ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
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

MICRO HEALTH SHIELD

Policy Document

IMPORTANT NOTES ABOUT THIS INSURANCE

The Policy is an evidence of the contract between the Insured and Royal Sundaram General Insurance Co. Limited.
The information supplied by the Insured, is the basis of this contract.

The Policy, the Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.

Provided that the Insured pay the premium for himself/herself or the families intended to be Insured under this Policy and We receive and accept it, we will provide the insurance described in the Policy.

Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

A. PERSONS WHO CAN BE INSURED
This insurance is applicable to persons & their family members up to 65 years of age. The set age limit is for entry stage only and there is no exist age for renewal of existing insured person. Family means spouse, dependant children (above 91 days) & dependant Parents.

B. DEFINITIONS & INTERPRETATIONS
In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy.

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

AYUSH Treatment
Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.

Alternative treatments
Alternative treatments are forms of treatments other than treatment "Allopathy" or "modem medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Cashless facility
"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Company/We/Our/Insurer/Us
Royal Sundaram General Insurance Co. Limited

IRDAI Regn No.102 IRDAI UIN: RSAHMIP21440V022021

MICRO HEALTH SHIELD

Policy Document

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

Condition Precedent to Admission of liability
Condition Precedent means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

Co-payment:
A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

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

a) **Internal Congenital Anomaly**
   Congenital anomaly which is not in the visible and accessible parts of the body.
b) **External Congenital Anomaly**
   Congenital anomaly which is in the visible and accessible parts of the body.

Contribution
Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured.
This clause shall not apply to any Benefit offered on fixed benefit basis.

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

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

Day Care Treatment
Day care treatment means medical treatment, and/or surgical procedure which is:

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

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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Deductible
Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Dental Treatment
Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

Dependent Child
A dependent child refers to a child (natural or legally adopted), whose age is upto 18 years and who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

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

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

Hospital
A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

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

Hospitalization
Hospitalisation means admission in a Hospital for a minimum period of Twenty-four (24) consecutive 'In patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than Twenty-four (24) consecutive hours.

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

i. **Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
b) it needs ongoing or long-term control or relief of symptoms
c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
d) it continues indefinitely
e) it recurs or is likely to recur

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

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

In-Patient Care
Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Insured persons:
Insured person means the persons named in the schedule and his family members as included and declared in the schedule.

ICU Charges
ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Medical Expenses
Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary:
Medically necessary treatment is defined as any treatment, tests, medication, or stay
- in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured

- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner
Medical Practitioner means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.

Migration
Migration means, the right accorded to health insurance policy holders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer

Network Provider
"Network Provider" means hospitals enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Out-Patient (OPD) Treatment
Out-Patient (OPD) Treatment means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

Period of Insurance & cover Inception date.
Period of Insurance means the period shown in the Schedule and cover inception date as per terms stated under the schedule.

Portability
Portability means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer

Pre-Existing Disease (PED) :
Pre-existing disease means any condition, aliment, injury or disease:
a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Post – Hospitalisation
Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

1. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
2. The inpatient hospitalization claim for such hospitalization is admissible by us.

This would be available for a period of 30 days after discharge from hospital or as per the terms set under the policy schedule.

Pre - Hospitalisation
Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

1. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
2. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

This would be available for a period of 15 days prior to hospitalization or as per the terms set under special conditions stated in the schedule.

Qualified Nurse
Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Renewal:
Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

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

Subrogation:
Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Surgery:
Surgery means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Third Party Administrator (TPA)
Third Party Administrator (TPA) means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

Unproven/Experimental treatment
Treatment including drug experimental therapy which is not based on established medical practice in India is treatment experimental or unproven.

Expenses covered under the policy

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home is subject to a maximum of 1% of the Sum Insured per day and for Intensive Care Unit, 2% of the Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the

eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.

2. Nursing Expenses

3. Surgeon, Anesthetist, Medical practitioner, Consultants & specialist's fees subject to limit of 40% of the sum insured.

4. Anesthesia, blood, Oxygen, Operation theater charges, Medicines & drugs, Diagnostic materials and X-ray, Dialysis, Chemotherapy, Radiotherapy.

5. Pre- hospitalization and post hospitalization expenses (as specified) when the claim for hospitalization is admitted under the policy.
   Or
6. The package rate agreed upon with the Hospital by the insurer for cashless facility.

The costs that are to be subsumed into the Room Charges are provided in Annexure-A attached to this Policy;
The costs that are to be subsumed into the specific procedure charges are provided in Annexure-B attached to this Policy;
The costs that are to be subsumed into the costs of treatments are provided in Annexure-C attached to this Policy.

C. BENEFITS

a. The policy covers Hospitalisation expenses of the insured person incurred at the Hospitals for treatment of the diseases, illness, medical condition or injury, during the policy period up to the sum insured stated in the schedule subject to the terms, conditions, limitations and exclusions mentioned in the policy.

For a claim to be admitted under this policy the insured person should be hospitalized as an in-patient during the period of insurance for a minimum period of 24 hrs. However this time limit is not applicable to specific day care surgeries / procedures as listed below;

Day care services:
Haemo-Dialysis, Parenteral Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D&C, Dental surgery following an accident, Surgery of Hydrocele , Surgery of Prostrate, Gastrointestinal Surgery, Genital Surgery, Surgery of Nose, Surgery of Throat, Surgery of Ear, Surgery of Urinary System, Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization, Laparoscopic therapeutic surgeries that can be done in day care, Identified surgeries under General Anaesthesia any other disease/procedure mutually agreed upon by the insured and Royal Sundaram.

b. Modern Treatment Methods:
The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital maximum of Sum Insured as specified in the policy schedule, during the policy period:

A. Uterine Artery Embolization and HIFU
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy- Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchical Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

D. EXCLUSIONS

1. ***Pre-Existing Diseases*** **- Code- Excl01**
   a) 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 insurer.
   b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
   d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. ***Specified disease/procedure waiting period*** **- Code- Excl02**
   a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
   d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   f) List of specific diseases/procedures : First year exclusions - During the first 12 months from the inception date, the expenses on treatment of cataract, Benign Prostatic hypertrophy, Hysterectomy for menorrhagia or Fibroma, Hernia, Hydrocele, fistula in anus, Piles, Sinusities and related disorders.

3. ***30-day waiting period*- Code- Excl03**
   a) 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.
   b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. ***Investigation & Evaluation*- Code- Excl04**
   a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. ***Rest Cure, rehabilitation and respite care*- Code- Excl05**
   a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. ***Obesity/ Weight Control:* Code- Excl06**
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1) Surgery to be conducted is upon the advice of the Doctor
   2) The surgery/Procedure conducted should be supported by clinical protocols
   3) The member has to be 18 years of age or older and
   4) Body Mass Index (BMI);
      a) greater than or equal to 40 or
      b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnea
         iv. Uncontrolled Type2 Diabetes

7. ***Change-of-Gender treatments:*** **Code- Excl07**
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. ***Cosmetic or plastic Surgery:*** **Code- Excl08**
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. ***Hazardous or Adventure sports:*** **Code- Excl09**
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. ***Breach of law:*** **Code- Excl10**
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. ***Excluded Providers:*** **Code- Excl11**
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded but the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threating situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- **Excl12**

13. Treatments received in heath 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- **Excl13**

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- **Excl14**

15. ***Refractive Error:*** **Code- Excl15**
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16.***Unproven Treatments*: Code- Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17.***Sterility and Infertility:* Code- Excl17**
Expenses related to sterility and infertility. This includes:
i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

18.**Maternity: Code- Excl18**
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

19.Conditions that do not require hospitalization: Condition that do not require hospitalization and can be treated under out patient Care. Out patient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures. Code- **Excl19**

20. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment. Code- **Excl20**

21. The cost of spectacles, contact lenses and hearing aids. Code- **Excl 21**

22. Congenital external diseases: Congenital external diseases or defects or anomalies. Code- **Excl 22**

23. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident. Code- **Excl 23**

24. War, Nuclear invasion: Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials. Including chemical & biological terrorism. Code**- Excl 24**

25. Suicide: Intentional self-injury/suicide, all psychiatric and psychosomatic and related disorders. Code- **Excl 25**

26. Any other Alternative Treatments except Allopathy. Code- **Excl 26**

27. List of optional items as given in the Annexure-D attached to this Policy- **Excl 27**

28. Use of alcohol, intoxicating drugs and medical conditions resulting therefrom other than impairment of Person's intellectual faculties by usage of drugs, stimulants or depressants prescribed by a Medical Practitioner. **Excl 28**

29. All expenses arising out of any condition directly indirectly caused with Human T-cell Lympphotropic 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. Code- **Excl 29**

E. CONDITIONS

1. Floater cover:
The sum insured stated in the schedule is extended on floater basis. The policy benefit can be availed individually or collectively by members of family covered and the maximum liability of the Company in respect of any one family during the policy period is the Sum Insured stated

2. Co-payment clause :
The insured person has to bear the expenses in proportion as set in the schedule of all claims admitted under the policy. Expenses mean all expenses admissible under the policy.

3. 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, sofar 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 opting Cashless Facility***: *(applicable where the* Insured *has opted for cashless facility and has paid the Third Party Administrator's fees) -*
In the event of falling sick, ill or sustaining injury, the insured person or his family member shall approach the help desk at Empanelled hospital with the Health card of the respective family.

The Cashless access services shall be provided to the insured person through TPA service arrangement up to the Sum Insured available for the family subject to admissibility of claim.

- **Reimbursement Claims** - Preliminary notice of claim with particulars relating to Policy number, health card number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the Hospital/ Nursing Home shall be given to the Insurer within seven days from the date of hospitalization /injury/ death, failing which admission of claim is at Insurer's discretion.
- The insured/insured person shall submit the claim form duly completed in all respects along with the following documents within 30 days from the date of discharge from Hospital.

    - Original Bills, Receipt and Discharge certificate / card from the Hospital.
    - Original Cash Memos from Hospital(s)/Chemist(s), supported by the proper prescriptions.
    - Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.

- Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
- Attending Doctor's / Consultant's / Specialist's /
- Anesthetist's original bill and receipt, and certificate regarding diagnosis.
- Medical Case History / Summary.

- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Insurers expense.

- If required, the Insured/Insured person must agree to be examined by a medical practitioner of Insurer's choice at insurer's expenses.

The documents should be sent to:
Health Claims Department
M/s.Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097
Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

- ***Procedure for Cashless Claims:*** Cashless claims facility is available only with our network hospitals. The list of network hospitals is also available in the policy kit. Also available under the link "cashless hospitals" in claims section of the website. Under this facility you will have to sign the bills at the time of your discharge and we shall settle the amount directly with the hospital. You can contact our Third Party Administrator through the helpline numbers shown in the policy schedule, immediately on admission by quoting your Membership number shown on your health card.

Cashless Claims procedure for Emergency Admission:

- In case of network hospital, on admission, Intimate Third party administrator (TPA) through Toll free no. Please quote your health card Membership number
- Fill in the cashless request form which is available with the Hospital Insurance Help Desk and get it certified by your treating doctor
- This form, with supporting medical records has to be faxed by the hospital to the TPA's fax number
- TPA scrutinizes the documents, conveys the decision to the hospital -sanction of cashless request or calls for additional documents, if required.
- On approval of cashless facility by TPA, the hospital bills will be settled directly (subject to policy limits). Inadmissible amounts like telephone charges, food, attendant charges etc would have to be settled by you
- If cashless is not approved by TPA, please settle the bill with the hospital and apply for reimbursement. The claim will be processed as per policy terms and conditions
- The Turn around time for approving Cashless decision by our TPA is 24 HOURS AFTER RECEIPT OF ALL DOCUMENTS

Cashless Claims procedure for Planned Admission:

- Select a hospital from our list of network hospitals for treatment

- Intimate our Third party administrator (TPA) through the Helpline Number before 3 days of admission, quoting your Health card Membership number
- Fill in the cashless request form which is available with the Hospital Insurance Help Desk and get it certified by your treating doctor
- This form, with supporting medical records has to be faxed by the hospital to the TPA's fax number
- TPA scrutinizes the documents, conveys the decision to the hospital -sanction of cashless request or calls for additional documents, if required
- On approval of cashless facility by TPA, the hospital bills will be settled directly (subject to policy limits). Inadmissible amounts like telephone charges, food for attendants etc would have to be settled by you
- If cashless is not approved by TPA, please settle the bill with the hospital and apply for reimbursement. The claim will be processed as per policy terms and conditions
- The Turn around time for approving Cashless decision by our TPA is 24 HOURS AFTER RECEIPT OF ALL DOCUMENTS

Procedure for Reimbursement of Claim: Reimbursement facility is available at network hospitals as well as non-network hospitals

- You have to avail treatment and settle all the bills with the hospital and file a claim for reimbursement
- Intimate Royal Sundaram through toll free number 1800 345 88 99 (OR) email to customer.services@royalsundaram.in immediately on admission not later than 7 days from the date of discharge. Please quote your Policy certificate number
- Claim form can be downloaded from the website directly.
- Submit the following Claim Documents to the Company within 30 days from the date of discharge

4. Payment of Claim

All claims under respective certificate of insurance shall be payable in Indian Currency.
Any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained.
Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.

No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance

The Company shall be liable to pay any interest rate 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 delay in payment beyond 7 days from the date of acceptance.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

5. Transfer

Transferring of interest in this Policy to anyone else is not allowed.

6. Inclusion during the policy period

During the currency of the Policy, inclusion will be permitted for new joiners of the organization and their dependants, newly married spouse, newborn child of the existing insured family subject to the age criteria. However, spouse, dependents not covered at the time of inception cannot be included during the course of the current policy. The PED clause and waiting period will apply from the date of joining.

Inclusion of persons shall be done on collection of additional premium as decided by the company.

7. Cancellation

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Company shall:

a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced

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

The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Insurer's rights/Subrogation

The Insured under this Policy shall at the expense of the Company do and concur in doing, permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which the Company shall or would become entitled or subrogated, upon the Company paying the benefits provided under this Policy, whether such acts and things shall be or become necessary or required before or after the settlement of claim to the Insured or claimant by the Company.

9. Free Look in:

At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;

b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;

c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

d) Free-look will not be applicable for policies with tenure less than one year.

e) Free-look not applicable in case of renewals.

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

10. Geographical Area

The cover granted under this insurance is valid for treatments taken in India only.

11. Contribution:

If at the time of a claim under this Policy, there is any other insurance of any nature whatsoever covering the same Insured Person/s whether effected by the Insured /Insured Person or not, we shall not be liable to pay more than our ratable proportion of the loss / expenses.

12. Portability:

Portability is not applicable under Micro Health Shield.

13. Migration

Every Insured Person , including his/her family members covered under this policy shall be provided an option of migration at the time of exit from group or in the event of modification of the group policy (including the revision in premium rates) or withdrawal of the group policy, to an individual health insurance policy or a family floater policy, provided the Insurer has not terminated the Insured Person(S) from being a part of the Micro Health Shield Policy due to fraudulent activities or misconduct.

An Insured Person desirous of migrating his/her policy should apply to the Company to migrate the policy along with all members of the family, if any, atleast 30 days before the premium renewal date of his/her existing policy.

Migration from Micro Health Shield Policy to Individual Policy will be subject to underwriting and the decision with regard to acceptance of migration shall be conveyed to the Insured Person opting for migration within 15 days from the date of receipt of the proposal for migration or any requirement called for by the Insurer.

Migration shall be applicable to the extent of the sum insured under the Micro Health Shield Policy.

Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and time bound exclusions shall be made applicable on migration under the new policy.

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Every Insured Person (including members under family floater policy) covered under an indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the Insured Person;

a. to an individual health insurance policy or a family floater policy, or;

b. to a Micro Health Shield Policy, if the member complies with the norms relating to the health insurance coverage under the concerned Micro Health Shield Policy.

For detailed guidelines on Migration, kindly refer the link: https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf

14. Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is affected.

In case of the Insured, at the address specified in the Schedule / Certificate of Insurance.

In case of the Company:

M/s.Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097
Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

15. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

16. Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured and /or Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

17. Renewals

i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.

ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.

iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.

vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.

18. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

19. Moratorium Period

After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud specified in the policy contract.

20. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

21. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/ Arbitrators of the amount of the loss or damage shall be first obtained.

22. Disclaimer

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

23. Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

24. Change of address

The Insured must inform in writing of any change in his/her address.

25. Change in Benefit plan or Sum Insured

Any change in Sum Insured can be considered only at the time of renewal. Eligibility for enhancement of Sum Insured is not automatic and is subject to the discretion of the Company.

26. Compliance with Policy provisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

27. Grievances

In case of any grievance the insured person may contact the company through
Website: https://www.royalsundaram.in

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Grievance Redressal: https://www.royalsundaram.in/customer-service
You may call us at – 1860 258 0000, 1860 425 0000
Email:
Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours.
In case you are not satisfied with our response or have not received any response in 24 hours, you may write to manager.care@royalsundaram.in
If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to head.cs@royalsundaram.in
In case you are not happy with our response or have not received any response in 2 business days, you may approach gro@royalsundaram.in - GRO Contact Number – 7228087400

Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

Fax us at: 044 – 7117 7140
Courier us your complaint at:
Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at
Mr. T M Shyamsunder
Grievance Redressal Officer
Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097

For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in
If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.

Insurance Ombudsman addresses -https://www.cioins.co.in/ContactUs

Grievance may also be lodged at –
Registration of Complaints in Bima Bharosa by Policyholders:
Can directly register complaint in the **Bima Bharosa Portal** https://bimabharosa.irdai.gov.in/
Can send the complaint through Email to complaints@irdai.gov.in.
Can call Toll Free No. **155255** or **1800 4254 732**.

Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

General Manager
Insurance Regulatory and Development Authority of India(IRDAI)
Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.
Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad – 500 032.

No loading shall apply on renewals based on individual claims experience.
Insurance is the subject matter of solicitation.

Council for Insurance Ombudsmen

Contact details:
Address:
Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

INSURANCE OMBUDSMAN OFFICE LIST
The contact details of **Insurance Ombudsman Office** details are as below:
https://www.cioins.co.in/ContactUs

WHAT IF I EVER NEED TO COMPLAIN?
We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

In all instances, call our Customer Services at our Chennai office at 1860 258 0000 or e-mail at care@royalsundaram.in or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611

MICRO HEALTH SHIELD

Policy Document

Annexure - A

Costs that are to be subsumed into the Room Rent Charges	
Sl. No.	**Item**
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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Policy Document

Annexure – B

Costs that are to be subsumed into Specific Procedure Charges	
Sl. No.	**Item**
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

MICRO HEALTH SHIELD

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Annexure - C

Costs that are to be subsumed into Costs of treatment	
Sl. No.	**Item**
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure - D

List of Optional items	
Sl No.	**Item**
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE

17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets

54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY