



Master Product (Ace Health Advantage)

PROSPECTUS

Master Product (Ace Health Advantage) - Quality Health Insurance

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. And 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 Master Product (Ace Health Advantage), a unique health insurance plan, providing optimum health coverage at an affordable price.

This Health Insurance Plan is offered for a period of one, two and three years. It offers coverage much larger than the ones offered by basic plans.

What are the key benefits of Master Product (Ace Health Advantage)?

- This policy is specially designed to offer complete protection to you and your family for
- **Hospitalisation Cover:** Any expenses incurred towards Inpatient Hospitalization for a period of more than 24 hours, for the illnesses / diseases contracted or injury sustained by the insured person during the period of Insurance.
 - a. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home.
 - b. Nursing Expenses incurred during In-Patient hospitalization. Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees.
 - c. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and Cost of Organs.
 - d. **Pre-hospitalization expenses** – We shall pay for expenses incurred 30 days prior to date of admission into the hospital.
 - e. **Post-hospitalization expenses** - We shall pay for expenses incurred 60 days after the date of discharge from the hospital.
 - f. **Day Care Treatment** – We shall pay for medical expenses for day care procedures requiring less than 24 hours of hospitalisation but not towards expenses incurred in the out patient department of any hospital.
 - g. Claim amount payable per person towards the treatment of following disease, illness, medical condition or injury during the period of insurance is subject to a limit of:

Treatment	Limit of claim
Cataract	10% of the Sum Insured subject to a maximum of Rs.50,000/-



Dialysis, Chemotherapy and Radiotherapy	10% of the Sum insured per month
Physiotherapy Charges	Rs.250/- per day

Hospitalization Expenses incurred beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance shall not be payable.

Ambulance Charges - A specified amount as per plan chosen is reimbursed, on producing the bills in original, towards Emergency ambulance charges for transporting the patient to the hospital.

Maternity Benefit (Not applicable for Silver Plan): 10% of the Sum Insured subject to maximum of Rs. 50,000/- irrespective of number of policies. This benefit shall be applicable only in respect of delivery of first two living children. This benefit shall be subject to a waiting period 2 years.

1. Additional Benefit (These benefit can be availed on payment of additional premium)

Contact lens, Spectacles and hearing aids: The Insured is eligible for Cost of contact lens, spectacles and hearing aids on completion of four consecutive years subject to a maximum of Rs.20000/- subject to terms and conditions of the policy.

Provided that the above are prescribed by a Medical Practitioner and does not include anything of cosmetic in nature.

- The benefit under this section is subject to a co payment of 25% of the expenses incurred by the insured person.
- Under a Family Floater cover, the limits are per policy.
- The prescription of the medical practitioner and the bills/receipts/invoices are necessary for making a claim.
- This benefit is payable once in 4 years only.

Critical Illness: Lump sum amount as mentioned in the schedule if the Insured Person is Diagnosed to be suffering from any of the defined Critical illness, the signs or symptoms of which is experienced by the Insured Person more than one hundred and eighty (180) days following the commencement Date. Further the Insured Person should survive more than thirty (30) days from the date of Diagnosis of Critical Illness. All of the following conditions must be satisfied:

- The Insured Person experiences a Critical Illness specifically listed and defined in this benefit ; and.
- The Critical Illness experienced by the Insured is the first incidence of that Critical Illness; and.
- The signs or symptoms of the Critical Illness experienced by the Insured Person commenced more than one hundred and eighty (180) days following the Commencement Date; and.
- The Insured Person should survive more than thirty (30) days from the date of Diagnosis of Critical Illness.

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her.

Definition of Diagnosis: Diagnosis means the identification of a disease/illness/medical condition made by a Specialist Physician, based upon such specific evidence, as required, in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological, laboratory evidence or any other medical tests following medical advancement, acceptable to the Company.

Important Note:

This benefit shall become null and void in respect of the Insured Persons, where a claim has already been admitted under any of Our Critical Illness (Lumpsum) Policy.



Cancer of Specified Severity
Stroke resulting in permanent symptoms
Major organ /bone marrow transplant
Multiple sclerosis – with persisting symptoms
Open chest CABG
Major Burns – 20%
Open Heart Replacement or Repair of Heart Valves
Kidney Failure requiring regular dialysis
First Heart Attack – of specified severity

Dental Care: The Insured is eligible for a maximum of Rs. 15,000/- , on completion of two consecutive years under this policy with us towards Fillings and Crowns, Emergency Tooth Replacement, Non-cosmetic Oral Surgeries and Dental x-rays. Provided that the above are prescribed by a Medical Practitioner and does not include anything of cosmetic in nature.

- i) The benefit under this section is subject to a co payment of 25% of the expenses incurred by the insured person.
- ii) Under a Family Floater cover, the limits are per policy.
- iii) The prescription of the medical practitioner and the bills/receipts/invoices are necessary for making a claim.
- iv) This benefit is payable once in 2 years only.

Convalescence / Recovery Benefits: A lump sum of Rs.15,000/- is payable, if the period of hospitalization exceeds 15 days and only if a valid claim for hospitalization is admitted under this policy.

Hospital Cash: For each completed 24 hours of hospitalization the daily benefit of Rs.2000/- for a maximum of 30 days. This benefit follows admitted liability under hospitalization cash benefit.

Accidental Death and dismemberment Benefit: Amount as specified in schedule of policy is payable towards death and covered disablement due to accident. This is a worldwide cover.

Who is providing coverage under Master Product (Ace Health Advantage)?

Your Coverage under Master Product (Ace Health Advantage) is offered by Royal Sundaram General Insurance Company Limited (first private non-life Insurance Company licensed to operate in India).

What additional benefits do I get?

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

- **Cashless Hospitalisation:** Master Product (Ace Health Advantage) also provides the benefit of a cashless cover for more than 4000 network hospitals.
- **Floater Cover:** A Floater Sum Insured is offered to Self, Spouse and dependent children indicating that either one / all together are eligible to Claim upto the Sum Insured.
- **Individual Cover:** Cover is also available on individual basis.
- **No Claim discount:** The renewal premium shall be reduced by 5% if there is no claim under the expiring policy
- **Indexation:** The Sum Insured under this Policy increased by slabs of 10% of the Sum Insured under Silver, Gold and Platinum Plans and 20% of the Sum Insured under Super



Platinum Plan subject to a maximum accumulation of 5 slabs. Sum Insured for the purpose of calculation of indexation shall be the original Sum Insured i.e Sum Insured of the first policy with us or the revised sum insured whichever is lower. The indexation benefit shall not be applicable for any claim relating to pre existing diseases. The Indexation benefit shall be applicable only on the main benefit 1 'Hospitalisation Benefit.'

- **Health Checkup** - A maximum amount of Rs.2500/- (Plan - Silver and Gold) Rs. 3,500/- (Platinum Plan) and Rs.5000/- (Super Platinum Plan) is reimbursed after each 2 consecutive claim free years. In respect of a floater policy, if a claim is admitted / settled under the policy, no insured member shall be eligible for the above benefit.
- **Tax Benefit:** Premium eligible for tax benefits under Section 80D of the Income Tax Act, up to Rs.35, 000/- per year (applicable only in respect of premium paid towards health insurance).

What are the medical examinations to be done before taking Master Product (Ace Health Advantage)?

Medical Examination: Medical examination is required as per the table given below and the reports should not be more than 30 days from the date of proposal.

The same must be obtained from any of the hospitals / diagnostic centres in the list maintained by the Company

Sum Insured	Upto Rs.500,000	Above 6,00,000
Age	>60 Years	>45 Years

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

- a. The following medical reports are required for Sum Insured less than or equal to Rs.500,000/-
 - Blood Sugar Report – Fasting / PP
 - Routine Urine analysis report
 - ECG print out with report

These reports should be dated not prior to 30 days from the date of application. For policy periods of up to 1 year & more than 1 year , we shall bear 50% & 100% respectively of the cost of medical examination in the event of risk being accepted

- b. The following medical reports are required for Sum Insured above Rs.500,000/-
 - In addition to the above, mandatory MER, FBS, (HBA1C), Lipid Profile, Hb, S.Creatinine, Liver Function Tests,.

These reports should be dated not prior to 30 days from the date of application. For policy periods of up to 1 year & more than 1 year , we shall bear 50% & 100% respectively of the cost of medical examination in the event of risk being accepted

What is the coverage amount under Master Product (Ace Health Advantage)?

You and your family would be covered under the following Sum Insured.



	Amount in Rs.			
Plan and Coverage	Silver	Gold	Platinum	Super Platinum
Sum Insured (in lakhs)	2 - 5	3 - 5	6- 10	11 - 20
Waiting Period for Pre-existing Disease	3 yrs	2 yrs	2 yrs	2 yrs
Pre/Post Hospitalisation	30 days / 60 days			
Ambulance charges	2500	2500	3500	5000
Master Health check up	2500	2500	3500	5000
Indexation (Automatic increase of Sum Insured despite claim)	10%	10%	10%	20%
Maternity Benefit (2 year waiting period)	NA	50000	50000	50000

Optional Riders	Amount in Rs.
Dental Care	Rs.15000/-
Cost of spectacles/contact lens/hearing aid - once in every 4 completed years	Rs.20000/-
Personal Accident (Death & Permanent Total disablement)	Upto 200% of sum Insured under Health Cover
Critical Illness Lumpsum	Upto 100% of sum Insured under Health Cover
Convalescence / Recovery Benefit	Rs.15000/-
Hospital Cash (per day)	Rs.2000/-

Who is eligible for the coverage?

You must satisfy the following conditions:

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

This policy is renewable life long

What do I need to pay?



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

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

The premiums are for a healthy life and are inclusive of applicable service tax/education cess as per the prevailing rates.

How do I pay my Premium?

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

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

How do I Enroll?

Quick and easy enrolment process. Medical examination is required for persons above 45 years depending on the plan and term chosen. All you need to do is to complete the enrolment cum health declaration form. Kindly ensure all details are captured accurately and completely filled in before signing.

When does the coverage start?

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

How can my coverage end?

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

Event	Parameter
End of coverage term	After 1, 2 or 3 years of policy inception
If you cancel the coverage	Premium would be refunded as per the grid short period scales

What document will I get as a proof of Insurance?

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

What is the claim process?

Claims Procedure

Provided that the due observance and fulfillment of the terms and conditions of this Policy conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they



relate to anything to be done or not to be done by the Insured and / or Insured person, be a condition precedent to any liability of the Company under this Policy.

The Claims Procedure is as follows:

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

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

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

• **Mandatory documents**

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

• **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.
- In the event if the Insured having multiple insurance policies and prefers to lodge a partial claim with the Company, the Company shall accept photo copies of the documents duly certified by the first insurance company.
 - Insured /Insured Person must give Us at his expense, all related information We ask for about the claim.
 - Insured must help Us to take legal action against anyone if required.
 - If required, the Insured/Insured Person must give consent to obtain Medical opinion from any 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.
 - If required, insured should procure from the hospital or cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.
 - Insurers have the right to reject the claim if the documents are inadequate and if the requirements for additional documents by the Insurer are not complied with in reasonable time of not more than 45 days from the time of making such request.

Critical Illness Claims Procedure

The Claims Procedure is as follows:

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

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

1. Certificate from the attending Doctor of the Insured Person confirming, inter alia,
 - a. name of the Insured person;
 - b. name, date of occurrence and medical details of the Insured Event.
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
2. Duly completed and signed claim form.
3. Case history/Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
4. Test reports and prescriptions relating to First/Previous consultations for the same or related illness.
5. Death summary in case of death of the insured person at the hospital.
6. FIR/MLC in the case of burns and English translation of the same, if in any other language.
7. 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.

Hospital Cash claims procedure

The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.

- a) Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b) Photocopy of FIR. copy in case of an accident.
- c) Complete set of Hospital/medical records if specifically sought by Us.



- d) If required, the Insured/Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
- e) If required, the Insured/Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

Personal Accident Claims Procedure

Preliminary Notice: Upon the happening of any event, which may give rise to a claim under the policy, a preliminary notice with all particulars shall be given to the Company, Immediately, in any case, not later than 30 days after the occurrence of the event.

Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of death.

Claim Documentation

Death Claim

Submit the duly filled in claim form with the following documents:

- Original Death Certificate.
- Post Mortem Report.
- Inquest report.
- Accident report.
- FIR/MLC copy.
- Hospital records.
- News Paper cuttings if any and any other relevant records.
- Chemical Analysis Report if available.
- English Translation of vernacular documents.
- Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy or if the nominee is not alive at the time of claim.
- Any other document as may be required by the Company.

Disablement Claim

Submit the duly filled in Claim form with the following documents

- Disability Certificate issued by attending physician.
- Accident report.
- FIR/MLC copy.
- Hospital Records.
- News Paper cuttings if any and any other relevant records.
- English Translation of vernacular documents.
- Latest IT return to show Proof of annual income (at the option of the Company).
- Any other document as may be required by the Company.

The claim documents should be sent to:

Health Claims Department

M/s.Royal Sundaram General Insurance Co. Limited.,
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corporate office: Vishranthi Melaram Towers,
No. 2 / 319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097.

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

Can I renew my policy after the stipulated period?

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

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



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

What are the benefits of renewing the policy next year?

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

What are the exclusions?

Below is the list of exclusions

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

1. Pre-existing Disease

All ailments/diseases/conditions which are pre-existing when the cover incepts for the first time. These ailments/diseases/conditions shall however be covered after 3 years of continuous insurance from the Commencement Date of the cover with Us under this policy.

Under Silver Plan and 2 years of continuous insurance from the Commencement Date of the cover with Us under this policy. Under Gold, Platinum and Super Platinum Plans This exclusion will also apply to any complications arising from pre-existing ailments/ diseases/conditions.

Such complications will be considered to be part of the pre-existing health condition or disease. For example, if a person is suffering from diabetes or hypertension or both, then the policy would be subject to the following exclusions

Diabetes

Diabetic Retinopathy
Diabetic Nephropathy
Diabetic Foot / wound
Diabetic Angiopathy
Diabetic Neuropathy

Hypertension

Coronary Artery Disease
Cerebro Vascular Accident
Hypertensive Nephropathy
Internal Bleeding/Haemorrhages
Hyper / Hypoglycaemic shocks

2. 30 days waiting period

Any claim during the first 30 days from the Commencement Date of the First Policy with us shall not be payable.

3. First Year Exclusions: During the first year of the policy any expenses incurred towards the following disease/surgical procedures are not covered:

1. Congenital Internal Anomaly,
2. Any type of Migraine/Vascular head ache,
3. Stones in the Urinary and Biliary systems,
4. Surgery on Tonsils/Adenoids,
5. Gastric and Duodenal Ulcer,
6. Any type of Cyst/Nodules/Polyps/Benign Tumours/Breast Lumps.

4. Two Year Exclusions: During the first two years of the policy any expenses incurred towards the following disease/surgical procedures are not covered:

1. Spondylosis/Spondilitis.
2. Any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders.



3. Cataract,
4. Benign Prostatic Hypertrophy,
5. Hysterectomy, Salphingo – Oophorectomy.
6. Fistula,
7. Fissure in Anus,
8. Piles,
9. Hernia,
10. Hydrocele,
11. Sinusitis and Deviated Nasal Septum.
12. Heart ailments.
13. Chronic Renal Failure or end stage Renal Failure.
14. Any type of cancer including but not limited to Carcinoma /Sarcoma, Blood Cancer,
15. Diabetes and its related complications both direct and indirect,
16. Hypertension and its related complications both direct and indirect,
17. Organ Transplant.
18. Retinal detachment surgery with or without vitrectomy.

5. During first three years of the policy under Silver Plan and during first two years of the policy under Gold, Platinum and Super Platinum Plan any expenses incurred towards the following disease/surgical procedures are not covered:

1. Osteoarthritis of any joint.
2. Treatment of Joint replacement Surgery by any cause other than accident.
3. Chronic Obstructive Pulmonary Disease (C.O.P.D).
4. Operations for age related macular degeneration (ARMD) or chroidial neo vascular membrane (CNVM).

Exclusion 2, 3, 4 and 5 will not be applicable if caused directly due to an accident during period of insurance.

However if the above mentioned diseases under exclusion 2, 3, 4 and 5 are Pre Existing as defined, at the time of proposal then they will be considered as falling under Exclusion 1.

(ii) General Exclusion

In addition to the foregoing, the following shall not be covered under the policy unless specified otherwise in the schedule of the policy.

1. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
2. Implantable electronic devices (such as replacement batteries or replacement devices).
3. Cost of cochlear implant(s).
4. External Durable Devices.
 - a. Walking Aids Charges.
 - b. Bipap Machine.
 - c. Commode.
 - d. CPAP/CPAD Equipments.
 - e. Infusion Pump.
 - f. Oxygen Cylinder (for Usage outside the hospital).
 - g. Pulseoxymeter Charges.
 - h. Spacer.
 - i. Spirometre.
 - j. Spo2 Probe.
 - k. Nebulizer Kit.
 - l. Steam Inhaler.
 - m. Armsling.
 - n. Thermometer.
 - o. Cervical Collar.
 - p. Splint.



- q. Diabetic Foot Wear.
- r. Knee Braces (Long/Short/Hinged).
- s. Knee Immobilizer/Shoulder Immobilizer.
- t. Lumbo Sacral Belt (except in respect of surgery of lumbar spine).
- u. Nimbus Bed or Water or Air Bed Charges (except in respect any ICU hospitalization requiring a stay of more than 3 days or the insured suffering from Paraplegia quadriplegia).
- v. Ambulance Collar.
- w. Ambulance Equipment.
- x. Microshield.
- y. Oxygen Convertor/nebulizers for Asthmatic condition.
- z. Belts, braces and stockings.
- aa. Glucometer and Gluco strips.
- bb. Thermometer and similar related devices.

5. Prosthesis, corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intraoperatively or for the illness for which the Insured required Hospitalisation.

6. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.

7. 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.

8. 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.

9. Admission for diagnostic studies alone.

10. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.

11. Claims directly or indirectly caused by or arising from or attributable to:

- a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
- b. Biological, nuclear or chemical 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 or.
- e. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

12. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization.

13. Sex change or treatment, which results from, or is in any way related to, sex change.

14. Hormone replacement therapy, (including hormone replacement treatment following any disease/surgery) Cytotron Therapy, Oxymer Therapy, Arterial Clearance Therapy and similar such therapies.



15. Treatment of obesity (including morbid obesity) and any other weight control programs, services, surgeries or supplies.
16. The treatment of psychiatric and psychosomatic disorders, mental or insanity related diseases.
17. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error and any complication arising from these treatments, whether or not for psychological reasons, unless medically required as part of treatment of cancer, accidents and burns.
18. Expenses incurred towards treatment of illness/disease/injury/ condition arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not).
19. Diseases due to tobacco abuse such as Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease (Thromboangitis Obliterans.) All types of pre malignant conditions/cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers only due to tobacco abuse only.
20. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
21. Any stay in Hospital not warranting inpatient treatment.
22. Any treatment received outside India.
23. Any Ayurvedic, Homeopathic, Naturopathy or any other system of medication except Allopathy (Modern Medicine).
24. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
25. Any fertility, infertility or sub-fertility or assisted conception treatments (including but not limited to Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation) any treatment related to sterilization.
26. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, flying an aircraft other wise than as a passenger on a regular air carrier , parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.
27. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.
28. Cost of allopathic treatment if administered and/or recommended by non allopathic medical practitioner.
29. Treatment taken from persons not registered as Medical Practitioners under respective medical councils or acting outside the scope of licence or registration granted to him by any medical council.



30. Charges for Nurses/Attendants, etc. incurred during Prehospitalisation period and/or Post-hospitalisation period.
31. Treatment by a family member or self-medication or any treatment that is not scientifically recognized.
32. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor.
33. Any travel or transportation expenses excluding ambulance charges.
34. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
35. Genetic disorders and stem cell implantation/surgery/storage.
36. All non-medical expenses of any kind whatsoever, Personal comfort and convenience items or services, such as television, telephone, barber or beauty service, guest service and similar incidental services and supplies, if charged separately and does not form part of the room rent.
37. Treatment arising from or traceable to pregnancy/childbirth including voluntary termination of pregnancy. This exclusion shall however not apply in case of ectopic pregnancy.
38. The cost of spectacles, contact lenses and hearing aids.
39. Dental treatment or dental surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury.
40. Outpatient treatment charges.
41. Domiciliary Hospitalization.
42. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.
43. Treatment taken in Excluded hospitals, as per Annexure III.
44. Excluded expenses as per Annexure I.

Exclusions for Critical Illness

- a) Pre Existing Disease.
 - b) Any heart, kidney and circulatory disorders in respect of Insured Persons caused by Hypertension/Diabetes.
2. 180 Days Waiting Period: Any Critical Illness of which, the signs or symptoms first occurred within One Hundred and Eighty (180) days from the Commencement Date.
 3. Venereal disease, intentional self-injury, drug overdose or attempted suicide.
 4. Claims directly or indirectly caused by or arising from or attributable to:
 - a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
 - b. Biological, nuclear or chemical 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 or.
 - e. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.



5. 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.
6. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
7. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and boxing, caving, horse racing, jet skiing, martial arts, off piste skiing, scuba diving, any flying activity (other than as a passenger in a commercially licenced aircraft) and activities of similar hazard.
8. Any Illness, sickness or disease, other than specified as Critical Illness.
9. Congenital anomalies or any complications or conditions arising there from.
10. Directly or indirectly contributed or aggravated or prolonged by childbirth or from pregnancy.
11. Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or other non-traditional health care provider.
12. Critical Illness when the Insured Person dies within 30 days from the date of the Diagnosis.
13. Any expenses towards test, visits, fees etc. relating to the Diagnosis.
14. Any illness/disease/injury/condition arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) and tobacco (in any form).
15. Any condition, illness, sickness or disease arising out of self medication or any treatment that is not scientifically recognized.
16. Any condition, illness, sickness or disease due to involvement in any activities resulting in any breach of law with criminal intent.
17. Any condition, illness, sickness or disease arising out of any experimental or unproven treatment, diagnostic tests and treatment not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury.
18. Unreasonable failure to seek or follow medical advice.

Exclusions for Hospital Cash

The Company shall not be liable for any claim in connection with

- 1.1 Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.
- 1.2 Any heart, kidney and circulatory disorders in respect of Insured Persons caused by Hypertension/Diabetes.
- 1.3 All exclusions flowing from base policy (except Pre Existing Disease).

Exclusions for Personal Accident Benefit:



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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

2. Payment of compensation in respect of death, injury or disablement of the Insured Person.

(a) from intentional self injury, suicide or attempted suicide.

(b) whilst under the influence of intoxicating liquor or drugs.

(c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. ("Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine).

(d) directly or indirectly caused by venereal diseases, AIDS or insanity.

(e) arising or resulting from the Insured/Insured Persons committing any breach of law with criminal intent.

(f) as a result of, or which is contributed to by, the Insured person suffering from any pre-existing condition or pre-existing physical or mental defect or infirmity.

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

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

4. Payment of Compensation in respect of Death of or bodily Injury or disablement or any disease or illness to the Insured person

- directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.

- directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

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

6. Payment of compensation in the event of a rail accident except if the accident is directly caused/occurring while

- Boarding/travelling/alighting from a train.

- Within the railway area to which a public has got right of access.

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

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing) Jockey, Marine salvager, Miner and other occupations underground, Off-



shore oil or gas rig worker, Policeman (Full time), Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffold Worker, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller, Ship crew.

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

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

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) microorganism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

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

Portability

This policy is portable. If proposer desires to port to this policy, application in the appropriate form should be made before 45 days from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Indemnity Health Insurance Policy and to the extent of the coverage as it regards the Sum Insured, provided the Policy has been continuously renewed without any break in the policy. Portability rights do not apply to Maternity Benefits. If insured desires to port this policy with other insurers, he shall approach them well before the renewal date (at least 45 days prior to renewal date) to avoid break in the policy coverage due to possible acceptance delays.

For Portable policies, Portability benefit will be offered to the extent of - sum of previous sum insured and accrued cumulative bonus, if available. The portability rights apply only to Hospital Benefit.

Change in sum insured

Any change in the Sum Insured can be opted only at the time of renewal, subject to no claim under the expiring policy and the increase is restricted to 100% of the current Sum Insured and is at the discretion of company. When the Company is admitting liability for disease / illnesses / medical condition / injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person in the policy during the first occurrence of such disease/illness/medical condition/burns or the available Sum Insured under the current Policy, whichever is less.

When the Company is admitting liability for pre existing disease the least sum insured opted in all years of insurance will be considered.



Free Look in:

At the inception of the policy you will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If you have not made any claim during the free look period, you will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

- a. A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;
- b. where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;
- c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- d. In case of payment of premium by Installments there will not be any refund of premium if the insured cancels the policy.

Policy Withdrawal:

The product/plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer at the address recorded/ updated in the policy. When the policy is withdrawn, the product/plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

Renewal

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. Policy must be renewed within the Grace Period of thirty days of expiry to maintain the continuity of Coverage. However no coverage shall be available during the period of such break.

A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at the discretion of Us. Any condition/diseases contracted during the break-in period shall not be covered and shall be treated as Pre-existing condition and waiting period for such disease will commence afresh.

In the event of mis-description, fraud, non co-operation by the insured or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal. At renewal, the coverage, terms & conditions and premium may change, in which case a 3 months notice shall be sent to the Proposer at his last known address as recorded in the policy.

Any change in premium on account of change of age will not require any prior notice. The renewal premium shall be subject to changes (as approved by IRDA) if any, as specified in the prospectus.

Cancellation

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the insured, by giving fourteen (14) days notice in writing by courier/registered post/acknowledgement due post to the Insured at address recorded/updated in the policy. In the event of such cancellation on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy.

In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.



The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period. This Policy has been in force at the Company's short period scale as mentioned below provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured subject to a minimum premium retention of Rs.250 plus applicable service taxes.

Short period scales - Annual Policies

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of Premium
Up to 3 months	50% of Premium
Up to 6 months	75% of Premium
Exceeding 6 months	Full annual Premium

For Multi year policies refund of premium shall be calculated as follows;

- Total premium shall be divided by the policy tenure to arrive annual premium.
- Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.
- Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.
- For the remaining unexpired period the entire premium shall be refunded.

Disclaimer:

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

Prohibition of rebates:

Section 41 of the Insurance Act 1938

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

For any Complaint / Grievance / Refund / Cancellation / Claim, please contact:

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corporate office: Vishranthi Melaram Towers,
No. 2 / 319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097.
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