- i. Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and
  - ii. which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 13. Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions, and surgery.
- 14. Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 15. Emergency Care** means management for an illness which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health..

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**16. Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

**17. Hospital** means any institution established for In-patient Care and Day Care Treatment of diseases, injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock,
- ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- iii. has qualified Medical Practitioner(s) in charge round the clock,
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out,
- v. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**18. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**19. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible, and evident means which is verified and certified by a Medical Practitioner.

**20. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

i. Acute condition - Acute condition is a disease, Illness that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness which leads to full recovery

ii. Chronic condition - A chronic condition is defined as a disease, Illness that has one or more of the following characteristics:

- a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- b. it needs ongoing or long-term control or relief of symptoms
- c. it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it
- d. it continues indefinitely.
- e. It recurs or is likely to recur.

**21. In-patient care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

**22. Insured Person** means person(s) named in the schedule of the Policy.

**23. Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring

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and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**24.ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**25.Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

**26.Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**27.Medical Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of stay in Hospital which:

- i. is required for the medical management of the illness or injury suffered by the Insured Person.
- ii. must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity.
- iii. must have been prescribed by a medical practitioner.
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**28.Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

**29.Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

**30.Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.

**31.New born Baby** means baby born during the Policy Period and is aged up to 90 days.

**32.Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the Network.

**33.Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**34.OPD Treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**35.Pre-Hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days preceding the hospitalization of the Insured Person, provided that:

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- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and .
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**36.Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury, or disease.

- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

**37.Post-Hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**38.Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

**39.Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India.

**40.Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.

**41.Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**42.Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**43. Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

**44.Surgery or Surgical Procedures** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

**45.Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

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**3.2 Specific Definitions**

1. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his profession whether he/she is trained or not.
2. **Age** means completed years on last birthday as on Commencement Date.
3. **Ambulance** means a motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **Antiretroviral therapy (ART)** is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.
5. **Associated Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner. In case of co-payment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:
  - a. Cost of pharmacy and consumables.
  - b. Cost of implants and medical devices
  - c. Cost of diagnostics
6. **Alternative/AYUSH Treatment** refers to medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
7. **Biological Attack or Weapons** means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
8. **Chemical attack or weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, in incapacitating disablement or death.
9. **Claims** means a demand made by the Policyholder/insured Person or on his behalf, for payment of Medical Expenses under any other Benefit, as covered under the Policy.
10. **Commencement Date** means the date of inception of first policy with Us as specified in the Policy Schedule.
11. **Company** means Royal Sundaram General Insurance Co. Limited
12. **CD4** cells are a type of white blood cells, also called as CD4 T lymphocytes or 'helper T cells' which serve as primary receptor for HIV.
13. **Diagnostic Centre** means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.
14. **Person with Disability/Disability/Disabled** means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

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15. **HIV** means Human Immunodeficiency Virus
16. **Insured Person/You/Your** means the person named in the Policy Schedule who is insured under the Policy and is citizen of India, in respect of whom the applicable premium has been received by the Company.
17. **Life-threatening emergency** shall mean serious medical condition or symptom, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.
18. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
19. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
20. **Medical practitioner for treatment of mental illnesses** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;
21. **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends;
22. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the insured Person, applicable exclusions, and the terms & conditions applicable under the Policy.
23. **Policy Period** means the period between the Commencement Date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
24. **Policy holder** means the entity or person named as such in the Schedule.
25. **Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.



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26. **Policy Year** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.
27. **Proposal Form** means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
28. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the predefined limit. The Sub-limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.
29. **Sum insured** means the pre-defined limit specified in the Policy Schedule and represents the maximum, total and cumulative liability for any and all claims made under the Policy in respect of each insured person as mentioned in the Policy Schedule.
30. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.
31. **We/Our/Us/Company** means the Royal Sundaram General Insurance Co. Limited

#### **4. BASE COVER**

##### HOSPITALIZATION COVER

#### **4.1 Inpatient Care:**

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital.
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

#### **Other expenses**

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury (for inpatient care only).
- iii. Plastic surgery necessitated due to disease or injury.

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- iv. All day care treatments

**Note:**

1. Expenses of 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.
2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

**4.2 AYUSH Treatment:**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 100% of sum insured, during each policy year as specified in the policy schedule.

**4.3 Pre-Hospitalization Medical Expenses:**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

**Conditions:**

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.

Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

**4.4 Post-Hospitalization Medical Expenses:**

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

**Conditions:**

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

**4.5 Emergency Ground Ambulance:**

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

**Specific Conditions:**

The Company will reimburse payments under this Benefit provided that.

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
- ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.

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- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments)
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic centre for evaluation purposes only.

**4.6 Cataract Treatment:**

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/- , per each eye in one policy year.

**4.7 Modern Treatment:**

The following procedures will be covered (wherever 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.

- 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 injections
- g. Robotic surgeries
- h. Stereotactic radio Surgeries
- i. Bronchial Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM- (Intra Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

**4.8 HIV/AIDS hospital cash benefit (for Insured with HIV/AIDS):**

If We have accepted an Inpatient Care Hospitalization of HIV positive insured then, We will pay a daily cash amount as specified in the Policy Schedule for the Insured Person for each continuous and completed period of 24 hours of Hospitalization for maximum up to 30 days in a Policy Year. Provided that the hospitalisation should be not less than 48 hours for the insured to get eligible for this benefit.

This benefit is subject to initial waiting period of 90 days on first policy with us, not applicable on renewals.

**5. WAITING PERIOD**

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

**A. Waiting Periods**

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**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 24 months for pre-existing disability/ 36 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) 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 IRDA (Insurance Products) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

**2. First 30 days 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.

**3. 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 24 months (as mentioned in Policy Schedule) 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 IRDA, then waiting period for the same would be reduced to the extent of prior coverage.

**B. 24 Months waiting period.**

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.

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8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

**6. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY**

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient Hospitalisation arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons with Disabilities Act, 2016 subject to the terms and limits mentioned below.

- i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.
- ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

**7. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV-AIDS**

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

**Condition** -This cover will exclude cost for any Anti-Retroviral Treatment

**8. EXCLUSIONS**

**8.1 Standard Exclusions**

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

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

**2. 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:

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1. 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.

2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**3. 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 must 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 Apnoea
    - iv. Uncontrolled Type2 Diabetes

**4. 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.

**5. 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.

**6. 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.

**7. Breach of law: Code- Excl1**

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

**8. 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.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

**Code- Excl12**

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10. 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**
11. 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**
12. **Refractive Error: Code- Excl15**  
Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.
13. **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.
14. **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
15. **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.

## 8.2 Specific Exclusions

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
  - a. any nuclear fuel or from any nuclear waste; or
  - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
  - c. nuclear weapons material.
  - d. nuclear equipment or any part of that equipment.

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4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded here under, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-I
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

## **9.GENERAL TERMS AND CONDITIONS**

### **Section 9.1 Standard terms & Conditions**

#### **I. Condition Precedent to the contract**



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**1. Disclosure of Information**

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Insured Person.

**2. Condition Precedent to Admission of Liability**

The Due observance and fulfillment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

**3. Claim Settlement (provision for Penal interest)**

- i. The Company shall settle or reject a claim as the case may be, 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the
- iv. Company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
- v. In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

**4. Complete Discharge**

Any payment to the Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**5. Multiple Policies**

- i. In case of multiple policies taken by an Insured person during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies/ even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured Beneficiary shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- iv. Where an Insured person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.
- v. Under this product, no insured can take more than one policy from any or all insurers.
- vi. In case of this product, the maximum liability of all policies put together from all insurers cannot exceed the maximum sum insured under this product.

**6. Fraud**

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on

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his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;
- b) the active concealment of a fact by the Insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

## **7. Cancellation**

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

The Company shall:

- a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

## **8. 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 Section 5 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 insured and accrued bonus (as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
- iii. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations

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

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

### **9. Portability**

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

- i. The waiting periods specified in Section 5 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 sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the below link:-<https://www.royalsundaram.in/health-insurance/health-insurance-portability>

### **10. Renewal of Policy:**

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due to renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 15 days in monthly and 30 days in case of quarterly, half- yearly and yearly payments to maintain continuity of benefits without break in policy. If the premium is paid in instalments, coverage will still be available during the grace period.
- iv. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
- v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

No loading shall apply on renewals based on individual claims experience.

### **11. Premium Payment in Instalments**

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

1. In case of monthly mode of premium payment, grace period of 15 days is allowed and would be given maximum two times in a policy period. In case of quarterly and half-yearly and yearly mode of premium payment, grace period will be allowed maximum only once for a period of 30 days for payment of the

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instalment premium due for the policy.

2. If the premium is paid in instalments, coverage will still be available during the grace period.
3. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
4. No interest will be charged if the instalment premium is not paid on due date.
5. In case of instalment premium due not received within the grace period, the policy will get cancelled.
6. In the event of a claim, all subsequent premium instalments shall immediately become due and payable. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

### **12. Moratorium Period**

After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

### **13. Possibility of Revision of terms of the Policy including the Premium Rates**

The Company, with prior approval of IRDA, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

### **14. Free Look Period**

At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

- a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;
- b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- d) Free-look will not be applicable for policies with tenure less than one year.
- e) Free-look not applicable in case of renewals.

All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

### **15. Redressal of Grievance**

In case of any grievance the insured person may contact the company through

Website: <https://www.royalsundaram.in>

Grievance Redressal: <https://www.royalsundaram.in/customer-service>

You may call us at – 1860 258 0000, 1860 425 0000

Email:

1. Please raise a complaint with us through e mail – [care@royalsundaram.in](mailto:care@royalsundaram.in), and we would come back to you with a response in 24 hours.

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2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to [manager.care@royalsundaram.in](mailto:manager.care@royalsundaram.in)
3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to [head.cs@royalsundaram.in](mailto:head.cs@royalsundaram.in)
4. In case you are not happy with our response or have not received any response in 2 business days, you may approach [gro@royalsundaram.in](mailto:gro@royalsundaram.in) - GRO Contact Number – 7228087400

Sr. Citizen can email us at : [seniorcitizengrievances@royalsundaram.in](mailto:seniorcitizengrievances@royalsundaram.in) - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

Fax us at: 044 – 7117 7140

Courier us your complaint at:

Royal Sundaram General Insurance Co. Limited  
Vishranthi Melaram Towers,  
No.2/319, Rajiv Gandhi Salai (OMR)  
Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at

**Mr. T M Shyamsunder**

**Grievance Redressal Officer**

Royal Sundaram General Insurance Co. Limited  
Vishranthi Melaram Towers,  
No.2/319, Rajiv Gandhi Salai (OMR)  
Karapakkam, Chennai – 600097

For updated details of grievance officer, kindly refer the link <http://www.royalsundaram.in>

If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.

Insurance Ombudsman addresses -<https://www.cioins.co.in/ContactUs>

**Grievance may also be lodged at –**

**Registration of Complaints in Bima Bharosa by Policyholders:**

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in).
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

**General Manager**

**Insurance Regulatory and Development Authority of India(IRDAI)**

**Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.**

**Sy.No.115/1, Financial District, Nanakramguda,**

**Gachibowli, Hyderabad – 500 032.**

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**No loading shall apply on renewals based on individual claims experience.**  
Insurance is the subject matter of solicitation.

**16. Nomination**

The policy holder is 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 of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule/endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

**Section 9.2 Specific Conditions**

**I. Condition Precedent to the contract**

**a. Arbitration clause**

- i. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996) as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained.

**b. Change of Sum Insured**

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. Fresh underwriting at the time of renewal is applicable only in case of increase in Sum Insured. For any increase in Sum Insured, the underwriting of the policy and the waiting period shall start afresh only for the enhanced portion of the sums insured.

**c. Material Change**

The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

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**d. Notice and Communication**

- i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

**f. Records to be Maintained.**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

**g. Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

**h. Eligibility Criteria**

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights of Persons with Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

**II. Conditions applicable during the contract**

**a. Alterations in the Policy**

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

**b. Revision and Modification of the Policy Product-**

- i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision/modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

**c. Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

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**10. CLAIM PROCEDURE**

**1. Procedure for Cashless claims:**

- i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- 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.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
- 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 documents to the Company / TPA for reimbursement.

**2. Procedure for reimbursement of claims:**

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

S. No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post-hospitalization treatment

**3. Notification of Claim**

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

**4. Documents to be submitted**

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form.
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission.
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/invoices of the Implants, wherever applicable.



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- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.
  - 1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
  - 2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
  - 3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person
  - 4. In case of lumpsum payment for HIV/AIDS, Insured will need to submit the below mentioned documents for the processing of Claim.
    - a. Identity proof of the claimant
    - b. Dully filled Claim form
    - c. Copy of Hospital summary/Discharge card/treatment advise / medical reference
    - d. Copy of Medical reports/records
    - e. Copy of Investigation reports
    - f. Medical Practitioner's certificate
    - g. Any other relevant document as requested by the Insurer.

On receipt of claim documents from Insured, Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

#### **5. Co-payment**

Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

This co-payment can be waived off by paying an additional premium(optional).

#### **6. Services Offered by TPA**

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- i. Claim settlement and claim rejection.
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

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**7. Payment of Claim**

All claims under the Policy shall be payable in Indian currency only.

**11. TABLE OF BENEFITS**

Name	Divyang Plus, Royal Sundaram General Insurance Co. Ltd.
Coverage Basis	Individual basis only (Non Floater Policy)
Category of Cover	Indemnity HIV/AIDS hospital cash on benefit basis
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured available( in INR)	4 lacs and 5 lacs
Policy Period	1 Year
Eligibility	Policy can be availed on Individual basis. Age eligibility for adults: 18 years to 65 years Age eligibility for Children: New-born to 17 years 40% or more disability as certified by the competent authority as per the Disability Act 2016.
Grace Period	For monthly payment of mode, a fixed period of 15 days is to be allowed as grace period. For all other modes of payment a fixed period of 30 days be allowed as grace period.
Hospitalisation Expenses	Expenses of hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply in respect of Day Care Treatment.
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for Room/Doctors fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home up to maximum of 1% of the sum insured per day.  2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.
Cataract Treatment	Up to Rs.40,000 each eye in one policy year
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care
Emergency Ground Ambulance	Expenses covered up to Rs.2000 per hospitalisation

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AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 100% of sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	Only PED's declared in the Proposal Form and accepted for coverage by the company shall be covered.
Initial Waiting period	30 days for all claims except resulting from Accident and 90 days for HIV/AIDS hospital cash benefit
PED waiting period	36 months (For pre-existing diseases, other than the pre-existing disability and HIV/AIDS covered)
Specific Disease/ illness waiting period	24 months
Waiting Period and specific Sublimit for HIV AIDS Cover	For HIV/AIDS cover: a. Initial waiting period of 30 days will be applicable for Indemnity basis cover and 90 days for HIV/AIDS hospital cash benefit shall be applicable for Benefit basis cover b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.
Waiting Period and specific Sublimit for Disability Cover	For Disability Cover: 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.
Co-payment	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same
HIV/AIDS hospital cash benefit	Rs.500/ day hospital daily cash benefit for maximum 30days. Qualifying criteria: 48 hrs of hospitalization

**Council for Insurance Ombudsman**

Contact details:

Address:

Council for Insurance Ombudsmen,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.

**INSURANCE OMBUDSMAN OFFICE LIST**

The contact details of **Insurance Ombudsman Office** details are as below:

<https://www.cioins.co.in/ContactUs>

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**WHAT IF I EVER NEED TO COMPLAIN?**

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

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In all instances, call our Customer Services at our Chennai office at 1860 258 0000 or e-mail at [care@royalsundaram.in](mailto:care@royalsundaram.in) or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611

**ANNEXURE I – NON – MEDICAL EXPENSES**

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

Sl 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

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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 FOOTWEAR
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



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66	UROMETER, URINE JUG
	AMBULANCE
68	VASOFIX SAFETY

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**List II- Items that are to be subsumed into Room charges**

<b>No.</b>	<b>Item</b>
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	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/VVARMER 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	PULSE-OXYMETER CHARGES

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

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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	CAUSE 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**

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE



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6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE/SPIRIT/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

**ANNEXURE II - INDICATIVE LIST OF DAY CARE PROCEDURES**

Procedure Name	SR	Procedure Name
Coronary Angiography	269	Intravesical Brachytherapy
Suturing Oral Mucosa	270	Adjuvant Radiotherapy
Myringotomy With Grommet Insertion	271	After loading Catheter Brachytherapy
Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of the Auditory Ossicles)	272	Conditioning Radiotherapy For Bmt
Removal Of a Tympanic Drain	273	Extracorporeal Irradiation to The Homologous Bone Grafts
Keratoses Removal Under Ga	274	Radical Chemotherapy
Operations On the Turbinate's (nasal Concha)	275	Neoadjuvant Radiotherapy
Removal Of Keratoses Obturans	276	I-DR Brachytherapy
Stapedotomy To Treat Various Lesions In Middle Ear	277	Palliative Radiotherapy
Revision Of A Stapedectomy	278	Radical Radiotherapy
Other Operations On The Auditory Ossicles	279	Palliative Chemotherapy
Myringoplasty (post-aural/endaural Approach As Well As Simple Type-i Tympanoplasty)	280	Template Brachytherapy
Fenestration Of The Inner Ear	281	Neoadjuvant Chemotherapy

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	Revision Of A Fenestration Of The Inner Ear	282	Induction Chemotherapy
	Palatoplasty	283	Consolidation Chemotherapy
	Transoral Incision And Drainage Of A Pharyngeal Abscess	284	Maintenance Chemotherapy
	Tonsillectomy Without Adenoidectomy	285	HDR Brachytherapy
	Tonsillectomy With Adenoidectomy	286	Incision And Lancing Of A Salivary Gland And A Salivary Duct
	Excision And Destruction Of A Lingual Tonsil	287	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
	Revision Of A Tympanoplasty	288	Resection Of A Salivary Gland
	Other Microsurgical Operations On The Middle Ear	289	Reconstruction Of A Salivary Gland And A Salivary Duct
	Incision Of The Mastoid Process And Middle Ear	290	Other Operations On The Salivary Glands And Salivary Ducts
	Mastoidectomy	291	Other Incisions Of The Skin And Subcutaneous Tissues
	Reconstruction Of The Middle Ear	292	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
	Other Excisions Of The Middle And Inner Ear	293	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
	Incision (opening) And Destruction (elimination) Of The Inner Ear	294	Other Excisions Of The Skin And Subcutaneous Tissues
	Other Operations On The Middle And Inner Ear	295	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
28	Excision And Destruction Of Diseased Tissue Of The Nose	296	Free Skin Transplantation, Donor Site
29	Other Operations On The Nose — ( other operation of the nose is very broad if any drainage of local pus will be considered as OPD)	297	Free Skin Transplantation, Recipient Site
30	Nasal Sinus Aspiration	298	Revision Of Skin Plasty
31	Foreign Body Removal From Nose ( if same is removed without using any anaesthesia at OPD)	299	Other Restoration and Reconstruction Of The Skin And Subcutaneous Tissues
32	Other Operations on The Tonsils And Adenoids	300	Chemosurgery To the Skin
33	Adenoidectomy	301	Destruction Of Diseased Tissue in The Skin And Subcutaneous Tissues And Subcutaneous Tissues
34	Labyrinthectomy For Severe Vertigo	302	Reconstruction Of Deformity/defect In Nail Bed
35	Stapedectomy Under Ga	303	Excision Of Bursitis
36	Stapedectomy Under La	304	Tennis Elbow Release
37	Tympanoplasty (Type IV)	305	Incision, Excision and Destruction Of Diseased Tissue Of The Tongue
38	Endolymphatic Sac Surgery for Meniere's Disease	306	Partial Glossectomy

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39	Turbinectomy	307	Glossectomy
40	Endoscopic Stapedectomy	308	Reconstruction Of the Tongue
41	Incision And Drainage of Perichondritis	309	Other Operations On The Tongue
42	Septoplasty	310	Surgery For Cataract
43	Vestibular Nerve Section	311	Incision Of Tear Glands
44	Thyroplasty Type I	312	Other Operations On The Tear Ducts
45	Pseudocyst Of The Pinna - Excision	313	Incision Of Diseased Eyelids
46	Incision And Drainage - Haematoma Auricle	314	Excision And Destruction Of Diseased Tissue Of The Eyelid
47	Tympanoplasty (Type II)	315	Operations On The Canthus And Epicanthus
48	Reduction Of Fracture Of Nasal Bone	316	Corrective Surgery For Entropion And Ectropion
49	Thyroplasty (Type II)	317	Corrective Surgery For Blepharoptosis
50	Tracheostomy	318	Removal Of A Foreign Body From The Conjunctiva
51	Excision Of Angioma Septum	319	Removal Of A Foreign Body From The Cornea
52	Turbinoplasty	320	Incision Of The Cornea
53	Incision & Drainage Of Retro Pharyngeal Abscess	321	Operations For Pterygium
54	UvuloPalato Pharyngoplasty	322	Other Operations On The Cornea
55	Adenoidectomy With Grommet Insertion	323	Removal Of A Foreign Body From The Lens Of The Eye
56	Adenoidectomy Without Grommet Insertion	324	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
57	Vocal Cord Lateralisation Procedure	325	Removal Of A Foreign Body From The Orbit And Eyeball
58	Incision & Drainage Of Para Pharyngeal Abscess	326	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
59	Tracheoplasty	327	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
60	Cholecystectomy	328	Diathermy/cryotherapy To Treat Retinal Tear
61	Choledocho-jejunostomy	329	Anterior Chamber Paracentesis.
62	Duodenostomy	330	Anterior Chamber Cyclodiathermy
63	Gastrostomy	331	Anterior Chamber Cyclocryotherapy
64	Exploration Common Bile Duct	332	Anterior Chamber Goniotomy
65	Esophagoscopy.	333	Anterior Chamber Trabeculotomy
66	Gastroscopy	334	Anterior Chamber Filtering
67	Duodenoscopy with Polypectomy	335	Allied Operations to Treat Glaucoma
68	Removal of Foreign Body	336	Enucleation Of Eye Without Implant
69	Diathery Of Bleeding Lesions	337	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland

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70	Pancreatic PseudocystEus& Drainage	338	Laser Photocoagulation To Treat Retinal Tear
71	Rf Ablation For Barrett's Oesophagus	339	Biopsy Of Tear Gland
72	Ercp And Papillotomy	340	Treatment Of Retinal Lesion
73	Esophagoscope And Sclerosant Injection	341	Surgery For Meniscus Tear
74	Eus + Submucosal Resection	342	Incision On Bone, Septic And Aseptic
75	Construction Of Gastrostomy Tube	343	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
76	Eus + Aspiration Pancreatic Cyst	344	Suture And Other Operations On Tendons And Tendon Sheath
77	Small Bowel Endoscopy (therapeutic)	345	Reduction Of Dislocation Under Ga
78	Colonoscopy ,lesion Removal —( only for investigation purpose is considered under investigation purpose)	346	Arthroscopic Knee Aspiration
79	ERCP	347	Surgery For Ligament Tear
80	Colonscopy Stenting Of Stricture	348	Surgery For Hemoarthrosis/pyoarthrosis
81	Percutaneous Endoscopic Gastrostomy	349	Removal Of Fracture Pins/nails
82	Eus And Pancreatic Pseudo Cyst Drainage	350	Removal Of Metal Wire
83	ERCP And Choledochoscopy	351	Closed Reduction On Fracture, Luxation
84	Proctosigmoidoscopy Volvulus Detorsion	352	Reduction Of Dislocation Under Ga
85	ERCP And Sphincterotomy	353	Epiphyseolysis With Osteosynthesis
86	Esophageal Stent Placement	354	Excision Of Various Lesions In Coccyx
87	ERCP + Placement Of Biliary Stents	355	Arthroscopic Repair OfAcl Tear Knee
88	Sigmoidoscopy W / Stent	356	Arthroscopic Repair OfPcl Tear Knee
89	Eus + Coeliac Node Biopsy	357	Tendon Shortening
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	358	Arthroscopic Meniscectomy - Knee
91	Incision •Of A Pilonidal Sinus / Abscess	359	Treatment Of Clavicle Dislocation
92	Fissure In AnoSphincterotomy	360	Haemarthrosis Knee- Lavage
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	361	Abscess Knee Joint Drainage
94	Orchidopexy	362	Carpal Tunnel Release
95	Abdominal Exploration In Cryptorchidism	363	Closed Reduction Of Minor Dislocation
96	Surgical Treatment Of Anal Fistulas	364	Repair Of Knee Cap Tendon
97	Division Of The Anal Sphincter (sphincterotomy)	365	Orif With K Wire Fixation- Small Bones
98	Epididymectomy	366	Release Of Midfoot Joint
99	Incision Of The Breast Abscess	367	Orif With Plating- Small Long Bones
100	Operations On The Nipple	368	Implant Removal Minor
101	Excision Of Single Breast Lump	369	Closed Reduction And External Fixation
102	Incision And Excision Of Tissue In The Perianal Region	370	Arthrotomy Hip Joint
103	Surgical Treatment OfHemorrhoids	371	Syme's Amputation
104	Other Operations On The Anus	372	Arthroplasty

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105	Ultrasound Guided Aspirations	373	Partial Removal Of Rib
106	Sclerotherapy, Etc	374	Treatment Of Sesamoid Bone Fracture
107	Laparotomy For Grading Lymphoma With Splenectomy.	375	Shoulder Arthroscopy / Surgery
108	Laparotomy For Grading Lymphoma with Liver Biopsy	376	Elbow Arthroscopy
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	377	Amputation Of Metacarpal Bone
110	Therapeutic Laparoscopy With Laser	378	Release Of Thumb Contracture
111	Appendicectomy With Drainage	379	Incision Of Foot Fascia
112	Appendicectomy without Drainage	380	Partial Removal Of Metatarsal
113	Infected Keloid Excision	381	Repair / Graft Of Foot Tendon
114	Axillary Lymphadenectomy	382	Revision/removal Of Knee Cap
115	Wound Debridement And Cover	383	Exploration Of Ankle Joint
116	Abscess-decompression	384	Remove/graft Leg Bone Lesion
117	Cervical Lymphadenectomy	385	Repair/graft Achilles Tendon
118	Infected Sebaceous Cyst	386	Remove Of Tissue Expander
119	Inguinal Lymphadenectomy	387	Biopsy Elbow Joint Lining
120	Infected Lipoma Excision	388	Removal Of Wrist Prosthesis
121	Maximal Anal Dilatation	389	Biopsy Finger Joint Lining
122	Piles	390	Tendon Lengthening
123	A) Injection Sclerotherapy	391	Treatment Of Shoulder Dislocation
124	B) Piles Banding	392	Lengthening Of Hand Tendon
125	Liver Abscess- Catheter Drainage	393	Removal Of Elbow Bursa
126	Fissure In Ano- Fissurectomy	394	Fixation Of Knee Joint
127	Fibroadenoma Breast Excision	395	Treatment Of Foot Dislocation
128	OesophagealVaricesSclerotherapy	396	Surgery Of Bunion
129	ERCP - Pancreatic Duct Stone Removal	397	Tendon Transfer Procedure
130	Perianal Abscess I&d	398	Removal Of Knee Cap Bursa
131	Perianal Hematoma Evacuation	399	Treatment Of Fracture Of Ulna
132	UgiScopy And PolypectomyOesophagus	400	Treatment Of Scapula Fracture
133	Breast Abscess D	401	Removal Of TumorOf Arm Under GA
134	Feeding Gastrostomy	402	Removal of Tumor of Arm under RA
135	Oesophagoscopy And Biopsy Of Growth Oesophagus	403	Removal of TumorOf Elbow Under GA
136	ERCP - Bile Duct Stone Removal	404	Removal of TumorOf Elbow Under RA
137	Ileostomy Closure	405	Repair Of Ruptured Tendon
138	Polypectomy Colon	406	Decompress Forearm Space
139	Splenic Abscesses Laparoscopic Drainage	407	Revision Of Neck Muscle (torticollis Release )

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140	UgiScopy And Polypectomy Stomach	408	Lengthening Of Thigh Tendons
141	Rigid OesophagoscopyFor Fb Removal	409	Treatment Fracture Of Radius & Ulna
142	Feeding Jejunostomy	410	Repair Of Knee Joint
143	Colostomy	411	External Incision And Drainage In The Region Of The Mouth.
144	Ileostomy	412	External Incision And Drainage in the Region Of the Jaw.
145	Colostomy Closure	413	External Incision And Drainage in the Region Of the Face.
146	Submandibular Salivary Duct Stone Removal —	414	Incision Of The Hard And Soft Palate
147	Pneumatic Reduction Of Intussusception	415	Excision And Destruction Of Diseased Hard Palate
148	Varicose Veins Legs - Injection Sclerotherapy	416	Excision And Destruction of Diseased Soft Palate
149	Rigid OesophagoscopyFor Plummer Vinson Syndrome	417	Incision, Excision And Destruction In The Mouth
150	Pancreatic Pseudocysts Endoscopic Drainage	418	Other Operations In The Mouth
151	Zadek's Nail Bed Excision	419	Excision Of Fistula-in-ano
152	Subcutaneous Mastectomy	420	Excision Juvenile Polyps Rectum
153	Excision Of Ranula Under Ga	421	Vaginoplasty
154	Rigid OesophagoscopyFor Dilation Of Benign Strictures	422	Dilatation Of Accidental Caustic Stricture Oesophageal
155	Eversion Of Sac	423	PresacralTeratomas Excision
156	Unilateral	424	Removal Of Vesical Stone
157	Bilateral	425	Excision Sigmoid Polyp
158	Lord's Plication	426	SternomastoidTenotomy
159	Jaboulay's Procedure	427	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
160	Scrotoplasty	428	Excision Of Soft Tissue Rhabdomyosarcoma
161	Circumcision For Trauma	429	High Orchidectomy For Testis Turnours
162	Meatoplasty	430	Excision Of Cervical Teratoma
163	Intersphincteric Abscess Incision And Drainage	431	Rectal myomectomy
164	Psoas Abscess Incision And Drainage	432	Rectal Prolapse (delorme's Procedure)
165	Thyroid Abscess Incision And Drainage	433	Detorsion Of Torsion Testis
166	Tips Procedure For Portal Hypertension	434	Eua + Biopsy Multiple Fistula InAno
167	Esophageal Growth Stent	435	Construction Skin Pedicle Flap
168	Pair Procedure Of Hydatid Cyst Liver	436	Gluteal Pressure Ulcer-excision
169	Tru Cut Liver Biopsy	437	Muscle-skin Graft, Leg
170	Photodynamic Therapy Or Esophageal Tumour And Lung Turnour	438	Removal Of Bone For Graft
171	Laparoscopic Reduction Of Intussusception	439	Removal Cartilage Graft
172	Microdochectomy Breast	440	Myocutaneous Flap
173	Surgery For Fracture Penis	441	Fibro Myocutaneous Flap

Policy Wording  
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174	Parastomal Hernia	442	Breast Reconstruction Surgery After Mastectomy
175	Revision Colostomy	443	Sling Operation For Facial Palsy
176	Prolapsed Colostomy- Correction	444	Split Skin Grafting Under Ra
177	Laparoscopic Cardiomyotomy( Hellers)	445	Wolfe Skin Graft
178	Laparoscopic Pyloromyotomy( Ramstedt)	446	Plastic Surgery To The Floor Of The Mouth Under Ga
179	Operations On Bartholin's Glands (cyst)	447	Thoracoscopy And Lung Biopsy
180	Incision Of The Ovary	448	Excision Of Cervical Sympathetic Chain Thoracoscopic
181	Insufflations Of The Fallopian Tubes	449	Laser Ablation Of Barrett's Oesophagus
182	Other Operations On The Fallopian Tube	450	Pleurodesis
183	Conisation Of The Uterine Cervix	451	Thoracoscopy And Pleural Biopsy
184	Therapeutic Curettage With Colposcopy.	452	Ebus + Biopsy
185	Therapeutic Curettage With Biopsy	453	Thoracoscopy Ligation Thoracic Duct
186	Therapeutic Curettage With Diathermy	454	Thoracoscopy Assisted Empyema Drainage
187	Therapeutic Curettage With Cryosurgery	455	Haemodialysis
188	Laser Therapy Of Cervix For Various Lesions Of Uterus	456	Lithotripsy/nephrolithotomy For Renal Calculus
189	Other Operations On The Uterine Cervix	457	Excision Of Renal Cyst
190	Incision Of The Uterus (hysterectomy)	458	Drainage Of Pyonephrosis Abscess
191	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	459	Drainage Of Perinephric Abscess
192	Incision Of Vagina	460	Incision Of The Prostate
193	Incision Of Vulva	461	Transurethral Excision And Destruction Of Prostate Tissue
194	Culdotomy	462	Transurethral And Percutaneous Destruction Of Prostate Tissue
195	Salpingo-oophorectomy Via Laparotomy	463	Open Surgical Excision And Destruction Of Prostate Tissue
196	Endoscopic Polypectomy	464	Radical Prostatovesiculectomy
197	Hysteroscopic Removal Of Myoma	465	Other Excision And Destruction Of Prostate Tissue
198	D&C -	466	Operations On The Seminal Vesicles
199	Hysteroscopic Resection Of Septum	467	Incision And Excision Of Periprostatic Tissue
200	Thermal Cauterisation Of Cervix	468	Other Operations On The Prostate
201	Hysteroscopic Adhesiolysis	469	Incision Of The Scrotum And Tunica Vaginalis Testis
202	Polypectomy Endometrium	470	Operation On A Testicular Hydrocele
203	Hysteroscopic Resection Of Fibroid	471	Excision And Destruction Of Diseased Scrotal Tissue
204	Lletz	472	Other Operations On The Scrotum And Tunica Vaginalis Testis

Policy Wording  
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205	Conization	473	Incision Of The Testes
206	Polypectomy Cervix	474	Excision And Destruction Of Diseased Tissue Of The Testes
207	Hysteroscopic Resection Of Endometrial Polyp	475	Unilateral Orchiectomy
208	Vulval Wart Excision	476	Bilateral Orchiectomy
209	Laparoscopic Paraovarian Cyst Excision	477	Surgical Repositioning Of An Abdominal Testis
210	Uterine Artery Embolization	478	Reconstruction Of The Testis
211	Laparoscopic Cystectomy	479	Implantation, Exchange And Removal Of A Testicular Prosthesis
212	Hymenectomy(Imperforate Hymen)	480	Other Operations On The Testis
213	Endometrial Ablation	481	Excision In The Area Of The Epididymis
214	Vaginal Wall Cyst Excision	482	Operations On The Foreskin
215	Vulval Cyst Excision	483	Local Excision And Destruction Of Diseased Tissue Of The Penis
216	Laparoscopic Paratubal Cyst Excision	484	Amputation Of The Penis
217	Repair of Vagina (Vaginal Atresia)	485	Other Operations On The Penis
218	Hysteroscopy, Removal Of Myoma	486	Cystoscopical Removal Of Stones
219	Turbt	487	Lithotripsy
220	Ureterocele Repair - Congenital Internal	488	Biopsy Of Temporal Artery For Various Lesions
221	Vaginal Mesh For Pop	489	External Arterio-venous Shunt
222	Laparoscopic Myomectomy	490	Av Fistula - Wrist
223	Surgery For Sui	491	Ursl With Stenting
224	Repair Recto- Vagina Fistula	492	Ursl With Lithotripsy
225	Pelvic Floor Repair( Excluding Fistula Repair)	493	CystoscopicLitholapaxy
226	URS + LL	494	Eswl
227	Laparoscopic Oophorectomy	495	Bladder Neck Incision
228	Percutaneous Cordotomy	496	Cystoscopy & Biopsy
229	Intrathecal Baclofen Therapy	497	Cystoscopy And Removal Of Polyp
230	Entrapment Neuropathy Release	498	SuprapubicCystostomy
231	Diagnostic Cerebral Angiography	499	Percutaneous Nephrostomy
232	Vp Shunt	500	Cystoscopy And "sling" Procedure
233	Ventriculoatrial Shunt	501	Tuna- Prostate
234	Radiotherapy For Cancer	502	Excision Of Urethral Diverticulum
235	Cancer Chemotherapy	503	Removal Of Urethral Stone
236	IV Push Chemotherapy	504	Excision Of Urethral Prolapse
237	I-IBI - Hemibody Radiotherapy	505	Mega-ureter Reconstruction
238	Infusional Targeted Therapy	506	Kidney Renoscopy And Biopsy
239	SRT Stereotactic Arc Therapy	507	Ureter Endoscopy And Treatment
240	Sc Administration Of Growth Factors	508	Vesical Ureteric Reflux Correction
241	Continuous Infusional Chemotherapy	509	Surgery For Pelvic Ureteric Junction Obstruction



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242	Infusional Chemotherapy	510	Anderson Hynes Operation
243	CCRT - Concurrent Chemo + Rt	511	Kidney Endoscopy And Biopsy
244	2D Radiotherapy	512	Paraphimosis Surgery
245	3D Conformal Radiotherapy	513	Injury Prepuce- Circumcision
246	IGRT - Image Guided Radiotherapy	514	Frenula Tear Repair
247	WIRT - step & Shoot	515	Meatotomy For Meatal Stenosis
248	IMRT - DMLC	516	Surgery For Fournier's Gangrene Scrotum
249	Rotational Arc Therapy	517	Surgery Filarial Scrotum
250	Tele Gamma Therapy	518	Surgery For Watering Can Perineum
251	FSRT - Fractionated Srt	519	Repair Of Penile Torsion
252	VMAT - Volumetric Modulated Arc Therapy	520	Drainage Of Prostate Abscess
253	SBRT - Stereotactic Body Radiotherapy	521	Orchiectomy
254	Helical Tomotherapy	522	Cystoscopy And Removal Of Fb
255	SRS - Stereotactic Radiosurgery	523	RF Ablation Heart
256	X - Knife Srs	524	RF Ablation Uterus
257	GammaknifeSrs	525	RF Ablation Varicose Veins
258	TBI - Total Body Radiotherapy	526	Percutaneous nephrolithotomy (PCNL)
259	Intraluminal Brachytherapy	527	Laryngoscopy Direct Operative with Biopsy
260	TSET - Total Electron Skin Therapy	528	Treatment of Fracture of Long Bones
261	Extracorporeal Irradiation Of Blood Products	529	Treatment of Fracture of Short Bones
262	Telecobalt Therapy	530	Treatment of Fracture of Foot
263	Teleseism Therapy	531	Treatment of Fracture of Hand
264	External Mould Brachytherapy	532	Treatment of Fracture of Wrist
265	Interstitial Brachytherapy	533	Treatment of Fracture of Ankle
266	Intracavity Brachytherapy	534	Treatment of Fracture of Clavicle
267	3D Brachytherapy	535	Chalazion Surgery
268	Implant Brachytherapy		

**Annexure III- Premium Illustration**

Age of Member	Coverage opted on Individual basis covering each member of the family separately (at single point of time)		Coverage opted on Individual basis covering Multiple members of the family under single policy (Sum Insured is available for each member of policy)	Coverage opted on family floater basis with overall Sum Insured (Only one sum insured available for all members of family )
	Premium (Rs)	Sum Insured (Rs.)		
20	6,540	4,00,000	Not Applicable	Not Applicable
40	11,196	4,00,000		
60	38,177	4,00,000		
65	44,027	4,00,000		

**\*Note-** We assumed that customer is suffering from blindness only.

Age of Member	Coverage opted on Individual basis covering each member of the family separately (at single point of time)		Coverage opted on Individual basis covering Multiple members of the family under single policy (Sum Insured is available for each member of policy)	Coverage opted on family floater basis with overall Sum Insured (Only one sum insured available for all members of family )
	Premium (Rs)	Sum Insured (Rs.)		
20	6,635	5,00,000	Not Applicable	Not Applicable
40	11,360	5,00,000		
60	38,729	5,00,000		
65	44,664	5,00,000		

**\*Note-** We assumed that customer is suffering from blindness only.