Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

Lifeline

Your search for high quality health insurance stops here

Your family is the most important part of your lives. You try to plan out the best for them. But life sets its own course. At times, you do face misfortunes like a sudden illness, a serious accident or an unavoidable surgery. To provide them with suitable medical attention in such a scenario, you fall back on your hard earned savings. Is there a better way to keep your savings intact?

Royal Sundaram brings to You Lifeline, a unique health insurance plan, providing most comprehensive health coverage at an affordable price. Lifeline is an individual and family oriented health insurance cover which is simple to buy and easy to understand. In addition to comprehensive health insurance cover to suit your needs, this plan helps you care for your health proactively over time and according to your profile. We are here to build a long term healthy relationship with you and your family.

Key Features of the Policy

Basic Covers:

- Inpatient Care
- Pre Hospitalization Medical Expenses
- Post Hospitalization Medical Expenses
- All Day Care Treatment
- Domiciliary Hospitalization
- Ambulance Cover
- Organ Donor Expenses
- No Claim Bonus
- Re-load of Sum Insured
- Ayush Treatment
- Vaccination in case of Animal Bite
- Emergency Domestic Evacuation
- Worldwide Emergency Hospitalization (excluding US and Canada)
- International Treatment for 11 specified critical illness (excluding US and Canada)
- Maternity Benefit including New Born Baby Cover and Vaccination for new born baby before the baby completes one year of age
- OPD Treatment including Dental Treatment, Cost of Spectacles and Contact Lenses

Value Added Covers:

- Health Check-up
- Second opinion for 11 critical illness
- Preventive Healthcare & Wellness Benefit

Optional Covers:

- Hospital Cash
- Top-up plan on annual aggregate deductible basis

- Include US and Canada for Worldwide Emergency Hospitalization and International Treatment for 11 specified Critical Illnesses

Product Benefits – Key Highlights

The policy covers reasonable and customary expenses incurred towards medical treatment taken during the Policy Period for an Illness or an Accident. We cover the following expenses:

Basic Covers

1. **In-patient Care:** Medical Expenses for:

   (i) Medical practitioner's fees, diagnostics tests, medicines, drugs and consumables, nursing charges, operation theatre charges, Room Rent, Intensive Care Unit, Intravenous fluids, blood transfusion, injection administration charges.

   (ii) The cost of prosthetics and other devices or equipment if implanted internally during a surgical procedure.

2. **Pre & Post hospitalization Medical Expenses:** Expenses for consultations, investigations and medicines incurred of an Insured person due to an accident or injury or illness incurred immediately prior to hospitalisation or incurred post hospitalisation up to the limits specified under the plan opted by the Insured subject. These are payable for the same illness or treatment as long as we have accepted an In-patient Care claim (as mentioned above) for that treatment or illness. These can be claimed only as reimbursements.

3. **Day Care Treatment**: Medical expenses for day care treatments (including Chemotherapy, Radiotherapy, Hemodialysis, any procedure which needs a period of specialized observation or care after completion of the procedure) where such procedures are undertaken by an insured person as an inpatient in a hospital/day care center for a continuous period of less than 24 hours. Any OPD Treatment undertaken in a hospital will not be covered. Pre & Post hospitalization Medical Expenses are not payable for this benefit. Please refer annexure 4 for indicative list of Day Care Procedures.

4. **Ambulance Cover**: Reasonable charges for ambulance expenses (by surface transport only) incurred to transfer the insured person following an Emergency to the nearest Hospital, if we accept the in-patient claim. Our maximum liability for ambulance expenses is limited up to limit specified in Product Benefits Table per event of hospitalization.

5. **Domiciliary Hospitalization:** Medical expenses for treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization as long as either (i) the attending medical

practitioner confirms that the insured person could not be transferred to a hospital or (ii) you satisfy us that a hospital bed was unavailable. Claims for pre-hospitalization expenses shall be payable, however, post-hospitalisation medical expenses shall not be payable.

6. **Organ Donor Expenses**: Medical expenses for an organ donor's treatment for harvesting of the organ provided that the insured person has been medically advised to undergo an organ transplant and the donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the insured person;

   We will not cover:

   (a) Pre-hospitalisation or post-hospitalization medical expenses or screening expenses of the donor or any other medical expenses as a result of the harvesting from the donor;
   (b) Costs directly or indirectly associated with the acquisition of the donor's organ.

7. **No Claim Bonus (NCB):** If no claim has been made by any insured person, we will increase the base sum insured as per the variant opted (Classic – 10% of Base Sum Insured, Supreme & Elite – 20% of Base Sum Insured) on each policy year up to a maximum of 50% of base Sum Insured of that policy year for Classic variant and 100% of base Sum Insured of that policy year for Supreme & Elite variant, provided the Policy is renewed continuously. You will not earn No Claim Bonus on Policy renewal if any claim is made in expiring Policy Year. However, if there is no claim made in subsequent Policy Year, you will earn No Claim Bonus on renewal as per the variant. For eg, if you have a Classic variant and have earned 20% NCB and make a claim in this year, you will not get NCB at the time of renewal. However, in the subsequent year you have not made any claim, you will again earn 10% NCB on renewal

   If two or more individual Policies of Lifeline are renewed as Family Floater Policy, then the No Claim Bonus carried to the floater Sum Insured will be the lowest No Claim Bonus available amongst the Insured Persons in that Family unit. For eg, if Husband and Wife have individual cover of Rs.5lacs each and NCB of 40% and 20% respectively and they decide to renew the policy as Family Floater at the time of renewal, then NCB carried forward to renewed policy will be 20% (lower NCB) for both the insured.

   If the Base Sum Insured is increased/decreased, No Claim Bonus will be calculated on the basis of Base Sum Insured of the last completed Policy Year and will be capped to max No Claim Bonus allowed for renewed variant Base Sum Insured.

   If customer has opted for 2 years or 3 years policy, then No Claim Bonus will be added at the end of each policy year subject to no claim being made in policy year.

Illustration:
Customer has opted for 3 years policy period and sum insured of Rs. 5 Lakhs (Supreme Variant) No claim is being made in the first year, hence, No Claim Bonus is added at the end of first year i.e. 1 Lakh (20% of Sum Insured). Second year, no claim being made, hence, No Claim Bonus is added at the end of second year. Sum Insured after a period of two years will be Rs. 7 Lakhs.

8. **Re-load of Sum Insured: –** We will provide Re-load of Sum Insured upto 100% of Base Sum Insured only once in the policy year, if the Base Sum Insured and No Claim Bonus is used partially or completely due to claims made and paid or claims made and accepted as payable for one particular Illness during the Policy Year as per Policy terms and conditions provided that:

   a) It will be applicable only to subsequent claims made by the Insured Person and not against any Illness (including its complications or follow up) for which a claim has been paid or accepted as payable in the current Policy Year.
   b) Any unutilized reinstated sum insured cannot be carried forward to next year.
   c) In case of floater policy, re-load will be available on floater basis.
   d) Re-load of Sum Insured is applicable only for Baseline Cover benefits and not for optional benefits.

9. **Vaccination in case of Animal Bite (in case of Post Bite Treatment) –** We will reimburse the medical expenses incurred for vaccination including inoculation and immunizations in case of post-bite treatment up to actuals subject to the limit mentioned below. This will be part of overall sum insured. Coverage limit will be as per level:

   i. **Classic –** Upto Rs.2,500/-
   ii. **Supreme –** Upto Rs.5,000/-
   iii. **Elite –** Upto Rs.7,500/-

10. **Ayush Treatment–** We will be covering medical expenses for in-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy provided the treatment has been undergone in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health. Our maximum liability will be limited up to the amount provided in the Product Benefits Table.

11. **Emergency Domestic Evacuation (Available for Supreme & Elite variant only) –** We will provide domestic evacuation in case of life threatening emergency condition for treatment of an illness or injury on the advice of treating doctor subject to:

a. Treating doctor confirms that insured need to be transferred to another hospital having suitable medical technology & equipment for treatment.
b. Evacuation will be from one medical center to another medical center.
c. Our maximum liability will be as mentioned below:

   i. Classic – Not Available
   ii. Supreme – Upto Rs.100,000/-
   iii. Elite – Upto Rs.300,000/-

d. Any expenses over and above the limit specified above, customer will have to make the payment to the service provider.
e. This benefit can be availed once by an Insured Person during a Policy Year.
f. This benefit is on per Insured Person basis.

12. Worldwide Emergency Hospitalization (excluding US and Canada) (available for Elite Variant only) – We will cover medical expenses of the insured person incurred outside India as per the limit specified, provided:

a) The treatment is medically necessary and has been certified as an Emergency by a Medical Practitioner and such treatment cannot be postponed until the insured person has returned to India.
b) The medical expenses payable shall be limited to Inpatient Hospitalization only.
c) Each admissible claim will be subject to a deductible of USD 1000.
d) This benefit is available as cashless facility through pre-authorization by Our Service Provider as well as re-imbursement basis through Us. Process for cashless facility through pre-authorization by Our Service Provider is as mentioned below;
   i. In the event of an Emergency, the Insured Person or Network Hospital shall call Our Service Provider immediately, on the helpline number specified in the Insured Person's Schedule of Insurance Certificate, requesting for a pre-authorization for the medical treatment required;
   ii. Our Service Provider will evaluate the request and the eligibility of the Insured Person under the Policy and call for more information or details, if required;
   iii. Our Service Provider will communicate directly to the Hospital whether the request for pre-authorization has been approved or denied;
   iv. If the pre-authorization request is approved, Our Service Provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by or on behalf of the Insured Person beyond the limits pre-authorized by the Service Provider shall be borne by the Insured Person;

v. It is agreed and understood that We shall not cover any costs or expenses incurred in relation any persons accompanying the Insured Person during the period of Hospitalization, even if such persons are also Insured Persons.

vi. Any hospitalization should be intimated to us within 24 hours of hospitalization basis

e) The payment of any claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees for payment of claim. If on the date of discharge, RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.

f) Overall liability will be limited to 50% of Sum Insured upto a max of Rs.20 lacs.

g) This benefit is available Worldwide excluding US and Canada.

h) Re-load benefit will not be triggered for this benefit.

13. International Treatment abroad for specified 11 critical illnesses (excluding US and Canada)- (available for Elite Variant only) – We will cover medical expenses of the insured person incurred outside India for below mentioned 11 specified critical illnesses:

1. Cancer of Specified Severity
2. First Heart Attack of Specified Severity
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure requiring Regular Dialysis
7. Stroke resulting in Permanent Symptoms
8. Major Organ/Bone Marrow Transplant
9. Permanent paralysis of Limbs
10. Motor Neurone Disease with Permanent Symptoms
11. Multiple Sclerosis with Persisting Symptoms

We will pay upto the sum insured, provided:

a. Such claim in India should have been admissible under the Inpatient Care.

b. The medical expenses payable shall be limited to Inpatient Hospitalization & Day Care Hospitalization only.

c. The symptoms of the Critical Illness first occur or manifest itself during the Policy Period and after completion of the 90 days initial waiting period.

d. The Critical Illness is diagnosed by a Medical Practitioner within India during the Policy Period and after completion of the 90 day initial waiting period.

e. Customer should get the pre-authorization from us before going for treatment.

f. Our maximum liability will be limited as mentioned below:
   i. Year 1 – 50% of Sum Insured
   ii. Year 2 onwards – 100% of Sum Insured
g. All claims will be subject to 20% co-payment.
h. This benefit is available worldwide except US and Canada.
i. The payment of any claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees for payment of claim. If on the date of discharge, RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
j. We will also provide one time return air fare upto a maximum of Rs.3 lacs, for insured person for whom claim has been accepted. This will be settled on reimbursement basis. This is a part of overall sum insured.
k. Re-load benefit will not be triggered for this benefit.
l. This benefit is available only as cashless facility through pre-authorization by Our Service Provider. Process for cashless facility through pre-authorization by Our Service Provider is as mentioned below;

   i. In the event of the diagnosis of a Specified Illness, the Insured Person should call Our Service Provider immediately and in any event before the commencement of the travel for treatment overseas, on the helpline number specified in the Schedule of Insurance Certificate requesting for a pre-authorization for the treatment;

   ii. Our Service Provider will evaluate the request and the eligibility of the Insured Person the Policy and call for more information or details, if required.

   iii. Our Service Provider will communicate directly to the Hospital and the Insured Person whether the request for pre-authorization has been approved or denied.

   iv. If the pre-authorization request is approved, Our Service Provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by or on behalf of the Insured Person beyond the limits pre-authorized by the Service Provider or at any Non-Network Hospital shall be borne by the Insured Person.

Value Added Covers

14. **Health Checkup**: We will cover the cost of health check-up arranged by us through our empanelled service providers as per your plan eligibility defined below:

For Classic Variant – Available once every 3rd Policy Year; For Supreme & Elite Variant – Available at each renewal.

Variant	**List of Medical Tests**
Classic	Complete Blood Count, Urine Routine, ESR, Fasting Blood Sugar, ECG, S Cholesterol, SGPT, Creatinine
Supreme	Complete Blood Count, Urine Routine, ESR, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG, Complete physical examination be Physician
Elite	Complete Blood Count, Urine Routine, ESR, Fasting Blood Sugar, Lipid Profile, Stress Test (TMT) or 2D Echo, Kidney Function Test, Complete physical examination be Physician

Abbreviation of test is provided here:

ESR – Erythrocyte Sedimentation Rate, ECG – Electrocardiogram, S Cholesterol – Serum Cholesterol, SGPT – Serum Glutamic Pyruvate Transaminase, TMT – Tread Mill Test

This benefit is available to those insured person who have attained the age of 18 years or above on the Policy Period Start Date.

This benefit is provided irrespective of any claim being made in the Policy Year. This benefit is over and above the Base Sum Insured.

15. **Second Opinion for critical illnesses (Available for Supreme & Elite Variant only) –** We will provide second opinion to the insured person if he is diagnosed with any of the below mentioned 11 critical illnesses:

1. Cancer
2. First Heart Attack
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma
6. Kidney Failure
7. Stroke

8. Major Organ/Bone Marrow Transplant
9. Permanent paralysis of Limbs
10. Motor Neurone Disease
11. Multiple Sclerosis

This benefit is available only once during the policy year. Benefit is available only for adults.

16. Preventive Healthcare & Wellness

We will provide various Preventive Healthcare & Wellness related services that will help the insured person to assess their health status and aid in improving their overall well being. Various Preventive Healthcare & Wellness services include Health related articles, access to various preferred health maintenance network etc.

17. Maternity Benefits (For Elite Variant Only)

Maternity Expenses: This benefit is available only to you or your spouse under Family Floater Policy, only when you and your spouse, are both covered under the same Family Floater Policy. We pay Medical Expenses for the delivery of a child, only after 36 months of continuous coverage since the inception of the first Policy with Us. In case, customer is porting from any other policy providing maternity benefit, the respective waiting period served in that policy will be considered as waiting period waiver in Lifeline policy as per portability guideline. There is a sub-limit on maternity expenses as shown in the Product Benefit Table. Maternity benefits are paid only twice during the lifetime of the Policy including any of its renewals. However, expenses in respect of harvesting and storage of stem cells are not covered.

New Born Baby: The new born baby will be covered as an insured person from birth. We will cover medical expenses towards the medical treatment of the Insured Person's new born baby while the Insured Person is Hospitalized as an Inpatient for delivery and we have accepted the maternity claim as payable.

Vaccination for New Born Baby: We will cover Reasonable & Customary Charges for vaccination of the new born baby, if we have accepted the maternity claim as payable If the Policy Period ends before the New Born Baby has completed one year, then, We will only cover such vaccinations until the baby completes one year, provided that We have accepted the baby as an Insured Person at the time of renewal of the Policy.

18. OPD Treatment (Available for Elite Variant Only) We will cover reasonable & customary charges for Insured Person's medically necessary consultation with a Medical Practitioner, as an OPD Treatment to assess the Insured Person's health condition for any illness. We will also pay

for any diagnostic tests prescribed by the medical practitioner and medicines purchased under and supported with a Medical Practitioner's prescription up to the sub-limits shown in the product benefits table.

We will also cover the Reasonable & Customary Charges for Dental Treatment, Cost of Spectacles, Contact Lenses and Hearing Aids once in 2 years with a sublimit of 30% of OPD Treatment sublimit shown in the Product Benefits Table.

Optional Benefits

1. Top-up Plan (on Annual Aggregate Deductibles)

Top-up plan is a modification of existing cover to annual aggregate deductible by which discount premium will be available .You can choose from one of six optional deductibles of Rs 1 lac, Rs 2 Lacs, Rs 3 lacs, Rs. 4 Lacs, Rs 5 Lacs and Rs.10Lacs. You can choose to the take the top up cover under Classic & Supreme variant.

If a top-up plan (on annual aggregate deductible) is chosen then the insured person shall bear all assessed claim amounts payable under the policy up to the deductible amount, under his policy for any Policy Year. Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted.

Any claim amount that is assessed to be payable by Royal Sundaram under this policy during the policy period and is borne by the insured person (even if paid for through another Health Insurance Policy) will be accepted as reason of deductible exhaustion.

Insured Person should submit all the claim documents to us to calculate the exhaustion of deductible on aggregate basis. We will inform the insured person once the deductible amount is exhausted and any claim (assessed to be payable) exceeding the deductible will be paid by us.

Illustration:

Working of Top-up Plan on aggregate annual deductible basis:

Customer has an existing policy with SI of Rs.2lacs from another company. He opts for a Lifeline Policy for SI of Rs.3lacs, with annual aggregate Deductible of Rs. 2lacs

CALCULATIONS		Claim Amount Assessed by Us	Deductible Exhaustion	Balance Deductible	Available Sum Insured in Lifeline policy	Claim amount paid by the other insurance policy or the customer	Claim Amount paid by Us
	At Inception	-	-	Rs 200,000	Rs 300,000	-	-
	Claim 1	Rs 20,000	Rs 20,000	Rs 1,80,000	Rs 300,000	Rs 20,000	0
	Claim 2	Rs 1,90,000	Rs 1,80,000	0	Rs 300,000	Rs 1,80,000	Rs 10,000
	Claim 3	Rs 3,60,000	0	0	Rs 290,000	0	Rs. 2,90,0000

Customer has an option to convert the Top-up Plan to a normal policy at the time of renewal by paying an additional premium. For eg, if a customer had a Top-up Plan with a deductible of Rs.2 lacs and Sum Insured of Rs.3 lacs, he was paying 72% of premium (as per multiplicative Factor mentioned in Rate Table) for Rs.3lacs cover. Now, if customer wants to convert it to a normal policy without any deductible at time of renewal, he will pay the 100% of premium as per Rate Table.

2. Hospital Cash

If the insured person is hospitalized and if We have accepted an inpatient care hospitalization claim under the base plan, We will pay the hospital cash amount as opted by you for each continuous and completed period of 24 hours of hospitalization provided that:

(a) You should have been hospitalized for a minimum period of 48 hours continuously;

(b) We will not make any payment under this optional benefit in respect of an Insured Person for more than 30 days of hospitalization in total under any policy year;

(c) We will not make any payment under this optional benefit for any diagnosis or treatment arising from or related to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born baby.

The Sum Insured under Hospital Cash is over and above the base Sum Insured.

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3. Include US and Canada for Worldwide Emergency Hospitalization and International Treatment for 11 specified Critical Illnesses.

You can opt to include US and Canada for Worldwide Emergency Hospitalization and International Treatment for 11 specified Critical Illness. This benefit can be opted at the inception of first policy with Us.

Policy Features

1. Age Eligibility

Children: The minimum entry age under this policy is 91 days and maximum is 25 years.

Adult: Minimum entry age is 18 years. There is no limit on maximum entry age in this policy.

2. Individual & Family Combination

The policy can be purchased on an Individual basis or on a Family Floater basis. In case of a family floater policy, one family will share a single sum insured as opted. A floater plan can cover self, spouse and dependent children upto age of 25 years. A floater cover can cover a maximum of 2 adults and 4 dependent children under a single policy.

3. Policy Period Option

Customer can buy the policy for one, two or three continuous years at the option of the Insured. 'One Policy Year' shall mean a period of one year from the date of issuance of the policy.

4. Variant & Sum Insured Options

Customer has the option to choose from a wide range of Sum Insured's available under 3 variants:

Variant	Sum Insured
Classic	Rs.2lacs, Rs.3lacs, Rs.4lacs
Supreme	Rs.5lacs, Rs.10lacs, Rs.15lacs, Rs.20lacs, Rs. 50 Lacs
Elite	Rs.25lacs, Rs.30lacs, Rs.50lacs, Rs.100lacs, Rs.150lacs

Sum Insured is on Annual basis.

5. Premium

The Premium charged on the Policy will depend on the Sum Insured, Policy Tenure, Age, Policy Type, Zone of Cover and Optional Covers opted. Additionally the health status of the individual will also be considered.

For detailed premium chart please refer Annexure "Rate Chart" attached along with this document.

For the purpose of calculating premium, the country has been divided into 2 Zones.

Zone 1: Delhi/NCR, Mumbai (inc. Thane and Vashi), Bengaluru, Chennai, Pune, Hyderabad, Kolkata and Gujarat.

Zone 2: Rest of India.

A discount of 15% for members in Zone 2 will be applicable. Grid as below:

ZONE	Discount
Zone 1	0%
Zone 2	15%

6. Loading

The premium can be loaded for optional benefits as opted by customers.

7. Disease Specific Loading/Co-payment

We shall apply a risk loading on the premium payable or Co-payment for certain specific conditions as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Schedule of Insurance Certificate. The maximum risk loading applicable shall not exceed 150% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the inception of the initial Policy including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured). The maximum risk Co-payment shall not exceed 20% per diagnosis/medical condition and an overall risk co-payment of 20%.

We will inform You about the applicable risk loading and/or applicability of Co-payment through post/courier/email/phone. You shall revert to Us with your written consent and additional premium (if any), within 15 days of the issuance of such counter offer. In case, You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within the next 15 days.

Following loadings or co-payment may be applied on the policy for the medical conditions listed below if they are accepted at the time of underwriting. The loadings are applicable on individual ailments only.

Condition	Medical test	Medical test result	Duration of condition	Product variant	Loading on base premium	Co-payment for Insured Person
Diabetes	HBa1C	Less than or equal to 6	NA	All	0.0%	Nil
Diabetes	HBa1C	More than 8	NA	All	Decline	Decline

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Condition	Medical test	Medical test result	Duration of condition	Product variant	Loading on base premium	Co-payment for Insured Person
Diabetes	HBa1C	More than 6 up to 7	Up to 5 years	Family Floater	25.0%	10%
Diabetes	HBa1C	More than 7 up to 7.5	Up to 5 years	Family Floater	50.0%	20%
Diabetes	HBa1C	More than 7.5 up to 8	Up to 5 years	Family Floater	50.0%	20%
Diabetes	HBa1C	More than 6 up to 7	More than 5 years up to 10 years	Family Floater	25.0%	10%
Diabetes	HBa1C	More than 7 up to 7.5	More than 5 years up to 10 years	Family Floater	50.0%	20%
Diabetes	HBa1C	More than 7.5 up to 8	More than 5 years up to 10 years	Family Floater	50.0%	20%
Diabetes	HBa1C	More than 6 up to 7	Up to 5 years	Individual	100.0%	10%
Diabetes	HBa1C	More than 7 up to 7.5	Up to 5 years	Individual	150.0%	20%
Diabetes	HBa1C	More than 7.5 up to 8	Up to 5 years	Individual	Decline	Decline
Diabetes	HBa1C	More than 6 up to 7	More than 5 years up to 10 years	Individual	100.0%	20%
Diabetes	HBa1C	More than 7 up to 7.5	More than 5 years up to 10 years	Individual	150.0%	20%
Diabetes	HBa1C	More than 7.5 up to 8	More than 5 years up to 10 years	Individual	Decline	Decline
Heart Condition	ECG / TMT	Adverse	NA	Family Floater	50.0%	20%
Heart Condition	ECG / TMT	Adverse	NA	Individual	Decline	Decline
Hypertension	Blood Pressure	Above normal up to 140/90	Up to 5 years	Family Floater	10.0%	Nil
Hypertension	Blood Pressure	More than 140/90 up to 160/99	More than 5 years up to 10 years	Family Floater	25.0%	10%
Hypertension	Blood Pressure	Above normal up to 140/90	Up to 5 years	Individual	20.0%	Nil
Hypertension	Blood Pressure	More than 140/90 up to 160/99	More than 5 years up to 10 years	Individual	50.0%	10%

Condition	Medical test	Medical test result	Duration of condition	Product variant	Loading on base premium	Co-payment for Insured Person
Hypertension	Blood Pressure	Above normal	More than 10 years	All	Decline	Decline

8. Discounts

Customer can avail of the following discounts on the premium of their policy.

- Discount on Multiyear policy
  - 7.5% discount for 2 year policy
  - 12% discount for 3 year policy
- 5% discount for Sundaram Group employees & customers purchasing through the direct channel

9. Renewal Features

a) The Policy will automatically terminate at the end of the Policy Period. The Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium.

b) 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. Policy would be considered as a fresh policy if there would be break of more than 30 days between the previous policy expiry date and current Policy start date. We however shall not be liable for any claim arising out of an ailment suffered or Hospitalisation commencing or disease/illness/condition contracted during the period between the expiry of previous policy and date of inception of subsequent policy and such disease/Illness/condition shall be treated as a Pre-existing Condition.

c) Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by You.

d) Where We have discontinued or withdrawn this product/plan You will have the option to renewal under the nearest substitute Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDA.

e) You shall disclose to Us in writing of any material change in the health condition at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.

f) We may in Our sole discretion, revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDA and in accordance with the IRDA 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.

g) Alterations like increase/ decrease in Sum Insured or Change in Optional Covers, addition/deletion of members, addition/deletion of Medical Condition will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry 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.

h) Any enhanced Sum Insured during any policy renewals will not be available for an illness, disease, injury already contracted under the preceding Policy Periods. All waiting periods as mentioned below shall apply afresh for this enhanced limit from the effective date of such enhancement.

i) Where an Insured Person is added to this Policy at the time of renewal, all waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company.

j) Applicable Cumulative Bonus shall be accrued on each renewal as per eligibility under the variant opted.

k) In case of floater policies, children attaining 26 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 on the Policy will stay with the floater cover.

10. Portability

You can port your existing health insurance policy from another company or Royal Sundaram Alliance Insurance Co Ltd to Lifeline, provided:

a) You have been covered under an Indian retail health insurance policy from a Non-life Insurance company registered with IRDA without any break

b) We should have received your application for portability with complete documentation at least 45 days before the expiry of your present period of Insurance

c) If the Sum Insured under the previous policy is higher than the sum insured chosen under this policy, the applicable waiting periods under the Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer

to the extent of the Sum Insured and the Eligible Cumulative Bonus under the expiring health insurance policy.

d) In case the proposed Sum Insured opted for under our policy is more than the insurance cover under the previous policy, then all applicable waiting periods under the Policy shall be applicable afresh to the amount by which the Sum Insured under this Policy exceed the total of Sum Insured and Eligible Cumulative Bonus under the expiring health insurance policy;

e) All waiting periods under the Policy shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

The Portability provisions will be available to You, if you wish to migrate from this Policy to any other health insurance policy on renewals.

11. Income Tax benefit

Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income Tax Act 1961. (Tax benefits are subject to change in the tax laws, please consult your tax advisor for more details).

12. Free Look Period

A period of 15 days from the date of receipt of the policy document is available to review the terms and conditions of this policy. You have the option of returning the policy stating the reasons for cancellation and We will refund the premium paid by them after deducting the amounts spent on any medical checkup, stamp duty charges and proportionate risk premium for the period on cover. Cancellation will be allowed only if there are no claims reported (paid/outstanding) under the policy. All rights under this policy shall immediately stand extinguished on the free look cancellation of the policy. Free look period is not applicable for renewal case.

13. Cancellation/Termination

In case You are not satisfied with the policy or our services, he can request for a cancellation of the policy by giving 30 days' notice in writing. Premium shall be refunded as per table below if no claim has been registered/ made under the policy and full premium has been received.

Cancellation date upto (x months) from the Policy Period Start Date	**Refund of Premium (basis Policy Period)**		
	1 Year	**2 Year**	**3 Year**
Upto 1 month	75%	87%	91%

Upto 3 months	50%	74%	82%
Upto 6 months	25%	61.5%	73.5%
Upto 12 months	0%	48.5%	64.5%
Upto 15 months	NA	24.5%	47%
Upto 18 months	NA	12%	38.5%
Upto 24 months	NA	0%	30%
Upto 30 months	NA	NA	8%
Beyond 30 months	NA	NA	0%

The policy can also be terminated by Us if:

a. Any insured person or any person acting on behalf of either has acted in a dishonest and fraudulent manner, under or in relation to this Policy;
b. You or any insured person has not disclosed any true, complete and all correct facts in relation to the Policy; and/or;
c. Continuance of the Policy poses a moral hazard.

The Policy will be automatically terminated in the following circumstances:

a. Individual Policy:
The Policy shall automatically terminate in case of death of the insured person.
b. Family Floater Policy:
The Policy shall automatically terminate in the case of death of all the insured persons

Refund:

Refund as per table in Cancellation/Termination section above shall be payable in case of an automatic cancellation of the Policy provided that no claim has been filed under the Policy.

Waiting Periods and Exclusions:

Claims for the following are not covered:

- **30 Days Initial Waiting Period**: We will not cover any treatment taken during the first 30 days since the commencement of the Policy, unless the treatment needed is a result of an Accident. This waiting period does not apply for any subsequent and continuous renewals of your Policy or Policy is enforced with any other Insurance Company (Non-Life/Health Insurance Company).

- **90 days Initial Waiting Period for Critical Illness :**We will not cover any treatment for critical illness, symptoms of which first occur or manifest itself during the first 90 days since the date of commencement of the policy.

- **Pre-Existing Diseases**: Benefits will not be available for Pre-existing Diseases for Classic variant until 48 months, for Supreme variant until 36 months and for Elite variant until 24 months of continuous coverage have elapsed since the inception of the first Policy with us or Policy is enforced with any other Insurance Company (Non-Life/Health Insurance Company).

- **Specific Waiting Periods:** For all insured persons the 17 conditions listed below will be subject to a waiting period of 24 months and will be covered in the third policy year as long as the insured person has been insured continuously under the Policy without any break:

  • Stones in biliary and urinary systems • Lumps / cysts / nodules / polyps / internal tumours • Gastric and Duodenal Ulcers • Surgery on tonsils / adenoids • Osteoarthrosis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse • Cataract • Fissure / Fistula / Haemorrhoids • Hernia / Hydrocele • Chronic Renal Failure or end stage Renal Failure • Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media • Benign Prostatic Hypertrophy • Knee/Hip Joint replacement • Dilatation and Curettage • Varicose veins • Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis • Diabetes and related complications • Hysterectomy for any benign disorder.

- **Personal Waiting Periods:** A special waiting period not exceeding 48 months, may be applied to Individual Insured Persons depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule of Insurance Certificate and will be applied only after receiving Your specific consent.

- **Permanent Exclusions:** Addictive conditions and disorders; Adventurous or Hazardous Sports; Ageing and puberty; Alternative Treatment; Ancillary Hospital Charges; Artificial life maintenance; Charges for Medical Papers; Circumcision; Conflict and Disaster; Congenital conditions; Convalescence and Rehabilitation; Cosmetic surgery; Dental/oral treatment; Drugs and dressings for OPD Treatment or take-home use; Eyesight; Health hydros, nature cure, wellness clinics etc.; HIV and AIDS; Hereditary conditions (specified); Hospitalization undertaken for observation or for investigations only; Items of personal comfort and convenience; Psychiatric and Psychosomatic Conditions; Obesity; OPD Treatment; Preventive care; Reproductive Medicine; Self-inflicted

injuries; Sexual problems and gender issues; Sexually transmitted diseases; Sleep disorders; Speech disorders; Stem Cell Implantation; Treatment for Alopecia; Treatment for developmental problems; Treatment received outside India; Unproven/Experimental Treatment; Unrecognized physician or Hospital; Unrelated diagnostic, X-ray or laboratory examinations; Unlawful Activity; Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure I.

For details of permanent exclusions please read the policy terms and conditions or visit www.royalsundaram.in .

Claims Procedure

It is imperative to note that Cashless Claims will be settled through TPA and Re-imbursement Claims will be settled by Us.

For admission in Network Hospital (Cashless Claims) (For Domestic Claims only)

Insured Person shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by fax or e-mail, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc in the prescribed form available with the Insurance help desk at the Hospital. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms conditions and limitations of the policy.

For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Re-imbursement Claims) (For Domestic Claims as well as Worldwide Emergency Hospitalization)

- **Notice of claim:** Preliminary notice of claim with particulars relating to Policy number, Name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending hospital, should be given to the Insurer within 72 hours before admission incase of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization.

- **Submission of claim:** The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge.

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) maternity claims, Discharge Summary mentioning LMP, EDD & Gravida b)Cataract claims - IOL sticker c) 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.
13. For domiciliary hospitalization claims, a certificate from the attending doctor confirming that the condition of the patient is such that he/she is not in a condition to be removed to a hospital.
14. Additional documents for Emergency Domestic Evacuation.
    a. Certification by the treating Medical Practitioner of such life threatening emergency condition and confirming that current Hospital does not have suitable medical equipment & technology for the life threatening condition.

b. Bills/Receipts of transportation agency/ambulance company/air ambulance receipts.

15. Additional documents for Worldwide Emergency Hospitalization and International Treatment for 11 specified Critical Illness– Insured Person passport, Visa, Tickets and Boarding Passes.

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/pre-employment medical records, if any.
7. Any other document necessary in support of the claim on case to case basis.

Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.

The claim documents should be sent to:

Health Claims Department

Royal Sundaram Alliance Insurance Company Ltd

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai - 600097

Payment of Claim

- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- Insured must give at his expense, all the information We asks for about the claim and he must help to take legal action against anyone, if required.
- If required the Insured / Insured Person must give consent to obtain Medical Report from Medical Practitioner at Our expense.
- If required the Insured or Insured Person must agree to be examined by a medical practitioner of Our choice at Our expense.
- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only except for Worldwide Emergency Hospitalization and International Treatment for 11 specified Critical Illness.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is a delay in payment beyond 7 days the date of acceptance.
- At the time of claim settlement, We may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

Claims Falling in 2 policy Periods

If the claim event falls within two Policy Periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy Periods, including the deductibles for each Policy Period. The admissible claim amount shall be reduced to the extent of premium to be received for the Renewal/due date of premium of health insurance policy, if not received earlier.

Nomination Facility:

You are mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims under this policy, in the event of death.

Disclosure:

Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

All insured persons' personal information collected or held by Royal Sundaram may be used by Royal Sundaram for processing the claims and analysis related to insurance / reinsurance business.

How to Buy Royal Sundaram Policy

Royal Sundaram policy is sold through various channels like telesales team, direct team, individual agents, our website www.royalsundaram.in, licensed brokers and corporate agents.

1. You should go through the product brochure, policy benefits, exclusions etc to thoroughly understand the product before buying.

2. Proposal Form must be filled. You will be required to provide various information (as accurately as possible) such as;

    - Insured's' name, date of birth, and address.
    - As above for all dependants to be covered by the policy.
    - Selection of sum insured & optional covers (if any).
    - Any existing health insurance policy details and claims history, if applicable.
    - Disclosure of any Pre-existing Diseases with details.
    - Medical history report for the proposed insured, if necessary.
    - Height and weight for the proposed insured.
    - Signature and date on application, wherever applicable.
    - Premium payment collected and receipted

3. If You are required to undergo medicals tests as per the chosen Sum Insured, Age band and BMI, we would arrange the medical check-up's at Our network of diagnostic centres.

4. Based on the above information we will process Your proposal for Insurance and a policy kit containing the Benefit Schedule, Policy Terms and associated documents will be sent to you.

In case we are unable to underwrite Your proposal We will intimate the same to You and refund any premium that has been collected. Upon assessment if there is any change in terms or premium is loaded then We will inform You about any revised terms through a counter offer letter. We will issue the Policy only once you accept the counter offer. Where You do not agree to the counter offer we will cancel your proposal and refund any premium collected.

Pre-policy Medical Check-up requirements:

We will require You to undergo a medical check-up based on Your age and the Sum Insured opted as provided in the grid below or on the basis of Your BMI as per underwriter evaluation. Wherever any pre-existing disease or any other adverse medical history is declared, We may ask such member to undergo specific tests, as We may deem fit to evaluate such member, irrespective of Age/ Sum Insured opted. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. We will contact You and fix up an appointment for the Medical Examination to be conducted at a time convenient to You. The validity of medical tests would be; for medical tests reports with test result within normal range, the validity is for 6 months from the date of tests done, whereas for medical tests reports with test result not within the normal range, validity is for 3 months from the date of tests done.

Registered office: No. 21, Patullos Road, Chennai- 600 002

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Wherever required we may request for additional tests to be conducted based on the declarations on the proposal form and the results of any medical tests that we have received.

Age/Sum Insured	Sum Insured upto Rs.5lacs	Sum Insured Rs.10lacs, 15lacs & Rs.20lacs	Sum Insured above Rs.20lacs
Upto 5 years	No Check-up#	No Check-up#	No Check-up#
6 years to 18 years	No Check-up #	No Check-up #	MER
19 years to 45 years	No Check-up #*	Set 1	Set 2
46 years and above	Set 1	Set 2	Set 2

 # Subject to no adverse medical conditions as disclosed in proposal form.

- Medical test mix:

  - **Set 1:** CBC, ESR, URA, MER, FBS/HbA1C, S Cholesterol, ECG, SGPT, S Creatinine.
  - **Set 2:** CBC, ESR, URA, MER, HbA1C, Lipid Profile, TMT or 2D Echo, LFT with GGT, RFT, HBsAg, S Creatinine.

  (Abbreviation of test is provided here: CBC – Complete Blood Count, ESR – Erythrocyte Sedimentation Rate, MER – Medical Examination Report, FBS – Fasting Blood Sugar, HbA1C – Glycosylated Haemoglobin Test, S Cholestrol – Serum Cholestrol, ECG – Electrocardiogram, SGPT – Serum Glutamic Pyruvate Transaminase, S Creatinine – Serum Creatinine, TMT – Treadmill Test, LFT with GGT – Liver Function Test, RFT – Renal Function Test, HBsAg – Hepatitis B Surface Antigen), URA- Urine Routine Analysis

- * - If the BMI of proposed insured is more than or equal to 33, proposal will be subject to medical underwriting. Underwriter might trigger the medical test post evaluation of medical condition of the proposed insured.
- Any additional tests to be triggered as per underwriter's discretion.
- No home visits for Lifeline Classic variant (both individual and family floater) proposals.
- Home visits for Lifeline Supreme & Elite variant. However, in case of Supreme variant, customer needs to pay the home visit charges. Home visit charges will be in the range of Rs. 200 to Rs. 400 per Home visit.
- Any waiver of medical tests to be approved by Lead – Underwriting and/or Chief Product Officer.

Cost of Pre Policy Medical Check-up (PPMC):

Levels	Proposal Accepted	Proposal Rejected
Classic	Royal Sundaram to bear 50% cost of PPMC	Customer to bear 100% cost of PPMC
Supreme	Royal Sundaram to bear 100% cost of medical examination	Royal Sundaram to bear 100% cost of PPMC

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Elite	Royal Sundaram to bear 100% cost of PPMC	Royal Sundaram to bear 100% cost of PPMC

Three potential options will be determined by Royal Sundaram's Underwriter.

- **Low to Medium Risk** - accept application with no condition exclusion(s)
- **Medium to High Risk** – accept application, but special conditions, loading and (or) exclusion(s) shall apply.
- **Very High Risk** – decline policy cover. Royal Sundaram may decline policy cover where potential risk cannot be quantified through the use of best knowledge and expertise. Royal Sundarm will consider past medical history, pathological conditions, acquired disease conditions, deformity or disability, terminal conditions, and/or a combination thereof to determine if a risk is uninsurable.

What to do next: If you wish to know more about Royal Sundaram's Lifeline Product and/or would like a personal quote, speak to our specially trained sales team or your local agent. They'll take time to fully understand your requirements and help you to select the right plan for you.

Web: www.royalsundaram.in

Disclaimer: This is only a summary of the product features and is for reference purpose only. The details of benefits available shall be as described in the policy document, and will be subject to the policy terms, conditions and exclusions. Please call our customer service if you require any further information or clarification.

Statutory Warning: Prohibition of rebates (under section 41 of Insurance Act 1938); no person shall allow or offer to allow either 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 life 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 prospectus or the tables of the insurer. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred rupees.

Annexures:

Annexure 1 – List of Generally excluded in Hospitalization Policy

Annexure X – Format to be filled up by the proposer for change in occupation of the Insured

Annexure 2 – Product Benefits Table

Annexure 3 – Rate Tables

Annexure 4- Indicative list of Day Care Procedures

Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

Royal Sundaram Alliance Insurance Company Limited

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097
Registered Office: No. 21, Patullos Road, Chennai - 600002
www.royalsundaram.in

Insurance is the subject matter of solicitation

Unique Identification Number:XXXXXXXXXXXXX

Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

Annexure I

List of Generally excluded in Hospitalization Policy		
SNO	**List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -**	**Suggestions**
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moissturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges (For Site Preparations)	Payable
24	Eau-De-Cologne / Room Freshners	Not Payable
25	Eye Pad	Not Payable
26	Eye Sheild	Not Payable
27	Email / Internet Charges	Not Payable

28	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures should be considered
Items Specifically Excluded In The Policies		

59	Weight Control Programs/ Supplies/ Services	Exclusion in policy unless otherwise specified
60	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in policy unless otherwise specified
61	Dental Treatment Expenses That Do Not Require Hospitalisation	Exclusion in policy unless otherwise specified
62	Hormone Replacement Therapy	Exclusion in policy unless otherwise specified
63	Home Visit Charges	Exclusion in policy unless otherwise specified
64	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in policy unless otherwise specified
65	Obesity (Including Morbid Obesity) Treatment If Excluded In Policy	Exclusion in policy unless otherwise specified
66	Psychiatric & Psychosomatic Disorders	Exclusion in policy unless otherwise specified
67	Corrective Surgery For Refractive Error	Exclusion in policy unless otherwise specified
68	Treatment Of Sexually Transmitted Diseases	Exclusion in policy unless otherwise specified
69	Donor Screening Charges	Exclusion in policy unless otherwise specified
70	Admission/Registration Charges	Exclusion in policy unless otherwise specified
71	Hospitalisation For Evaluation/ Diagnostic Purpose	Exclusion in policy unless otherwise specified
72	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	Not payable - Exclusion in policy unless otherwise specified
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /HIV/ AIDS Etc Is Detected/ Directly Or Indirectly	Not payable as per HIV/AIDS exclusion
74	Stem Cell Implantation/ Surgery And Storage	Not Payable except Bone Marrow Transplantation where covered by policy
Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is		
75	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately
76	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.

77	Microscope Cover	Payable under OT Charges, not payable separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not payable separately
79	Surgical Drill	Payable under OT Charges, not payable separately
80	Eye Kit	Payable under OT Charges, not payable separately
81	Eye Drape	Payable under OT Charges, not payable separately
82	X-Ray Film	Payable under Radiology Charge s, not as consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable
84	Boyles Apparatus Charges	Part of OT Charges, not seperately
85	Blood Grouping And Cross Matching Of Donors Samples	Part of Cost of Blood, not payable
86	Antiseptic Or Disinfectant Lotions	Not Payable -Part of Dressing Charges
87	Band Aids, Bandages, Sterlile Injections, Needles, Syringes	Not Payable -Part of Dressing Charges
88	Cotton	Not Payable -Part of Dressing Charges
89	Cotton Bandage	Not Payable -Part of Dressing Charges
90	Micropore/ Surgical Tape	Not Payable-Payable by the patien t when prescribed , otherwise included as Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	Torniquet	Not Payable (service is cha rged by hospitals,consumables can not be separate ly charged)
94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
95	Urine Container	Not Payable
Elements Of Room Charge		
96	Luxury Tax	Actual tax levied by government is payable .Part of room charge for sublimits
97	HVAC	Part of room charge not payable separately
98	House Keeping Charges	Part of room charge not payable separately

99	Service Charges Where Nursing Charge Also Charged	Part of room charge not payable separately
100	Television & Air Conditioner Charges	Payable under room charges not if separately levied
101	Surcharges	Part of room charge not payable separately
102	Attendant Charges	Not Payable - P art of Room Charges
103	IM/IV Injection Charges	Part of nursing charges, not payable
104	Clean Sheet ^	Part of Laundry/Housekeeping not payable separately
105	Extra Diet Of Patient(Other Than That Which Forms Part Of Bed Charge)	Patient Diet provided by hospital is payable
106	Blanket/Warmer Blanket Administrative Or Non-Medical Charges	Not Payable- part of room charges
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Convenyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related To Prescription On Discharge	To be claimed by patient under Post Hosp where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (Not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable

128	Medicine Box	Not Payable
129	Mortuary Charges	Payable upto 24 hrs, shifting charges not payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
External Durable Devices		
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	CPAP/ CAPD Equipments Device	Not Payable
135	Infusion Pump - Cost Device	Not Payable
136	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
137	Pulseoxymeter Charges Device	Not Payable
138	Spacer	Not Payable
139	Spirometre Device	Not Payable
140	Sp0 2prob E	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid by patient)
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
150	Lumbosacral Belt	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	Nimbus Bed Or Water Or Air Bed Charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadripiegia for any reason and at reasonable cost of approximately Rs 200/ day
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable

155	Abdominal Binder	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc.obstruction,
Items Payable If Supported By A Prescription		
156	Betadine \ Hydrogen Peroxide\Spirit\Disinfectants Etc	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	Private Nurses Charges- Special Nursing Charges	Post hospitalization nursing charges not Payable
158	Nutrition Planning Charges - Dietician Charges diet Charges	Patient Diet provided by hospital is payable
159	Sugar Free Tablets	Payable -Sugar free variants of admissable medicines are not excluded
160	Creams Powders Lotions (Toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Payable when prescribed
161	Digestion Gels	Payable when prescribed
162	ECG Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	Gloves Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV Kit	Payable - payable Preoperative screening
165	Listerine/ Antiseptic Mouthwash	Payable when prescribed
166	Lozenges	Payable when prescribed
167	Mouth Paint	Payable when prescribed
168	Nebulisation Kit	If used during hospitalization is payable reasonably
169	Novarapid	Payable when prescribed
170	Volini Gel/ Analgesic Gel	Payable when prescribed
171	Zytee Gel	Payable when prescribed
172	Vaccination Charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE		
173	Ahd	Not Payable - Part of Hospital's internal Cost

174	Alcohol Swabes	Not Payable - Part of Hospital's internal Cost
175	Scrub Solution/Sterillium	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	Vaccine Charges For Baby	Payable as per Plan
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's Fees	Not payable, except for telemedicine consultations where covered by policy
186	186 Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be payable in case of PIVI) requiring traction as this is generally not reused
189	Referal Doctor's Fees	Not Payable
190	Accu Check (Glucometery/ Strips)	Not payable pre-hospitilasation or post hospitalisation / Reports and Charts required / Device not payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolly Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable as per Plan
196	Tegaderm / Vasofix Safety	Payable - maximum o f 3 in 48 hrs an d then 1 in 24 hrs
197	Urine Bag P	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Essential for case like CABG etc. where it should be paid.

Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

Annexure X

Format to be filled up by the proposer for change in occupation of the Insured

Policy No	Name of the Insured	Date of birth/Age	Relationship with Proposer	City of residence	Previous Occupation or Nature of Work	New Occupation or Nature of Work

Place: _____ Proposer's Signature_____

Date: _____ Name:_____

(DD/MM/YYYY)