

## **Annexure 1**

### **Product reference guide**

Product Name – Group Health Policy

Product type – Health Indemnity

#### **Benefits:**

The policy covers reasonable and customary charges incurred towards hospitalization for treatment of the disease, illness, medical condition or injury contracted or sustained by the insured person during the period of insurance stated in the policy certificate subject to terms, conditions, limitations and exclusions mentioned in the policy. For a claim to be admitted under this policy, the insured person should be hospitalised as an in-patient during the period of insurance for a minimum period of 24 hours. However, this time limit is not applicable for day care treatments.

#### **Expenses covered under the Policy:**

1. Room, boarding expenses as provided by the hospital/nursing home.
2. Nursing expenses.
3. Surgeon, anaesthetist, medical practitioner, consultants & specialist fees.
4. Anaesthesia, blood, oxygen, operation theatre charges, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, donor's medical expenses towards organ transplant, cost of pacemaker, artificial limbs, cost of organs.
5. 30 days pre-hospitalisation and 60 days post-hospitalisation expenses when the claim for hospitalization is admitted under the policy.
6. Ambulance charges up to Rs.3000/-.
7. Day care treatments - No need for compulsory 24 hours inpatient hospitalization for certain procedures (list of day care treatments covered - Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) Tonsillectomy, D&C, Cardiac Catheterization, Hydrocele Surgery, Hernia repair surgery, Treatments for Fracture and such other Surgical Operations that necessitate hospitalisation less than 24 hours due to medical / technological advancement / infrastructure facilities.)
8. Increase in sum insured benefit: The Sum Insured shall be increased by 20% each for the first two years and 10% during the third year for remaining claim free, subject to a maximum increase of 50%. In the event of a claim, the sum insured will get reduced in the same manner it was accrued, and in any case, not below original sum insured proposed. This increase in sum insured will be forfeited if the policy is not continued/renewed on or before policy expiry date or before expiry of 30-day grace period.
9. Maternity benefit (available only under a floater policy) for an amount of Rs. 40,000/- covered after two years of continuance coverage for insured member from the date of enrolment.

#### **Waiting Period:**

1. Waiting period of 30 days (in respect of any disease contracted by the Insured Person during the first 30 days from the first inception date of the Policy) & 12 months (in respect of - expenses on treatment of Cataract, Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders)
2. Pre-Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre-Existing Disease until 36 months of continuous coverage have elapsed, since inception of the first policy of the Insured with us. This will include any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension / Diabetes.
3. Maternity benefit available after a period of 24 months, only in a floater policy.

**Limits:**

- Room Rent (per day) 1% of Sum Insured for Non-ICU & 2% of Sum Insured for ICU. If a room of higher rent than eligibility is chosen, then the hospitalization claim shall be proportionally reduced.
- Cataract claim per eye is subject to a limit of 7.5% of the sum insured, subject to a maximum of Rs25,000/-
- Ambulance charges Rs.1000/- for Sum Insured Rs.2/3 lacs, Rs.2000/- for Sum Insured Rs.5 lacs & Rs.3000/- for Sum insured Rs.7 lacs & Rs.10 lacs.

**Exclusions:**

1. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
2. The cost of spectacles, contact lenses and hearing aids.
3. Exclusions as per the List of Generally Excluded in Hospitalisation Policy as given in the Annexure IV to the Guidelines on Standardization in Health Insurance-2013 issued by IRDA.
4. Dental treatment or surgery of any kind unless requiring Hospitalisation.
5. Convalescence, general debility, 'Run-down' condition or rest cure.
6. Congenital External Disease or defects or anomalies.
7. Tubectomy, Vasectomy, any treatment related to sterilization.
8. Venereal disease.
9. Intentional self-injury or attempted suicide.
10. 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/ HIV.
11. 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.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.
13. Claims directly or indirectly caused by or arising from or attributable to
  - a) War, Invasion, Act of Foreign Enemy, War-like Operations (whether war be declared or not)
  - b) Terrorism (including nuclear, chemical and biological terrorism)
  - c) Nuclear weapons/materials or Radioactive Contamination.
  - d) Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel
  - e) Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it. "Nuclear, chemical, biological terrorism" shall mean the use of 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 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.

14. Any routine or preventative examinations, vaccinations, inoculation or screening.
15. Outpatient treatment charges
16. Sex change or treatment, which results from, or is in any way related to, sex change.
17. Hormone replacement therapy.
18. Treatment of obesity (including morbid obesity) and any other weight control programs, services, surgeries or supplies.
19. The treatment of psychiatric, mental or nervous or insanity related conditions.
20. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
21. 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.
22. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
23. Any stay in Hospital not warranting inpatient treatment and any stay in Hospital for any domestic reason or where there is no active, regular treatment by a Medical Practitioner.
24. Any treatment received outside India.
25. Alternative treatments.
26. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
27. Any fertility, sub-fertility or assisted conception operation treatments
28. Any treatment arising out of Insured 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, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.

### **Definitions of some key terms**

#### **Accident**

Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

#### **Alternative treatments**

Alternative treatments are forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

**Cashless Facility**

A facility extended by the Insurer to the Insured where the payments. of the cost 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 approved.

**Company/We/Our/Insurer/Us**

Royal Sundaram General Insurance Co. Limited.

**Commencement Date**

The "From" date shown in the Schedule or the date from which an Insured Person was included under this Policy, whichever is later.

**Condition Precedent**

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**Congenital Anomaly**

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

1. Internal Congenital Anomaly is which is not in the visible and accessible parts of the body.
2. External Congenital Anomaly is which is in the visible and accessible parts of the body.

**Day Care Treatment**

Day Care Treatment refers to medical treatment and/or surgical procedure which is:

1. undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hours because of technological advancement and
2. which would have otherwise required a hospitalization of more than 24hours.

**Day Care Centre**

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

**Dental Treatment**

Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants.

**Endorsement**

Endorsement means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

**Grace Period**

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity of benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

**Hospital/Nursing Home**

A hospital means any institution established for in-patient care and day care treatment of illness and/or 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 asunder:

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

**Hospitalisation**

Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

**In-Patient**

An Insured Person who is admitted to Hospital and stays for a minimum period of 24 hours, for the sole purpose of receiving treatment.

**Inpatient Care**

Inpatient care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

**Inception Date**

The Start date of cover shown in the Schedule or the date from which an Insured Person was included under this Group Health policy whichever is later.

**Injury**

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

**Insured Person**

Insured Person means the person(s) named in the Schedule for whom premium has been paid by the Insured and has been accepted by Us.

**Intensive Care**

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 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.

**Medical expenses**

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.

**Medical Practitioner**

A Medical Practitioner is 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 licence.

**Medically Necessary**

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in Hospital which

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

**Network Provider**

“Network Provider” means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

**Non- Network**

Any hospital, day care centre or other provider that is not part of the network.

**Notification of Claim**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

**Period of Insurance**

Period of Insurance means the period shown in the Schedule.

**Portability**

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

### **Post - Hospitalisation**

Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, for a period of 60 days provided that:

- 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.

### **Pre - Hospitalisation**

Medical Expenses incurred immediately before the Insured Person is Hospitalised, for a period of 30 days, provided that:

- 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.

### **Qualified Nurse**

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.

### **Reasonable and Customary Charges**

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.

### **Renewal**

Renewal defines 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 all waiting periods.

### **Room Rent**

Room Rent means amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

### **Surgical Operation**

Surgical Operation 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 of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

### **Third Party Administrator**

Third Party Administrator or TPA means any person who is licensed under the IRDA (Third Party Administrators – Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance Company, for the purpose of providing health services.

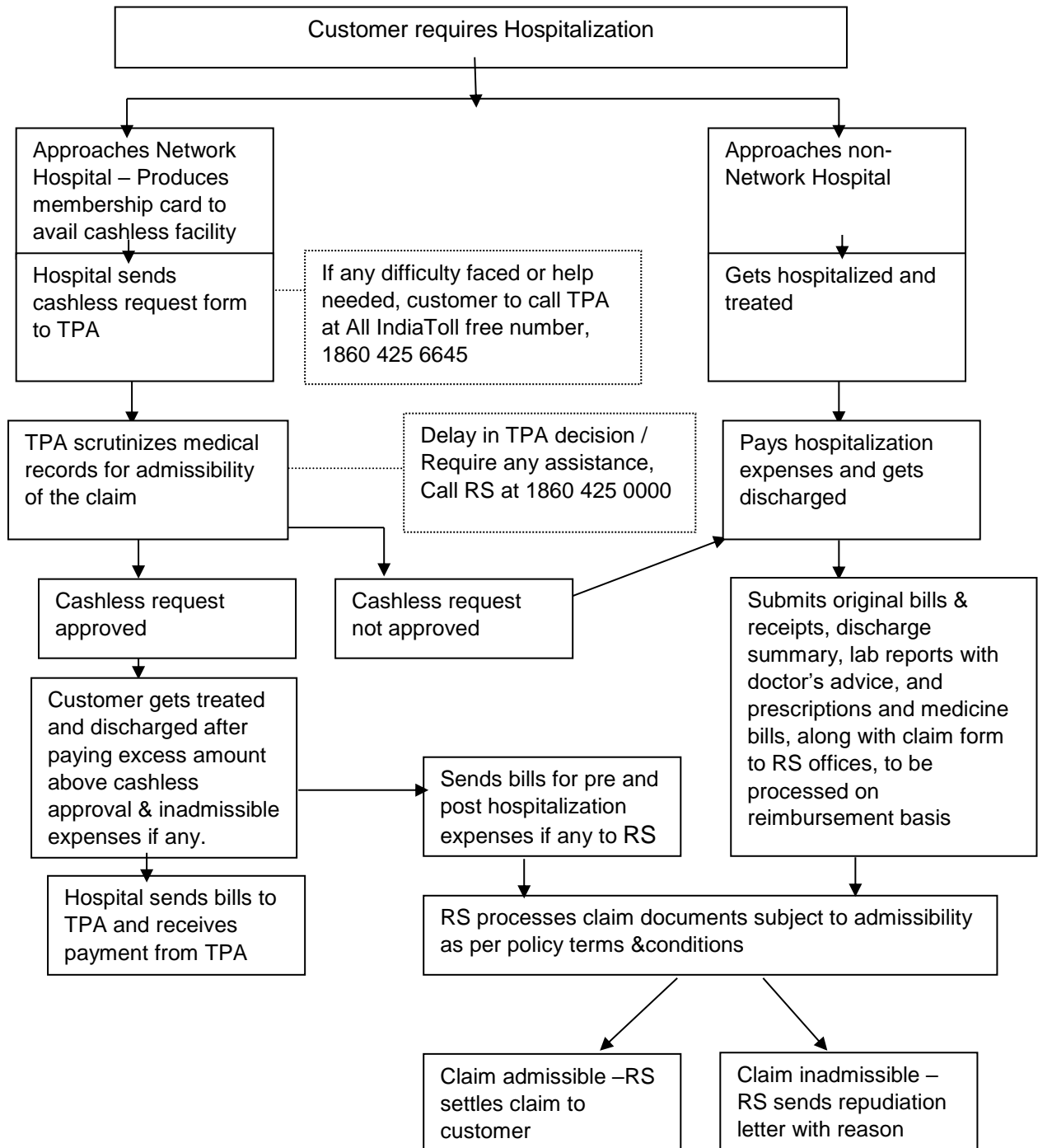
### **Unproven/Experimental treatment**

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

Annexure 2

Claims process guide

**HEALTH CLAIMS PROCESS FLOWCHART**





### Documents to be submitted

If your chosen hospital is not under network of T.P.A., you need to first settle all your bills with hospital and present them directly to Royal Sundaram to below mentioned address along with claim form and other relevant documents:

#### **Accident & Health Claims Department**

Royal Sundaram General Insurance Co. Limited

6<sup>th</sup> Floor, Vishranthi Melaram Towers, 2/319,

Rajiv Gandhi Salai (OMR), Karapakkam,

Chennai – 600 097.

- Duly filled claim form along with Attending doctor's certificate
- Discharge summary
- Original Hospital Bills
- Advance and final receipts (All receipts shall be numbered, signed and stamped)
- Prescriptions for medicines
- Diagnostic Test Reports, X Ray, Scan, ECG and other films (including doctor's advice demanding such tests)
- Cash memos/bills for medicines purchased from outside
- FIR copy/MLC/Self-declaration for accident claims (English translation of vernacular documents)

#### **Reach**

##### **(a) When you need to contact us we shall be accessible through**

1. Phone – Our Helpline Number is 1860 425 0000
2. E mail [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) (general queries)  
E mail [health.claims@royalsundaram.in](mailto:health.claims@royalsundaram.in) (claim specific queries)

### Annexure 3

#### **Cancellation process guide**

The Company may at any time, by giving 7 days' notice in writing, terminate this Policy, on the grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured and all the premium paid hereon shall be forfeited to the Company. Such notice shall be deemed sufficiently given, if communicated by e-mail or posted by Registered post and addressed to the Proposer at the address mentioned in the Policy or by any other reliable mode of communication. The Policy may also be cancelled at any time by the Proposer by giving notice in writing, provided no claim has arisen under the within mentioned Policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy had been in force.

#### **Short period scales:**

For a period not exceeding	1 month	10% of the Annual Premium
-do-	2 months	20% of the Annual Premium
-do-	3 months	30% of the Annual Premium
-do-	4 months	40% of the Annual Premium
-do-	5 months	50% of the Annual Premium
-do-	6 months	60% of the Annual Premium
-do-	7 months	70% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	90% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

#### **Free Look / Refund Details**

You (Insured Person) have a period of 30 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by You after deducting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.