



Royal Sundaram
General Insurance



Leaves Nothing To Chance

Multiplier Health Insurance Plan



Multiplier

Health Insurance Plan

LEAVES NOTHING TO CHANCE

FIRST TIME

- Covers Pre-Existing Disease in 2nd and 3rd year of the policy.
- ABCD Coverage from 31st day.
- App-based Cabs in Ambulance Cover (Ola/Uber).

IN INDIA

Key Benefits



Multiplies your benefits and also your Sum Insured.



Multiplies 11X and 4X during the life time of the policy.



Health and Wellness App, Video Consultations, Virtual Health Coach.



Health coverage equivalent to zero depreciation cover under Motor Insurance.

Your search for high quality health insurance stops here

Your health is your biggest asset. Conventional health policies offer only limited sum insured. But foreseeing the emergency health conditions is almost impossible as these conditions comes without a forewarning most of the times. These situation of crisis at times demand a very high health insurance cover and more than what you are prepared for.

Presenting **'Multiplier Health Insurance Plan'** from Royal Sundaram General Insurance Co. Limited, a first of its kind health insurance plan with a cover up to 4 times of your sum insured and no claim bonus in emergency health conditions and few other outstanding benefits which ensures that you are always worry free and prepared for any untoward circumstances.

4X Multiplier Benefit

In Life Threatening Conditions, an additional amount equivalent to 4 (Four) times of Sum Insured and No Claim Bonus will be available to the Insured Persons for all claims admissible during the Policy Year, subject to the following conditions:

- This Benefit will be available only 4 (Four) times in the Lifetime of Policy/Person across all insured members.
- This Benefit shall be available only after exhaustion of Base Sum Insured and No Claim Bonus.
- Any unutilized amount of 4X Multiplier Benefit, in whole or in part, will not be carried forward to the subsequent Policy Year.
- However, in case of a continuous Hospitalization from current policy year to next policy year, the multiplier Sum Insured will be applicable for the entire continued duration of hospitalization.



Power of 11X Sum Insured

One of the most unique feature of this product is that at the end of 5 years, subject to no claim being reported, available Sum Insured will be 11 times of base Sum Insured:

Amount in ₹

| Sum Insured | No. of times base sum | How much will I get in Multiplier |
|-------------|-----------------------|-----------------------------------|
| 5 Lakhs | 11X | 55 Lakhs |
| 7.5 Lakhs | | 82.5 Lakhs |
| 10 Lakhs | | 110 Lakhs |
| 15 Lakhs | | 165 Lakhs |
| 20 Lakhs | | 220 Lakhs |
| 25 Lakhs | | 275 Lakhs |

Example: If customer takes ₹25 Lakhs base Sum Insured in the year 2022, his/her No Claim Bonus (NCB) will be another ₹25 Lakhs (if no claim is made in the next 5 years) and Flexi Reload of ₹25 Lakhs. Therefore in case of a Life Threatening Conditions Multiplier delivers Sum Insured of ₹2.75 Crore which is 11 times of base Sum Insured as product has several layers of protection.



Multiplier Health Insurance Plan

Product Benefits

| Product Feature | Scope of Benefits |
|---|---|
| Sum Insured | ₹5 Lakhs, ₹7.5 Lakhs, ₹10 Lakhs, ₹15 Lakhs, ₹20 Lakhs, ₹25 Lakhs |
| Inpatient Care | Covered up to Sum Insured |
| Room Rent | No Room Rent Capping |
| Modern Treatments | Covered up to Sum Insured |
| Pre and Post Hospitalization Expenses | 60/90 days, Covered upto Sum Insured |
| Day Care Treatments | Covered up to Sum Insured (All Day Care Treatments), Pre and Post-hospitalization Medical Expenses are payable up to 30 days under DayCare Procedures. |
| Organ Donor Expenses | Covered up to Sum Insured |
| Domiciliary Hospitalization | Covered upto Sum Insured, Pre and Post-hospitalization Medical Expenses are payable up to 60 days and 90 days respectively under Domiciliary Hospitalization |
| AYUSH Treatment | Covered up to Sum Insured |
| Ambulance Cover including App-based Cab cover [†] | Covered up to ₹5000 per hospitalization |
| Vaccination in case of Animal Bite ^{**} | Covered upto ₹5,000 |
| Emergency Domestic Evacuation | Covered upto ₹100,000 per Insured Person per Policy year |
| Preventive Healthcare, Wellness and Disease Management ^{***} | Disease Management, Preventive Healthcare & Wellness Benefit to offer various health related articles via email, videos on specific health topics etc. |
| Second medical opinion for 22 specified critical Illnesses [^] | Available once during policy year for 22 specified critical illnesses |
| 4X Multiplier Benefit ⁵⁵ | <ol style="list-style-type: none"> In case of Life Threatening condition, Insured Person can utilise 4 times of base sum insured and No Claim Bonus This benefit will be available only after exhaustion of Base Sum Insured and No Claim Bonus. Once this benefit is triggered, any unutilised portion of the 4X Multiplier Benefit can be utilised by a different insured person in case of Life Threatening condition in the same Policy year. This benefit can be availed for a maximum of 4 times in the lifetime of a Policy. |
| Flexi Reload Benefit | <ol style="list-style-type: none"> Available upto 100% of Base Sum Insured. This benefit is available even for same illness for same Insured Person in the same Policy year. This benefit will be available after exhaustion of Base Sum Insured and NCB. Flexi-Reload will not be available for 1st claim in the Policy year. |



Continued

UIN: RSAHLIP23030V012223



Product Benefits

| Product Feature | Scope of Benefits |
|---|---|
| Pre- Existing Disease (PED) Coverage ⁵⁵⁵ | <ol style="list-style-type: none"> In 2nd year & 3rd year PED will be covered with 50% Co-payment up to maximum ₹2 lakhs in a Policy year. This benefit is available for Inpatient only. This benefit will not be applicable during 1st year. This benefit is not available for 16 specified illnesses which has a waiting period of 24 months. |
| No Claim Bonus | 20% of Base Sum Insured each year of no claim up to a maximum of 100%. No reduction in case of claim |
| Health & Wellness Plus ^{**} | <ol style="list-style-type: none"> Access to Health and wellness app, syncing facility with fitness bands (wearables), reward points, Teleconsultations, Virtual Health Coach, discounts on diagnostic centres, discounts on mobility devices, discounts on medical devices, discounts on OPD consultations with specified network. This benefit is complimentary if you opt for ABCD Benefit. |
| ABCD Benefit | Asthma, High BP, High Cholesterol & Diabetes (declared & accepted) coverage from 31 st day onwards during the PED waiting period. This benefit is available only for in-patient. |
| Hospital Plus | <ol style="list-style-type: none"> Consumables and Mobility Devices Cover up to maximum of ₹50,000/- per hospitalisation if this benefit is opted. Expenses incurred by Insured Person towards mobility devices including but not limited to walkers, manual wheelchair, crutches, splints, external prosthetics, slings, plasters, adult diapers/sanitary pads which has been advised as a part of treatment to deal with the disability induced by an accident. Cost of consumables as specified which are consumed during the period of hospitalization related to the insured person's illness/disease/injury. |
| Voluntary Co-payment [†] | Co-payment Options - 5%, 10%, 15%, 20% |
| Instalment payment options | Monthly, Quarterly, Half Yearly, Annual |
| Initial Waiting Period | 30 days |
| Pre Existing Waiting Period | 36 months |
| Specific Waiting Period [†] | 24 months waiting period for specified conditions |

Continued

UIN: RSAHLIP23030V012223

Notes:

| | |
|---------------|---|
| Entry Age | For Adults: 18 years to 65 years (Lifetime renewability), For Children: Dependent Children 91 days to 25 years |
| Policy Period | 1/2/3 years |

| | | |
|--|---|---|
| 1- 24 months waiting period for the following illnesses- | vi) Gastric and Duodenal Ulcers | xi) Benign Prostatic Hypertrophy |
| i) Cataract | vii) Surgery on tonsils / adenoids | xii) Knee/Hip Joint replacement |
| ii) Stones in biliary and urinary systems | viii) Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse | xiii) Dilatation and Curettage |
| iii) Hernia / Hydrocele | ix) Fissure / Fistula / Haemorrhoid | xiv) Varicose veins |
| iv) Hysterectomy for any benign disorder | x) Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media | xv) Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis |
| v) Lumps / cysts / nodules / polyps / internal tumours | | xvi) Chronic Renal Failure or end stage Renal Failure or Chronic liver failure |

#To and fro hospital Cab Fare on producing the app-based Cab Bill up to the limit specified. Not applicable for day care procedures

##Vaccination for Animal Bite (Post Bite Treatment) - OPD Benefit upto defined limit as part of overall limit

###Preventive Healthcare & Wellness Benefit to offer various health related articles to be sent to you on your email ids and Disease Management etc

^2nd Opinion for following critical illnesses are covered - 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 12. Angioplasty 13. Benign brain Tumor 14. Blindness 15. Deafness 16. End stage lung Failure 17. End stage liver failure 18. Loss of speech 19. Loss of limbs 20. Major head trauma 21. Primary (idiopathic) pulmonary hypertension 22. Third degree burns

\$\$This benefit can be used four times in the policy lifetime across family members. This benefit can-not be carried forward next year. However, in case of a continuous hospitalisation from current policy year to next policy year, the multiplier benefit SI can be used next year also.

Life Threatening Condition means any acute or chronic medical condition which if left untreated or improperly treated, under a qualified doctor can lead to immediate threat to human life. The condition which needs medical intervention in the form of near term hospitalisation in the current Policy Period for diagnostic screening followed by medical treatment, surgical treatment or any other advanced medical treatments.

- Life Threatening Condition can be considered at the time of pre-authorisation stage prior to planned hospitalisation or during hospitalisation should be certified by the treating physician in the hospital and should be clearly mentioned in hospital admission summary or case summary.
- Life Threatening Condition may involve manifestation of adverse variance of few vital parameters such as severe difficulty in breathing, severe dehydration, imbalanced ammonia levels in the body, impaired pulse rate, heart stroke, low platelets levels, internal bleeding, profuse external bleeding, very high bilirubin levels, presence of pre-cancerous lesions, manifestation of tumour etc.

\$\$\$Baseline cover has 36 months PED waiting period.

** Health & Wellness Plus optional cover will be in-built(mandatory) if you have opted for ABCD Benefit. In case Customer is suffering from any of the ABCD (Asthma, High BP, High Cholesterol & Diabetes (declared & accepted)) conditions at the time of inception of policy.

| Discount on Multiyear policy | |
|--------------------------------|--------------------------------|
| 6% discount for 2 years policy | 9% discount for 3 years policy |

| Zone | Locations |
|--------|--|
| Zone 1 | Delhi (NCR), Mumbai including Suburbs, Chennai, Bengaluru, Hyderabad, Kolkata, Pune, Gujarat |
| Zone 2 | Rest of India |

Zone 2 is priced at 20% discount against Zone 1

If voluntary co-payment optional cover is opted - each and every claim under the Policy shall be subject to a Co-payment (as per percentage opted by you) applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

Flexi Reload Benefit

If the Base Sum Insured and No Claim Bonus (if any) is insufficient as a result of previous claims in that policy year, we will reload your sum insured, once in a policy year, up to 100% of base Sum Insured, from the 2nd claim in the policy year. Flexi Reload once triggered can be used for the same illness to same insured in a policy year.

Pre-Existing Disease Coverage

During the Pre-Existing Diseases waiting period, for 2nd and 3rd year, we will cover the expenses for treatment of Pre-Existing Diseases declared by the insured person with 50% Co-payment and up to a maximum of sub-limit specified in the Product Benefit Table.

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ABCD Benefit - Optional Cover

If Insured person has declared Asthma, High Blood Pressure, High Cholesterol (Hyperlipidemia) or Diabetes as Pre-existing Condition, ABCD Benefit will be mandatory. We will provide coverage for hospitalization related to the Asthma, High Blood Pressure, High Cholesterol (Hyperlipidemia) or Diabetes during Pre-Existing Disease waiting period from 31st day onwards. This benefit is available for In-patient only.

Important Terms and Conditions for this Benefit:

1. This Benefit is available only for insured members who are 18 years and above.
2. Health and Wellness Plus benefit will be complimentary for customers who have opted ABCD Benefit.

The logo consists of the number '4' in red and the letter 'X' in blue, both in a bold, sans-serif font.

Health and Wellness Plus - Optional Cover

If Health and Wellness Plus cover is opted, you will have access to the following:

1. Health and Wellness App

- a. This app will have mechanism to track your physical activities such as walking, running, cycling, treadmill, swimming etc., synching facility with your fitness wearables such as Fitbit, Garmin and other similar fitness wearables. This app will also have an capability to calculate your fitness activity score basis your Physical activity.
- b. Health and Wellness app shall also capture Resting Heart rate, sleep patterns, moderate to rigorous exercise per week and number of steps taken on daily basis.
- c. On the basis of level of Physical activity, Health and Wellness app will calculate the reward points and accumulated reward points can be redeemed only after renewal of the policy for following:
 - Discounts on Diagnostic tests within network of empaneled Diagnostic centres
 - Discounts on OPD consultations on specified network
 - Discount on Mobility Devices including but not limited to walkers, manual wheelchair, crutches, splints, external prosthetics, plasters, bandages, knee caps, slings. Scope will be restricted to the items mentioned in the app.

The logo features the number '11' in red and the letter 'X' in blue, all in a bold, sans-serif font.

- d. This benefit can be availed only if Insured Person has a smart phone and able to download the specified Health and Wellness app provided by Royal Sundaram.
- Discount on Medical Devices including but not limited to thermometer, glucometer, oximeter, BP Meter. Scope will be restricted to the items mentioned in the app.



- e. To avail the rewards under this benefit, Insured Person should have a fitness wearable device which is typically worn on your wrist and activity captured on the wearable device should be synched with Health and wellness app. Royal Sundaram may advice list of wearable device from time to time which can be used for availing this benefit.
- f. Criterion for Reward Points will be based on following:
 - I. Being active by walking 10,000 steps on an average per day- if you clock 30 lakhs steps in a Policy year; and/or
 - II. By doing Moderate to rigorous exercise of 150 minutes per week on an average- if you clock 5000 active minutes of moderate to rigorous exercise in a Policy year. Exercise means running, swimming, cycling, jogging, Weight training and cardio exercises in Gymnasium etc.

Note: Criterion of Reward Points mentioned hereunder is not exhaustive but an indicative.

2. Video consultations (Tele Consultations)

Insured member can avail 4 video consultations per quarter (3 months) of calendar year with General Physicians/ specialized Doctors on the Health and Fitness App.



3. Virtual Health Coach

A virtual health professional (not chat bot) specialized in the area of Diet & Nutritional Management, Exercise and Fitness management who will resolve your queries relating to Food to be eaten/to be avoided, diet to be followed keeping in mind the regional variations of food.

Important Terms and conditions of Health and Wellness Plus Benefit:

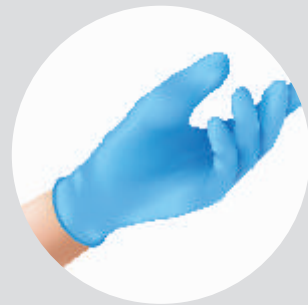
1. This benefit is available only for insured members who are 18 years and above.
2. This benefit is available to maximum 2 Insured persons either to Adult or Children more than 18 years in the Floater Policy.
3. Health and Wellness Plus benefit is complimentary for customers who have opted ABCD Benefit.



Hospital Plus - Optional Cover

Mobility Devices - We shall cover expenses incurred by insured person towards mobility devices including but not limited to walkers, manual wheelchair, crutches, splints, external prosthetics, slings, plasters, which has been advised as a part of treatment to deal with the disability induced by an accident.

Consumables - We shall also cover the expenses for consumables consumed during the period of hospitalization related to the insured person's illness/disease/injury which are usually not payable under a health insurance policy.



4X

Baseline Benefits



Inpatient Care

The Company shall indemnify medical expenses incurred for hospitalization of the insured person during the policy year, up to the sum insured specified in the policy schedule, for

- i. Room rent, boarding, nursing expenses as provided by the hospital / nursing home.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Doctor / Surgeon or to the hospital.
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.



Modern Treatments

The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to sum insured, as specified in the policy schedule, during the policy period:

- i. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound).
- ii. Balloon Sinuplasty.

11X

- iii. Deep brain stimulation.
- iv. Oral chemotherapy.
- v. Immunotherapy - Monoclonal Antibody to be given as injection.
- vi. Intra Vitreal Injection.
- vii. Robotic Surgeries.
- viii. Stereotactic Radio Surgeries.
- ix. Bronchical Thermoplastic.
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment).
- xi. IONM - (Intra Operative Neuro Monitoring).
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.



Baseline Benefits (continued)



Pre-Hospitalization

The company shall indemnify pre hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days prior to the date of admissible hospitalization covered under the policy.



Post-Hospitalization

The company shall indemnify Post-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 90 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.



Day Care Treatments

We will cover medical expenses of an insured person up to sum insured in case of any medically necessary day care treatment or surgery that require less than 24 hours hospitalization due to advancement in technology and which is undertaken in a hospital/day care centre on the recommendation of a medical practitioner. Any OPD treatment undertaken in a hospital/

day care centre will not be covered. Pre and Post-hospitalization medical expenses are payable up to 30 days under this benefit.



Organ Donor Expenses

We will cover inpatient care medical expenses towards the donor for the harvesting of the organ donated provided that:

- the organ donor is any person in accordance with the Transplantation of Human Organs Act, 1994 and other applicable laws.
- the organ donated is for the use of the insured person who has been asked to undergo an organ transplantation on medical advice.
- we have admitted a claim towards inpatient care. Organ donor expenses will be covered within the sum insured for the patient who is insured with us i.e. recipient of the Organ (who is undergoing the transplant).



UIN: RSAHLIP23030V012223



Domiciliary Hospitalisation

We will cover medical expenses up to sum insured for medical treatment taken at home if this 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:

- the attending medical practitioner confirms that the insured person could not be transferred to a hospital or
- the insured person satisfies us that a hospital bed was unavailable.

If a claim has been accepted under this benefit, the claims for pre and post-hospitalization medical expenses are payable up to 60 days and 90 days respectively under this benefit.



Ayush Treatment

The company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy system of medicines during each policy year up to sum insured in any AYUSH Hospital.



Ambulance Cover including App-based Cab cover

We will cover reasonable and customary charges for ambulance expenses that are incurred towards transportation of an insured person by surface transport following an

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emergency to the nearest hospital with adequate facilities.

We will also cover charges for app-based cabs service incurred towards transportation of an insured person at the time of getting admitted to the hospital.



Second Opinion for 22 Critical Illness

We will provide you a second opinion from medical practitioner, if an insured person is diagnosed with the critical illness during the policy period. The expert opinion would be directly sent to the insured person.



Vaccination in case of Animal Bite

We will cover medical expenses of OPD Treatment for vaccinations including inoculation and immunizations in case of post-bite treatment. Our maximum liability will be limited up to the amount provided in the Product Benefits Table. This benefit is available only on reimbursement basis.

4X

Baseline Benefits (continued)



Emergency Domestic Evacuation

We will reimburse you for your reasonable & necessary transportation from one Hospital to another Hospital in case of life endangering emergency condition for treatment of an Illness or Injury which is admissible and payable under the policy.



Annual Health Check Up

We will arrange for a health check-up as per your eligibility as defined in the Product Benefits Table provided that you or any insured person has requested for the same. We will cover health check-ups arranged by us through our empanelled network provider



Preventive Healthcare, Wellness and Disease Management

We will provide various preventive healthcare & wellness related activities like health-related articles on your registered email ids. We will also provide Disease Management Services wherein for certain specified Health Risks such as Heart, Kidney, Liver, Cancer, Hypertension, Diabetes and other conditions as defined from time to time, you will be

provided assistance to manage your disease condition better through preventive check-ups, advise on nutrition, diet, exercise regime etc.

No Claim Bonus



We will increase your sum insured by 20% of base sum insured per policy year up to a maximum of 100% of base sum insured of renewed policy, if the policy is renewed with us and provided that there are no claims paid/outstanding in the expiring policy year by any insured person.

Voluntary Co-payment - Optional Cover

| 5% | 10% | 15% | 20% |
|----|-----|-----|-----|
|----|-----|-----|-----|

If you have opted Voluntary Co-payment to avail applicable discount on Premium. Each and every claim under the Policy shall be subject to a Co-payment (as per percentage opted by you) applicable to claim amount admissible and payable as per the terms and conditions of the Policy.

Eligibility

Policy can be availed for Self and the following family members

- Legally wedded spouse.
- Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years.

Proposer need not be mandatorily covered in the Policy.

Adult: Minimum entry age is 18 years and maximum entry age is 65 years.

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

A person cannot be covered as a child beyond 25 years. After 25 years the person will be covered as an adult in a separate policy.

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 up to age of 25 years. A floater cover can cover a maximum of 2 adults and 4 dependent children under a single policy. Only one member can be covered under an individual sum insured policy.

Customer can buy the policy for one, two or three continuous years at the option of the Insured.

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Sum Insured options

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

| Sum Insured (₹) |
|--|
| 5 Lakhs, 7.5 Lakhs, 10 Lakhs, 15 Lakhs, 20 Lakhs, 25 Lakhs |

Sum Insured is on Annual basis.



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Premium

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

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.

Premium payment can be made Annual, Half-yearly, Quarterly, Monthly.

Discounts

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

1. Discount on Multiyear policy
6% discount for 2 years policy
9% discount for 3 years policy
2. Zonal discount of 20% for Zone 2 customers

Exclusions

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

Pre-Existing Diseases (Code- Excl 01)

Expenses related to the treatment of a Pre Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.

30 Days Waiting Period (Code- Excl 03)

Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

Specific Waiting Period (Code- Excl 02)

Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. The

exclusion shall not be applicable for claims arising due to an accident.

List of specific diseases/procedures is as under:

- 1) Cataract
- 2) Stones in biliary and urinary systems
- 3) Hernia / Hydrocele
- 4) Hysterectomy for any benign disorder
- 5) Lumps / cysts / nodules / polyps / internal tumours
- 6) Gastric and Duodenal Ulcers
- 7) Surgery on tonsils / adenoids
- 8) Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
- 9) Fissure / Fistula / Haemorrhoid
- 10) Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
- 11) Benign Prostatic Hypertrophy
- 12) Knee/Hip Joint replacement
- 13) Dilatation and Curettage
- 14) Varicose veins
- 15) Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
- 16) Chronic Renal Failure or end stage Renal Failure or Chronic Liver Failure.



Permanent Exclusions

- Investigation and Evaluation: (Code- Excl 04)
- Rest Cure, rehabilitation and respite care: (Code- Excl 05)
- Obesity/ Weight Control: (Code- Excl 06)
- Change-of-Gender treatments: (Code- Excl 07)
- Cosmetic or Plastic Surgery: (Code- Excl 08)
- Hazardous or Adventure Sports: (Code- Excl 09)
- Breach of law: (Code- Excl 10)
- Excluded Providers: (Code-Excl 11)
- Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof: (Code- Excl 12)
- Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to

such establishments or where admission is arranged wholly or partly for domestic reasons: (Code- Excl 13)

- Dietary supplements and substances that can be purchased without prescription, i.e vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure: (Code- Excl 14)
- Refractive Error: (Code- Excl 15)
- Unproven Treatments: (Code- Excl 16)
- Sterility and Infertility: (Code- Excl 17)
- Maternity Expenses: (Code - Excl 18)

The above is an indicative list. For the complete list of exclusions, please refer to the detailed policy terms and conditions.



Cancellation

The Insured may cancel this Policy by giving 15 days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.



| Cancellation date upto (x months) from the Policy Period Start Date | Refund of Premium (basis Policy Period) | | |
|---|---|---------|---------|
| | 1 Year | 2 Years | 3 Years |
| 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% |

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

The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

| | |
|--------------------------------------|---|
| For half- yearly payment mode | Upto 90 days- 50% Refund Post 90 days- Nil |
| For Quarterly payment mode | Upto 30 days- 50% After 30 days- Nil |
| For Monthly payment Mode | Cancellation- No refund |

Multiplier Health Insurance Plan

Leaves Nothing To Chance



Disclaimer: Multiplier Health Insurance Plan is underwritten and issued by Royal Sundaram General Insurance Co. Limited. Claims will be settled by Royal Sundaram General Insurance Co. 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. Your participation in this insurance product is purely on a voluntary basis. We advise you to take your own professional advice before you participate. The Multiplier Health Insurance Plan of Royal Sundaram is approved by IRDAI vide UIN: RSAHLIP23030V012223.

Section 41 of the Insurance Act, 1938 - Prohibition of rebates

- 1) 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 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 prospectus or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Royal Sundaram IRDAI Reg. No.102 | CIN: U67200TN2000PLC045611

Royal Sundaram General Insurance Co. Limited

Corporate Office: Vishranthi Melaram Towers,

No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Registered Office: 21, Patullos Road, Chennai - 600 002.

Call **1860 425 0000**

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