

Top Up Insurance- Health XS and Super Health XS Policy

PROSPECTUS

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

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

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

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

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

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

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

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

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

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

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

- 1) Room, Boarding Expenses as provided by the Hospital/Nursing Home 2% of the Sum Insured subject to a maximum limit of Rs.4000/- per day.
- 2) Nursing Expenses incurred during In-Patient hospitalization.
- 3) Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees – as per actual

- 4) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation – as per actuals.
- 5) **Pre-hospitalisation expenses** – Actuals subject to a maximum of 8% on admissible hospitalisation expenses.
- 6) **Post –hospitalisation expenses** – Actuals subject to a maximum of 10% on the admissible hospitalisation expenses.
- 7) **Day Care Treatment** – We shall pay for Day Care expenses incurred on advanced technological surgeries and procedures requiring less than 24 hours of hospitalization.
- 8) **Ambulance charges** - Rs.1000 per admissible claim will be reimbursed to You on producing the bills in original.
- 9) **Hospital Cash** – We shall make payments of Rs.2000/- for each completed 24 hrs of hospitalisation if the hospitalization exceeds 24 hours, subject to maximum number of 10 days per annum. This benefit is available only for Sum Insured of above 2 lacs.
- 10) **Medical Examination cost** - The Company shall bear 50% of the relevant cost of medical examination for policy with 1 year tenure, and 100% of the relevant cost of medical examination for policy of more than 1 year tenure, in the event of the risk being accepted.
- 11) **AYUSH Treatment** - Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.

12) Rider cover

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

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

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

What additional benefits do I get?

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

- **Cashless Hospitalisation:** Health XS / Super Health XS Policy also provides the benefit of a cashless cover for more than 4000 network hospitals.
- **Floater Cover:** A Floater Sum Insured is offered to Self , Spouse and dependent children indicating that either one / all together are eligible to Claim upto the Sum Insured.
- **Individual Cover:** Cover is also available on individual basis.

- **Tax Benefit:** This insurance scheme is approved by IRDA and the medical premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.
- **Pre-existing disease:** Coverage of pre existing disease would be applicable after four continuous years of insurance under this policy.

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

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

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

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

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

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

Medical examination is required as per the table given below:

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

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

What is the coverage amount under Health XS / Super Health XS Policy? You and your family would be covered under the following Sum Insured.

Health XS / Super Health XS Insurance						
Main Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Policy Type	Individual	Individual / Floater	Individual / Floater	Individual / Floater	Individual / Floater	Individual / Floater
Sum Insured - Hospitalization expenses	200,000	200,000	500,000	750,000	1,000,000	1,500,000
Deductible	100,000	200,000	300,000	500,000	500,000	500,000
Sum Insured - Hospital Cash	N.A.	N.A.	2,000/ day	2,000/ day	2,000/ day	2,000/ day

Ambulance Charges	1,000/ claim	1,000/ claim	1,000/ claim	1,000/ claim	1,000/ claim	1,000/ claim
Room Rent	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000	2% of SI / day max Rs.4000
Rider Benefits						
Personal Accident – Death only	Sum Insured ranges from Rs.1,00,000 to 50,00,000					

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

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

Who is eligible for the coverage?

You must satisfy the following conditions:

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

What do I need to pay?

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

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

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

Premium table for Main Benefit

One Year Premium Table

One Year Individual Premium							
SI	Deductible	Health XS			Super Health XS		
		Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs	Upto 45 Yrs	46 - 65 Yrs	66 - 75 Yrs
200,000	100,000	2,700	3,600	4,320	3,450	4,550	5,460
200,000	200,000	1,800	2,500	3,000	2,100	2,850	3,420

500,000	300,000	1,850	2,550	3,060	2,150	2,900	3,480
750,000	500,000	2,450	3,300	3,960	3,050	4,000	4,800
1,000,000	500,000	2,700	3,600	4,320	3,350	4,450	5,340
1,500,000	500,000	3,000	4,000	4,800	3,750	4,950	5,940

Applicable Service Tax Extra

Two Years Individual Premium Table

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

Applicable Service Tax Extra

Three Years Individual Premium Table

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

Applicable Service Tax Extra

One Year Floater – Health XS

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

Applicable Service Tax Extra

Two Years Floater – Health XS

Two Years Floater - Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
200,000	100,000	7,268	7,084	11,684	9,384	14,021	11,261
200,000	200,000	5,060	4,692	8,188	6,256	9,826	7,507
500,000	300,000	5,152	4,784	8,372	6,440	10,046	7,728
750,000	500,000	6,624	6,440	10,580	8,372	12,696	10,046
1,000,000	500,000	7,268	7,084	11,592	9,292	13,910	11,150
1,500,000	500,000	8,096	8,004	12,880	10,396	15,456	12,475

Applicable Service Tax Extra

Three Years Floater – Health XS

Three Years Floater - Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
200,000	100,000	10,902	10,626	17,526	14,076	21,031	16,891
200,000	200,000	7,590	7,038	12,282	9,384	14,738	11,261
500,000	300,000	7,728	7,176	12,558	9,660	15,070	11,592
750,000	500,000	9,936	9,660	15,870	12,558	19,044	15,070
1,000,000	500,000	10,902	10,626	17,388	13,938	20,866	16,726
1,500,000	500,000	12,144	12,006	19,320	15,594	23,184	18,713

Applicable Service Tax Extra

One Year Floater – Super Health XS

One Year Floater – Super Health XS							
SI	Deductible	Upto 45 years		46 years to 65 years		66 to 75 years	
		2A	IA + IC	2A	IA + IC	2A	IA + IC
200,000	100,000	5,000	4,950	7,900	6,450	9,480	7,740
200,000	200,000	3,150	2,950	5,050	3,950	6,060	4,740
500,000	300,000	3,200	3,050	5,100	4,000	6,120	4,800
750,000	500,000	4,450	4,350	7,000	5,650	8,400	6,780
1,000,000	500,000	4,900	4,850	7,700	6,300	9,240	7,560
1,500,000	500,000	5,500	5,500	8,600	7,050	10,320	8,460

Applicable Service Tax Extra

Two Years Floater – Super Health XS

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

Applicable Service Tax Extra

Three Years Floater – Super Health XS

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

Applicable Service Tax Extra

Per child Rate for floater policy with 2 Adults

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

Applicable Service Tax Extra

Two Years Per Child Rate			
SI	Deductible	Health XS	Super Health XS
200,000	100,000	2,668	3,404
200,000	200,000	1,656	1,932
500,000	300,000	1,748	2,024
750,000	500,000	2,300	2,944
1,000,000	500,000	2,576	3,312

1,500,000	500,000	2,944	3,772
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Applicable Service Tax Extra

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

Applicable Service Tax Extra

Premium for Rider Cover

Personal Accident

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

How do I pay my Premium?

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

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

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)

- i. 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 instalment premium due for the policy.
- ii. If the premium is paid in instalments, coverage will still be available during the grace period.
- iii. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged if the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. 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.

How do I Enroll?

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

When does the coverage start?

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

How can my coverage end?

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

Event	Parameter
End of coverage term	After 1 year or 2 Years or 3 years of policy inception
If you cancel the coverage	Proportionate premium for the unexpired policy period would be refunded as specified in the policy
Non payment of installment premium	If the installment premium is not paid within the due date including the grace period (if any). This is applicable as per the plan selected

What document will I get as a proof of Insurance?

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

Does the policy allow changing the SI and deductibles?

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

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

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

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

When I can include my family members under the policy?

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

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

Short period scales – One Year:

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

Short period scales – Two Years

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

Short period scales – Three Years

Entry within	30 days	100% of the Premium
-do-	3 months	85% of the Premium
-do-	6 months	70% of the Premium
-do-	9 months	60% of the Premium
-do-	12 months	50% of the Premium
-do-	15 months	40% of the Premium
-do-	18 months	30% of the Premium
-do-	21 months	25% of the Premium
-do-	24 months	20% of the Premium
-do-	27 months	15% of the Premium
-do-	30 months	10% of the Premium
-do-	33 months	5% of the Premium

Entry after	33 months	No Inclusion
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However deletion of members may be allowed based on insured's request during the currency of the policy and refund shall be allowed as per the short period scale given under Cancellation Clause

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

The 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.

What is the claim process?

Claims Procedure

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

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

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

• Mandatory documents

1. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness.
2. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
3. Death summary in case of death of the insured person at the hospital.
4. Hospital Receipts / bills / cash memos in Original (including advance and final hospital settlement receipts).
5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests/investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought).
6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
7. F.I.R/MLC. in the case of accidental injury and English translation of the same, if in any other language.

8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
9. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
10. For a) Cataract claims - IOL sticker b) PTCA claims - Stent sticker.
11. Copies of health insurance policies held with any other insurer covering the insured persons.
12. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that Original claim documents are retained at their end.

• **Documents to be submitted if specifically sought**

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart).
2. Copy of extract of Inpatient Register.
3. Attendance records of employer/educational institution
4. Complete medical records (including indoor case records and OP records) of past hospitalization/ treatment if any.
5. Attending Physician's certificate clarifying.
 - reason for hospitalization and duration of hospitalization.
 - history of any self-inflicted injury.
 - history of alcoholism, smoking.
 - history of associated medical conditions, if any.
6. Previous master health check-up records/preemployment medical records if any.
7. Any other document necessary in support of the claim on case to case basis.

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

The documents should be sent to:
Health Claims Department
M/s.Royal Sundaram General Insurance Co. Limited.,
Corporate office,
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai - 600 097.

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

Can I renew my policy after the stipulated period?

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

- Provide ECS (Electronic Clearing System) instructions against your bank account.

- Provide a cheque in favor of Royal Sundaram General Insurance Company Limited. ▪
Provide your credit card no with expiry date.

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

What are the benefits of renewing the policy next year?

You become eligible to claim for ailments, which have a waiting period. For example, you may claim expenses for ailments like Stones in the Urinary and Biliary systems, Surgery on Tonsils, etc. (First Year Exclusion) after the first renewal in case of one year policy. Similarly, even preexisting ailments become claimable after the 3rd year of renewal.

What are the exclusions?

Exclusions under Hospitalisation benefit

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

1. Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 36 months to prior to the first policy issued by the insurer.

These diseases shall however be covered after 3 years of continuous insurance from the Commencement Date of the cover with Us under this Health XS / Super Health XS policy.

2. **30 Days Waiting Period:** Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.

3. **(a) First Year Exclusions:** Treatment of Congenital Internal Anomaly, any type of Migraine /Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/ Nodules / Polyps, any type of Breast Lumps for all Insured Persons for one year from the Commencement Date of the cover with Us under this Health XS / Super Health XS policy.

- b) Two Year Exclusions:** Treatment of Spondylosis / Spondylitis – any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma/ Sarcoma/Blood Cancer, diabetic and its related complications both direct and indirect, hypertension and its related complications both direct and indirect, for all Insured Persons for two years from the Commencement Date of the cover with Us under this Health XS / Super Health XS policy.

- c) Three Year Exclusions:** Osteoarthritis of any joint , Treatment of Joint replacement Surgery (other than due to accidents) during the first four years of operation of the Health XS / Super Health XS Policy with Us.

Exclusion 2, 3 (a), (b) and (c) will not be applicable if caused directly due to an accident during period of insurance.

However if the above mentioned diseases under exclusion 3 (a), (b) and (c) are Pre Existing as defined, at the time of proposal then they will be considered as falling under Exclusion 1. Notwithstanding the foregoing, the exclusions mentioned under sub clause 4 to 37 herein below shall not be covered under this policy in any case.

4. Treatment arising from or traceable to pregnancy/ childbirth. This exclusion shall however not apply in case of ectopic pregnancy.
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. The cost of spectacles, contact lenses and hearing aids.
7. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury.
8. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
9. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
10. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
11. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.
12. Claims directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
13. Claims directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
14. Claims directly or indirectly caused by or arising from or attributable to:
 - a. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
 - b. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
15. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization.
16. Outpatient treatment charges.
17. Sex change or treatment, which results from, or is in any way related to, sex change.
18. Hormone replacement therapy, Cytotron Therapy
19. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.

20. The treatment of psychiatric and psychosomatic disorders, mental, nervous conditions or insanity.
21. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error and any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
22. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse, or any addiction and medical conditions resulting from, or related to, such abuse or addiction. Diseases due to tobacco abuse such as Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease (Thromboangitis Obliterans) All types of pre malignant conditions /cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers only due to tobacco abuse only.
23. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
24. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
25. Any treatment received outside India.
26. Any other alternative medicine except Allopathy (Modern Medicine).
27. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
28. Any fertility, sub-fertility or assisted conception operation.
29. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.
30. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor.
31. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.
32. Cost of allopathic treatment if administered and /or recommended by non allopathic medical practitioner.
33. Admission for diagnostic studies alone.
34. Implantable electronic devices (such as replacement batteries or replacement devices)
35. Health XS Policy - Amount shown as deductible on the schedule of the policy in respect of each and every admissible claims.

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

36. External and or durable Medical / non medical equipment or any kind used for diagnosis and / or treatment and / or monitoring and / or maintenance and / or support including CPAP, CAPD, infusion pump, oxygen concentrator, etc., ambulatory devices i.e. , walker, crutches, Belts, collars, Caps, Splints, Slings, Braces, Stocking, etc., of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items and also any medical equipment, which are subsequently used at home.

37. All non-medical expenses of any kind whatsoever.

Exclusions for Rider - Personal Accident Cover:

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

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

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

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

3. Payment of Compensation in respect of Death of or bodily Injury or disablement or any disease or illness to the Insured person
 - directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

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

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

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

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

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

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

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

Renewal Procedure

- i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.
- ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

- iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 15 days in case of monthly payments and 30 days in case of quarterly, half- yearly and yearly payments immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases. If the premium is paid in instalments, coverage will still be available during the grace period,
- iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.
- vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.
In case of floater policies, children attaining 25 years at the time of renewal will be moved out of the floater into an individual cover however all continuity benefits on the policy will remain intact. Cumulative Bonus earned will be suitably passed on the fresh policy of child.

Change in Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. 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.

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

Portability

This policy is portable. If proposer desires to port to this policy, application in the appropriate form should be made before 45 days from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Indemnity Health Insurance Policy and such rights shall be limited to the extent of the sum insured, in each of the year, provided the Policy has been continuously renewed without any break. If insured desires to port this policy with other insurers, he shall approach them well before the renewal date (at least 45 days prior to renewal date) to avoid break in the policy coverage due to possible acceptance delays.

Disclaimer:

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

Prohibition of rebates:

Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published Prospectuses or table of the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

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, and we would come back to you with a response in 24 hours.
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
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
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 - GRO Contact Number – 7228087400

Sr. Citizen can email us at : 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.ciains.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.
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.

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

Insurance is the subject matter of solicitation.

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.

In all instances, call our Customer Services at our Chennai office at 1860 258 0000 or e-mail at 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