**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**
Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.
Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550
E: customercare@cholams.murugappa.com; website: www.cholainsurance.com
IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**CHOLA HEALTHLINE**
CHOHLIP21300V032021
POLICY WORDINGS

# Chola Healthline

## Sections

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POLICY WORDINGS

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# CHOLA HEALTHLINE

CHOHLIP21209V022021

| SECTION 1 – CUSTOMER INFORMATION SHEET | | | |
|---|---|---|---|
| S No | Title | Description | Policy Clause Number |
| 1 | Product Name | Approved Brand Name | Chola Healthline |
| 2 | What am I covered for: | Hospital admission longer than 24 hrs | Section 3 Coverages 3.1.1 |
| | | Related medical expenses incurred 30/60 days prior to date of admission | Section 3 Coverages 3.1.3 |
| | | Related medical expenses incurred 60/90 days from date of discharge | Section 3 Coverages 3.1.4 |
| | | Listed day care procedures requiring hospitalization for less than 24 hrs | Section 3 Coverages 3.1.2 |
| | | Domiciliary Hospitalisation | Section 3 Coverages 3.1.5 |
| | | AYUSH Coverage | Section 3 Coverages 3.1.6 |
| | | Donor Expenses for organ transplantation | Section 3 Coverages 3.1.7 |
| | | Ambulance Expenses | Section 3 Coverages 3.1.8 |
| | | Maternity & Alternate medicine treatments | Section 3 Coverages 3.1.9 |
| | | New Born Baby Expenses | Section 3 Coverages 3.1.9 |
| | | OPD Dental expenses, contact lens, spectacles, hearing aids and health checkup | Section 3 Coverages 3.2.2 & 3.2.6 and Annexure 1 |
| | | Child Hospitalization Allowance per hospitalization | Section 3 Coverages 3.2.1 |
| | | Extended Hospitalisation Allowance | Section 3 Coverages 3.2.3 |
| | | Double Sum Insured for Accidents and Critical Illnesses | Section 3 Coverages 3.2.4 |
| | | Specialist opinion for Critical Illness | Section 3 Coverages 3.2.5 |
| 3 | What are the Major exclusions in the policy: | War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law | Section 5 b. Exclusions 15 |
| | | Intentional self-injury or attempted suicide whether sane or insane. | Section 5 b Exclusions 16 |
| | | Vaccination or inoculation unless forming a part of post-animal bite treatment | Section 5 b Exclusions 20 |
| | | Non medical Expenses during Hospitalisation (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing) | Section 5 b Exclusions 30 Annexure 2 |
| 4 | Waiting period | Initial Waiting period: 30 days for all illness (not applicable on renewal and for accidents) | Section 5 Exclusions 5.a.iii |
| | | Specific Waiting period:<br>- 24 months for 17 diseases (clauses (i) to (xvii))<br>- 36 months for maternity | Section 5 Exclusions 5.a.ii |
| | | Pre-existing diseases: covered after 48 months | Section 5 Exclusions 5.a.i |
| 5 | Payment basis | Reimbursement of covered expenses upto to specific limits and Fixed amount on the occurrence of a covered event | Section 3 Coverages |
| 6 | Loss sharing | In case of a claim, this policy requires you to share the following costs: | |

# CHOLA HEALTHLINE

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| | | | |
|---|---|---|---|
| | | - Expenses exceeding the following sub-limits<br>- 10% of the claim as co-payment (for claims from customers over 55 yrs) in value Healthline plan | Section 2 : Schedule of Benefits |
| 7 | Renewal Conditions | The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person, Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years | Section 6 General Conditions 6.22 |
| 8 | Renewal Benefits | 5% or 50% (as per plan chosen) increase in the Insured's annual limit for every claim free year<br>In the case a claim is made during a policy year, the bonus proportion would reduce by 5% or 50% (as per plan chosen) in the following year<br>Health Checkup once in two/three claim free years (as per plan chosen) | Section 3 Coverages 3.2.7 and 3.2.8 |
| 9 | Cancellation | The Policy shall be cancelled by us for misrepresentation, fraud, non disclosure of material facts of insured by giving 15 days written notice<br>The Policy Holder may also cancel the policy at any time during the currency of the policy in which case the refund shall be on short period rates as per Policy condition | Section 6 General condition 6.27 |
| 10 | Claims | For Cashless Service: Insured can view or download the updated Hospital Network from the Company's website www. cholainsurance.com<br>For Reimbursement of Claim: Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from date of discharge. | 6.18.1 Cashless Claim /<br>6.18.2 Reimbursement Claims |
| 11 | Policy Servicing/ Grievances/ Complaints | In case of any grievance the insured person may contact the company through<br><br>Website :www.cholainsurance.com<br>Toll free: 1800 208 5544<br>E-Mail: customercare@cholams.murugappa.com<br>Fax : 044 -4044 5550<br>Courier: **Cholamandalam MS General Insurance Company Limited, Customer services,** Head Office, **Dare House** 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001 | Section 7 Grievance Redressal Mechanism |

| | | | |
|---|---|---|---|
| | | Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.<br><br>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 GRO@cholams.murugappa.com<br><br>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.<br><br>Grievance may also be lodged at IRDAI Integrated Grievance Management system https://igms.irda.gov.in/ | |
| 12 | Insured's Rights | • Free Look: Insured will have a free look period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable.<br>• The policy will be renewed so long as the Insurer receives the premium unless on grounds of misrepresentation, fraud by the Insured.<br>• **Migration:** Proposer should approach the insurer atleast 30 days before the premium renewal date of his/her existing policy for the purpose of migration<br>**Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability<br>• Sum Insured can be enhanced at the time of renewal subject to reported claim status and health condition of the Insured.<br>• Insured has to send us written request for the above service requests to our customer services at the email id customercare@cholams.murugappa.com or | Section 6 General Conditions 6.4,6.22,6.28,6.26,6.25,6.18 |

| | | | |
|---|---|---|---|
| | | to the Company address as mentioned in the Policy Schedule<br>• Claim Reimbursement: We shall settle claims, including its rejection, within thirty days of the receipt of last `necessary' document.<br>• Cashless Pre-authorisation shall be processed within 24 hours of<br>receipt of the complete medical details from the Service provider | |
| 13 | Insured's Obligations | • Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable.<br>• Insured can contact our Customer Services over phone at the toll free no. 1800 208 5544 or write to us at customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy. | Section 6 –General Conditions 6.7 |

**Legal Disclaimer Note:** The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

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We issue this insurance policy to You and/or Your Family based on the information provided by You / Proposer in the proposal form and premium paid by You/ Proposer. This insurance is subject to the following terms and conditions. This policy covers Your Family either on Individual Sum Insured basis or on Floater Sum Insured basis. The method of coverage and the Sum Insured that has been opted by you is mentioned in the Policy Schedule. The term **You/ Your / Insured/ Insured Person** in this document refers to all the Individual members who will be treated as Insured beneficiary and the term **Proposer /Policy Holder** in this document refers to Person who has signed the proposal form and in whose name the policy is issued. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited.**

## Section 1 : SCHEDULE OF BENEFITS

Benefits in the table below should be read in conjunction with Section 3 Coverages and Section 4 Definitions

| | Plans | Value Healthline | Freedom Healthline | Enrich Healthline | Privilege Healthline |
|---|---|---|---|---|---|
| | Sum Insured (In Lakhs) | 1/2/3/5/7.5/10 | 2/3/5/7.5/10/15 | 3/5/7.5/10/15/20/25 | 5/7.5/10/15/20/25 |
| | **Benefits forming part of Sum Insured opted** | | | | |
| A | In –Patient Hospitalization Expenses | Covered | Covered | Covered | Covered |
| B | Day Care Procedures /Treatment Expenses | Covered | Covered | Covered | Covered |
| C | Pre Hospitalization Expenses | 30 days | 60 days | 60 days | 60 days |
| D | Post Hospitalization Expenses | 60 days | 90 days | 90 days | 90 days |
| E | Domiciliary Hospitalization Expenses per insured person per policy year | Max 7 days | Max 7 days | Max 7 days | Max 7 days |
| F | AYUSH Coverage Expenses | Covered | Covered | Covered | Covered |
| G | Organ Donor Hospitalization Expenses | Covered | Covered | Covered | Covered |
| H | Emergency Ambulance Expenses per Hospitalization | Rs 1000 | Rs 2000 | Rs 2000 | Rs 5000 |
| I | Maternity Expenses (Upto 2 deliveries , after 3 consecutive renewals) | NO | NO | NO | Upto Rs 1 Lakh Per delivery |
| J | New Born Baby Hospitalization Expenses | NO | NO | NO | Covered upto Sum Insured of Mother / Floater Sum Insured |
| K | Co-payment for age above 55 years | 10% on all claims | NO | NO | NO |
| | **Additional Benefits over the Sum Insured** | | | | |
| A | Child Hospitalization Allowance per hospitalization | NO | NO | Rs 500 per day for 7 days | NO |
| B | Outpatient Dental/ Specs/ Contact lens/hearing aids | NO | NO | NO | Rs 10000 every 2 yrs |
| C | Extended Hospitalization Allowance (Minimum 10 days Hospitalization) | NO | NO | Rs 10,000 | Rs 10,000 |

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| | Plans | Value Healthline | Freedom Healthline | Enrich Healthline | Privilege Healthline |
|---|---|---|---|---|---|
| D | Double Sum Insured | NO | NO | For Critical illness and Accidents | For Critical illness and Accidents |
| E | Specialist Opinion for Critical illness | NO | NO | NO | Rs 25000/- |
| | **Renewal Benefits** | | | | |
| A | Health Checkup Expenses | NO | Once after 3 claim free years | Once after 2 claim free years | Once after 2 claim free years |
| B | Cumulative Bonus | 5% of Sum Insured every claim free year subject to maximum of 25% of Sum Insured | 5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured | 50% of Sum Insured every claim free year subject to maximum of 100% of Sum Insured | 5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured |
| C | Reduction in Cumulative Bonus | 5% of Sum Insured | 5% of Sum Insured | 50 % of Sum Insured | 5% of Sum Insured |

- Single occupancy AC room is allowed for all Sum Insured except for Rs 1 Lakh/2 Lakhs. For Rs 1 Lakh/2 Lakhs Sum Insured the maximum room rent allowed is Rs 1500 and Rs 3000 per day, respectively.
- In the event of Insured occupying a higher room category than the eligibility under the plan opted, differential room rent would be deducted from the claim amount.
- In the case of Family floater policy, the benefits shown in the table above will represent our maximum liability for any and all claims made by Insured person(s) during the policy period.
- Under Value Healthline plan, a co-payment of 10% on all claims will be applicable for Insured Persons above 55 years of age.
- Maximum Renewal age for dependent children is 26 years. On renewal, such insured person shall be ported into a separate Health policy with continuity benefits

**Section 2 : C O V E R A G E S**

Upon the happening of the events under sections 3.1 and 3.2 below during the policy period, we will indemnify the policyholders in respect of medically necessary costs as detailed below, up to the limit of Indemnity defined in the schedule of benefits and as per the General Conditions in Section 6 of this policy.

## 3.1 Benefits forming part of Sum Insured opted

### 3.1.1 Inpatient Hospitalization Expenses

We will pay for hospitalization expenses that require more than 24 hrs of Hospitalization for illness or accidental bodily injury upto Sum insured mentioned in the policy schedule:

a. Room and boarding
b. Doctors' fees
c. Intensive Care Unit
d. Nursing expenses
e. Surgical fees, operating theatre, anesthesia, blood and oxygen and their administration
f. Physical therapy expenses
g. Drugs and medicines consumed on the premises
h. Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, diagnostic tests)
i. Cost of Dressing, ordinary splints and plaster casts
j. Costs of prosthetic devices if implanted during a surgical procedure

### 3.1.2 Day Care Procedures/Treatment Expenses

We will pay for Medical Expenses incurred in a Day Care Procedure/Treatment that requires less than 24 hours of hospitalisation, upto Sum Insured mentioned in the policy schedule, if it is performed in a network hospital. In case the procedure is performed in a non network hospital, the same must be pre-authorised by us. Pre-authorisation has to be obtained 72 hours prior to the date of admission in case of planned admission and within 24 hours in case of emergency admission.

**3.1.3 Pre-Hospitalization Expenses**

We will pay for medical expenses incurred immediately before the Insured Person is Hospitalized upto the number of days mentioned in the schedule of benefits, provided that

a. The expenses were incurred after the first 30 day waiting period as mentioned in Exclusion no 5.a.3
b. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
c. The Inpatient Hospitalization claim for such Hospitalization is admissible by Us.

**3.1.4 Post-Hospitalization Expenses covers**

We will pay for medical expenses incurred immediately after the Insured Person is discharged upto the number of days mentioned in the Schedule of benefits, provided that

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Us.

**3.1.5 Domiciliary Hospitalisation Expenses:**

We will pay for expenses towards domiciliary hospitalisation provided that the condition for which the medical treatment is required continues for at least 2 days, in which case the Policy pays reasonable cost of any necessary medical treatment for a maximum of 7 days per insured person in a policy year. This benefit is applicable for each Insured person in a family floater policy. Pre-hospitalisation and Post hospitalisation expenses in accordance with Section 3.1.3 and 3.1.4 will be covered under this benefit.

Cashless facility will not be available for such a claim.

**3.1.6 AYUSH Coverage Expenses** :

This policy will pay for Hospitalisation expenses that require more than 24 hours of Hospitalisation for illness or accidental bodily injury for non-allopathic treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems upto Sum insured stated in the policy schedule. The treatment should have been undergone in

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH college recognised by Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognised system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorised representative.

**3.1.7 Organ Donor Hospitalisation Expenses**

We will pay for medical expenses incurred on a legal Organ Donor's treatment for the harvesting of the organ donated. We will not pay for Donor's pre and post Hospitalisation expenses or any other medical treatment consequent to the harvesting

**3.1.8 Emergency Ambulance Expenses**

We will pay for ambulance expenses, as mentioned in the Schedule of benefits, incurred to transfer the insured person following an emergency to the nearest Hospital with adequate facilities, provided that:

a. The ambulance service is offered by a healthcare or an ambulance service provider.
b. We have accepted the inpatient hospitalization claim under point 3.1 above.

**3.1.9 Maternity Expenses (Available in Privilege Healthline Plan only after 36 months Waiting period):**

We will pay for medical expenses for delivery (including caesarean section) or the lawful medical termination of pregnancy, (without threat to mother or child's life) while Hospitalised, during the policy period excluding elective termination, limited to 2 deliveries or terminations or either one of each during the lifetime of the Insured.

This will include pre-natal and post-natal expenses per delivery or termination and medically necessary treatment of the new born baby within the policy period provided that maximum liability per delivery or termination shall be limited to the amount specified in the Schedule of Benefits

This benefit will be paid only after three consecutive renewals without a break.

**3.1.10 Newborn Baby Cover**:

We will pay for the Hospitalization expenses for a new born baby, from the day of birth to 90 days, provided that it is following a valid claim under maternity expenses for an insured mother. The new born baby will be covered within the Sum Insured of the mother in case the policy is on Individual Sum Insured basis. In case of family floater policy, the floater sum insured will be the maximum limit for this benefit.

**The total amount payable under the policy per year for all sub sections under 3.1 as above put together shall not exceed the sum insured for you shown in the policy schedule.**

## 3.2 Additional Benefits over the Sum Insured

**3.2.1 Child Hospitalization Allowance per hospitalization**

We will pay an allowance for the accompanying adult if an Insured child aged 18 yrs or less is hospitalized for more than 24 hours. The maximum limit under this benefit is as mentioned in the schedule of benefits.

For a claim to be admissible under this benefit, we should have accepted an inpatient Hospitalization claim under Section 3.1.1 above.

**3.2.2 Outpatient Dental / Specs/Contact lens/hearing aids**

We will pay for the cost of Dental treatments, spectacles or contact lens or a hearing aid, (excluding batteries) subject to a maximum limit as mentioned in the Schedule of benefits, provided that.

a. It should be prescribed by the Medical Practitioner.
b. The prescription of the Medical Practitioner and the bills/receipts/ invoices are necessary for making a claim
c. The benefit limit is available once in a block of two policy years irrespective of the tenure of the policy and the number of claims made.

This benefit cannot be carried forward if unutilized in the eligible policy year. Cashless facility will not be available for such a claim.

**You cumulative bonus earned will not reduce if a claim is made under this benefit.**

**3.2.3 Extended Hospitalization Allowance**

We will pay an allowance as mentioned in the schedule of benefits, if the insured person is hospitalised for 10 continuous days, in case the policy is on Individual Sum Insured basis. In case of family floater, the limits mentioned in this benefit in the schedule of benefit will represent our maximum liability for any and all claims made by Insured person(s) during the policy period.

**3.2.4 Double Sum Insured**

In the event of the Insured Person under Enrich and Privilege Healthline Plans of this Policy, being diagnosed with a Critical Illness or/and requiring Hospitalization due to accidental bodily Injury, if the Sum Insured is exhausted or not sufficient and a claim has been admitted by us in the policy year, an additional Sum insured equivalent to the policy Sum insured excluding

cumulative bonus will be made available for claims. The additional Sum insured hence available can only be used for admissible claims in the same policy year arising out of Critical Illnesses or for Accidental Bodily Injury as defined in this policy.

This Benefit is available for occurrence of Critical Illnesses upto 65 yrs of age of Insured person.
The total claim(s) payable will in any case not exceed twice the Sum Insured and Cumulative bonus as mentioned in the policy schedule put together. The double Sum Insured is applicable only for the current policy year and any unused Sum Insured cannot be carried forward to the next policy year. The policy does not cease on payment of claim under this benefit.

**3.2.5 Specialist Opinion for Critical Illnesses**
We will pay the cost of opinion from a specialist doctor in the event of occurrence of any of the critical illnesses as defined in Definitions no 68, upto the limits defined in the schedule of benefit. This benefit will be enforceable only if a valid hospitalization claim has been admitted for a critical illness. This will not cover cost of additional tests, diagnostic reports etc. This can be availed once in a policy period (per annum in case of multi-year tenure). In the case of Family floater policy, the benefit mentioned in the schedule of benefits will represent our maximum liability for any and all claims made by Insured person(s) during the policy period. Cashless facility will not be available for such a claim.

**3.3.6 Health Check-up**
All insured persons under the Freedom, Enrich and Privilege Healthline Plans of this policy will be eligible for a General Health Check Up after two/three continuous claim free policy years as mentioned in the schedule of benefits.

a. Pre-authorization is taken from us for undergoing such medical check-up.
b. The medical checkup is carried out in a Hospital / Diagnostic Centre suggested by us.
c. In case of family floater policy,
    i. All the members of a family floater policy are eligible for a Health Check up.
    ii. If any of the members have made a claim under this Policy, the health check-up benefit will not be offered under the policy for any members.

The list of Health Check-ups eligible under respective plans is placed at Annexure 1
**You cumulative bonus earned will not reduce if a claim is made under this benefit.**

**3.2.7 Cumulative Bonus**
If the insured has not made a claim in a policy year (per annum in case of multi-year tenure) and has renewed the policy with us without a break, we will increase your Sum Insured under each subsequent policy by a percentage of the expiring policy Sum Insured as mentioned in the schedule of benefits. The maximum cumulative bonus shall at no time exceed 100% of the policy Sum Insured. In the case of Individual Sum Insured, the cumulative bonus will be applicable to all family members who have not made a claim during the expiring policy year. In the case of a floater Sum Insured, cumulative bonus will applicable only if none of the family members have made a claim under the previous policy year.

In case of Multi year tenure, any increase in the cumulative bonus will be determined at the start of every new policy year and the same will be reflected on the policy schedule only at the time of renewal of the policy.

**3.2.8 Reduction in Cumulative Bonus**
In the event of a claim during a policy year (per annum in case of multi-year tenure), the claim free bonus in any subsequently renewed policies shall be reduced by a percentage as mentioned in the schedule of benefit. Such a reduction will be made ensuring that the limit of Indemnity shall not fall below 100% of the Basic Sum insured available under expiring policy with us.

In case of multi year tenure, any decrease in the cumulative bonus will be determined at the start of every new policy year and the same will be reflected on the policy schedule only at the time of renewal of the policy.

**Section 3 : D E F I N I T I O N S**
To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.

# CHOLA HEALTHLINE

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POLICY WORDINGS

1. **Accident means** a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition)
3. **AYUSH Treatment** refers to the medical and/or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems'
4. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
5. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
6. **Annual Period** refers to a continuous period of insurance of 12 months within the contract period.
7. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
8. **Cashless service/facility** means a service/ facility extended by the Company 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 Company to the extent pre-authorization approved.
9. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
10. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
11. **Congenital Anomaly** means a condition which is present since birth, which is abnormal with reference to form, structure or position.
    a. **Internal Congenital Anomaly:** congenital anamoly which is not in the visible and accessible parts of the body
    b. **External Congenital Anomaly:** Congenital anamoly which is in the visible and accessible parts of the body.
12. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
13. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
14. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with 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 criterion as under-
    - has qualified nursing staff under its employment;
    - has qualified medical practitioner/s in charge;
    - has a fully equipped operation theatre of its own where surgical procedures are carried out;
    - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
15. **Day care Procedure/ treatment** refers to medical treatment and/or surgical procedure which is
    a. undertaken under general or local anesthesia in a hospital / day care centre in less than 24 hours because of technological advancement and
    b. which would have otherwise required hospitalization of more than 24 hours

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.
16. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
17. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income.
18. **Dependents** refer to family members comprising of Spouse, Dependent Children, Parents, Parents-in-law, and Siblings who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income
19. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us

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20. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
21. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
22. **Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:
    a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
    b. the patient takes treatment at home on account of non-availability of room in a hospital.
23. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
24. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing
25. **Excluded hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital.
26. **Family Floater** means a Policy described as such in the Schedule where You and Your Dependents named in the Schedule are insured under this Policy. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during each Policy Period
27. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received
28. **Hospital** means any institution established for inpatient 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:
    - has qualified nursing staff under its employment round the clock;
    - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    - has qualified medical practitioner(s) in charge round the clock;
    - has a fully equipped operation theatre of its own where surgical procedures are carried out;
    - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
29. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours
30. **Identification** or **ID card** means the card issued to You by us.
31. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    a. **Acute condition** is a disease, illness or injury that is likely to respond 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.
    b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:— it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.
32. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
33. **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
34. **In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event

35. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
36. **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
37. **Long Term** means the continuous period of insurance more than 12 months with in the Policy period.
38. **Maternity Expenses** shall include
    a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
    b. Expenses towards lawful medical termination of pregnancy during the policy period
39. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
40. **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.
41. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
    The registered Practitioner should not be the insured or close family members of the insured.
42. **Medically necessary Treament** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
    a. is required for the medical management of the illness or injury suffered by Insured;
    b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    c. must have been prescribed by a medical practitioner;
    d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
43. **Membership Number** means an identification number of every insured person for our In-house Claims administration team. Membership number will be mentioned in the health card provided to each insured person.
44. **Migration** means the right accorded to health insurance policyholders (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.
45. **Network Provider/ Hospital** mean Hospitals or health care providers enlisted by the insurer to provide medical services to an insured on payment by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
46. **Newborn Baby** means baby born during the policy period and is aged upto 90 days
47. **Non- Network** means any hospital, day care centre or other provider that is not part of the network.
48. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
49. **OPD treatment** is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of Medical Practitioner. The Insured is not admitted as a day care or in-patient.
50. **Policy** means the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
51. **Policy period** means the period between the inception date and earlier of
    a. The Expiry Date specified in the Schedule
    b. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition (6.27) below.

c. In a multi Tenure Policy, a policy year would be reckoned from the date of inception to 12 months of continuous cover.

52. **Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
53. **Pre-existing Disease means any condition, ailment, injury or disease:**
    a) That is/are diagnosed by a physician within 48 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 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
54. **Portability** means the right accorded to individual health insurance policyholders (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.
55. **Post-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital, provided that
    a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and
    b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company
56. **Pre-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person, provided that
    a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
    b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
57. **Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
58. **Proposer** means the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy
59. **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.
60. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved
61. **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
62. **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
63. **Schedule of Benefits** means the table of benefits, with the limit of Sum Insured under each benefit, that will be paid by us as per the plan opted by you.
64. **Sum Insured** means the amount shown in the policy schedule which shall be our maximum liability.
    In relation to individual policy it is our maximum liability for each Insured Person for any and all benefits claimed for during the Annual Period (i.e per annum for multi year tenure) within the policy period and
    In relation to a Family Floater it is our maximum liability for any and all claims made by You and all of Your Dependents during the Annual Period (i.e per annum for multi year tenure) within the Policy period.
65. **Surgery** or Surgical Procedure 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
66. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
67. **Waiting period** refers to the period during which we shall not be liable to make any payment for any claim for treatment. This is not applicable if caused directly due to an accident during the policy period.

# CHOLA HEALTHLINE

CHOHLIP21300V032021
POLICY WORDINGS

## 68. List of Critical Illness and their definitions

### 68.1 Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy . The term cancer includes leukemia, lymphoma and sarcoma.
The following are excluded –

a. All tumours which are histologically described as carcinoma in situ ,benign, pre-malignant, borderline malignant, low malignant potential,neoplasm of unknown behavior, or non-invasive,including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
b. Any non- melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
c. Malignant melanoma that has not caused invasion beyond the epidermis.
d. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
e. All thyroid cancers histologically classified as T1NOMO(TNM Classification) or below
f. Chronic lymphocyctic leukaemia less than RAI stage 3
g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
i. All Tumours in presence of HIV infection

### 68.2 Stroke Resulting In Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

**II. The following are excluded:**
i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

### 68.3 Myocardial Infarction (First Heart Attack - of Specified Severity)

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction will be evidenced by all of the following criteria:

a. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
b. New characteristic electrocardiogram changes
c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

I. Other acute Coronary Syndromes
II. Any type of angina pectoris
III. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-cardiac procedure.

### 68.4 Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole

coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

**68.5 Kidney Failure Requiring Regular Dialysis**

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

**68.6 Multiple Sclerosis With Persisting Symptoms**

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

**68.7 Major Organ /Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

**II.** The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

**68.8 Permanent Paralysis of Limbs**

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

**68.9 Surgery to Aorta**

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft

**68.10 Primary (Idiopathic) Pulmonary Hypertension**

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:
   i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

**68.11 Parkinson's Disease**

The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's disease by a consultant Neurologist. This diagnosis must be supported by all of the following conditions:

a. The disease cannot be controlled with medication;
b. Sign s of progressive impairment; and
c. Inability of the insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months

Activities of Daily Living:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
II. Dressing: the ability to put on, take-off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
IV. Mobility: the ability to move indoors from room to room on level surfaces;
V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
VI. Feeding: the ability to feed oneself once food has been prepared and made available.

**Exclusions:** Drug induced or toxic causes of Parkinsonism are excluded

**68.12 Motor Neuron Disease with Permanent Symptoms**

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

**68.13 Open Heart Replacement or Repair of Heart Valves**

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

**68.14 COMA OF SPECIFIED SEVERITY**

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

**Section 4 : E X C L U S I O N S**

**a. Waiting Periods:**

**i. 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 48 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 (Health Insurance) 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

**ii. 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 first 24 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 are as below

a. Congenital Internal Diseases,
b. Varicose veins and Varicose Ulcers
c. Rheumatism and arthritis of any kind
d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
e. Stones in the Urinary and Biliary systems
f. Gastric or Duodenal Ulcer
g. Any type of benign Cyst/ Nodules/ Polpys/ Tumours/ Breast Lumps
h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
i. Cataract
j. Benign Prostatic Hypertrophy
k. Myomectomy, Hysterectomy unless because of malignancy
l. Dilatation and curettage (D&C)
m. Anal Fistula, Fissure and Piles
n. All types of Hernia
o. Hydrocele
p. Chronic Renal Failure
q. Joint replacement Surgery unless because of accident

**iii. 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.

**b. Exclusions**

The policy does not cover any losses caused directly due to the following:

**1. 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.

2. **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.
3. **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
4. **Change-of-Gender treatments:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. **Code – Excl07**
5. **Cosmetic or plastic Surgery:** 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. **Code – Excl08**
6. **Hazardous or Adventure sports:** 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. **Code – Excl09**
7. **Breach of law:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. **Code – Excl 10**
8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**
9. 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-Excl13**
10. 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 hospitalisation claim or day care procedure. **Code – Excl14**
11. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. **Code – Excl15**
12. **Unproven Treatments**: 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. **Code – Excl16**
13. **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

14. **Maternity: Code – Excl18: (**Except to the extent provided in the Schedule of Benefit)
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
15. War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law
16. Intentional self-injury or attempted suicide whether sane or insane.
17. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
18. Any travel or transportation costs or expenses excluding ambulance charges
19. Circumcisions (unless necessitated by illness or injury and forming part of treatment)
20. Vaccination or inoculation unless forming a part of post-animal bite treatment
21. Sexually transmitted disease or illness
22. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury. The Items as mentioned above may be amended as per the schedule of benefits being attached to the policy
23. Any external congenital diseases, defects or anomalies.
24. Except to the extent provided in the Schedule of Benefit, any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury
25. Except to the extent provided in the Schedule of Benefit, any expenses towards hearing aids, eyeglasses or contact lenses
26. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.
27. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family
28. Any condition after the point at which it is certified by the attending doctor to be of such a nature that further medical treatment may serve to stabilize or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
29. Naturopathy Treatments.
30. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 2.

## Section 6 : GENERAL CONDITIONS

### I. CONDITIONS PRECEDENT TO THE CONTRACT

**6.1 Condition Precedent to Admission of Liability**
The terms and Conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

**6.2 Change of Address / Contact details**
It is in the Insured person's interest to intimate us if there is any change in residential address and phone numbers.

**6.3 Cost of Pre Insurance Health Check Up**

Based on acceptance of the proposal and issuance of policy, we would reimburse to the insured 50% of the cost of examinations under Value and Freedom Plan and 100% of the cost of examinations under Enrich and Privilege plan. This will be provided as refund of expenses for pre-policy health check-up to the proposer after policy issuance. Original receipt for medical tests undergone is required to be submitted to us for reimbursement. This has to be claimed within 30 days of approval of policy

**6.4 Free Look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

lf the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. A refund of premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

**6.5 Specific and Permanent Exclusions**

a. A specific exclusion with waiting period may be applied on a medical condition/disease depending on the medical test done based on the Proposed Insured person's medical history and declarations as part of special conditions on the Policy with due consent from the policyholder.

b. Permanent exclusions may be applied for diseases disclosed by the person to be insured at the time of underwriting with due consent of the proposer or person to be insured, where underwriting policy of the Company does not enable Us to offer the Health Insurance Coverage for the given disease disclosed.

**6.6 Moratorium Period**

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sublimits, co-payments, deductibles as per the policy contract.

**6.7 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.
(Explanation: "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)

## II. CONDITIONS APPLICABLE DURING THE CONTRACT

**6.8 Excluded Providers: Code –Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case

of life threatening situations or following an accident, expenses upto the stage of stabilization are payable but not the complete claim.

**6.9 Notification**

i. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Schedule.
ii. Any and all notices and declarations for the attention of any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

**6.10Transfer**

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

**6.11Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

**6.12Fraud**

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

**6.13 Governing Law**

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

**6.14 Entire Contract**

# CHOLA HEALTHLINE

CHOHLIP21300V032021
POLICY WORDINGS

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

**6.15 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 indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

This clause is not applicable for fixed benefit sections of the policy – Additional Benefit (a), (b), (c) and (e) and Renewal Benefit (a).

**6.16 Territorial Limits**

The Insurer's liability to make any payment towards illness or accidental injury shall be to make payment within India and in Indian Rupees only for medical services or procedures rendered in or undertaken within India

**6.17 Assignment**

The Policy can be assigned subject to applicable laws

**III. CONDITIONS WHEN A CLAIM ARISES**

**6.18Claim Procedure**

If You happen to suffer Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to our liability that You shall immediately:

a. Give us notice of the claim irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies

b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the us

c. In case of Cashless admission in Network Hospital, pre-authorisation has to be obtained 72 hours prior to the date of planned admission and within 48 hours of an emergency admission

d. In case of admission in Non Network Hospital, claim intimation has to be given to us in writing or mail or phone within seven days from the date of hospitalization/injury/death.

**6.18.1 Procedure for Cashless claims:**

Obtain our pre-authorisation for any medical treatment in any of our network hospitals. Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com. In case of planned admission, pre-authorisation has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorisation request shall, if we are satisfied as to the validity of the claim, specify:

1. the treatment authorised;
2. the place at which it has been authorised, and
3. Any other conditions applicable to either.

**6.18.2 Procedure for submission of Reimbursement Claims**

1. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.
3. You shall expeditiously provide us with or arrange for us to be provided with any and all information or documentation, in respect of the Illness, the claim or our liability that may be requested. The expenses towards doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.
4. We shall only make payment (unless already paid direct to the service provider/hospital) to You or your Nominee.
5. You acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by You, it being agreed and recognised by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a Network Hospital) whether pre-authorised or not.
6. Following documents are to be submitted for processing of the claim:
   - Claim Form duly filled and signed by patient/You.
   - Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc
   - Original Main bill from the hospital with cost wise break up.
   - Original payment receipt (Receipt should have Serial No)
   - Original investigation reports (such as X Ray, Lab Reports, Scan reports etc) – These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.
   - All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital.
   - Implant stickers or invoice where ever applicable
   - In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.
   - Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

**6.18.3 Claim Settlement( Provision for penal interest)**

- The Company shall settle or reject a claim ,as the case may be, within 30 days from the date of receipt of last necessary document
- In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "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)

**6.18.4 TPA**

There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders.

**Chola MS customer support operates 24/7 basis and the contact details are as followed for any queries / grievances:**

- Toll Free Phone No: **1800-208-5544**
- Toll Free FAX No: **1800-425-2200** (For Cashless Request)
- E-Mail: help@cholams.murugappa.com

**Address of Chola MS Health Claims Office:**

**Chola MS HELP – Health Claims Department**
New No.319, Old No.154, Shaw Wallace Building,
2nd Floor, Thambu Chetty Street, Parry's Corner,
Chennai - 600001
Customer Care Toll Free No: 1800-208-5544
E-Mail: help@cholams.murugappa.com

**6.18.5 Complete Discharge**

Any payment to the policyholder, insured person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

**6.19 Delay in intimation of Claim**

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

**6.20 Authority to obtain records**

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.
If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense.

**6.21 Any one illness/ relapse period**

If the hospitalization is continuous and the illness relapses within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be treated as same illness.

## IV.CONDITIONS FOR RENEWAL OF THE CONTRACT

**6.22 Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience.

**6.23 Possibility of Revision of Terms of the policy including the Premium Rates:**
The company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

**6.24 Withdrawal of the Product**
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.

**6.25 Sum Insured Enhancement**
Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, subject to our acceptance, then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 30 day, 2 years and 4 years waiting periods as per exclusions 5.1 and 5.2 above.

**6.26 Portability**:
The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed guidelines on Portability, kindly refer the link: www.cholainsurance.com

**6.27 Cancellation of cover**
i. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below:

| **Short Period Scale** | | | | | |
|---|---|---|---|---|---|
| **1 Yr Policy Term** | | **2 Yrs Policy Term** | | **3 Yrs Policy Term** | |
| Month | Premium Retained | Month | Premium Retained | Month | Premium Retained |
| 1 | 8% | 1 | 4% | 1 | 3% |
| 2 | 17% | 2 | 8% | 2 | 6% |
| 3 | 25% | 3 | 13% | 3 | 8% |
| 4 | 33% | 4 | 17% | 4 | 11% |
| 5 | 42% | 5 | 21% | 5 | 14% |
| 6 | 50% | 6 | 25% | 6 | 17% |
| 7 | 58% | 7 | 29% | 7 | 19% |

| | | | | | |
|---|---|---|---|---|---|
| 8 | 67% | 8 | 33% | 8 | 22% |
| 9 | 75% | 9 | 38% | 9 | 25% |
| 10 | 83% | 10 | 42% | 10 | 28% |
| 11 | 92% | 11 | 46% | 11 | 31% |
| 12 | 100% | 12 | 50% | 12 | 33% |
| | | 13 | 54% | 13 | 36% |
| | | 14 | 58% | 14 | 39% |
| | | 15 | 63% | 15 | 42% |
| | | 16 | 67% | 16 | 44% |
| | | 17 | 71% | 17 | 47% |
| | | 18 | 75% | 18 | 50% |
| | | 19 | 79% | 19 | 53% |
| | | 20 | 83% | 20 | 56% |
| | | 21 | 88% | 21 | 58% |
| | | 22 | 92% | 22 | 61% |
| | | 23 | 96% | 23 | 64% |
| | | 24 | 100% | 24 | 67% |
| | | | | 25 | 69% |
| | | | | 26 | 72% |
| | | | | 27 | 75% |
| | | | | 28 | 78% |
| | | | | 29 | 81% |
| | | | | 30 | 83% |
| | | | | 31 | 86% |
| | | | | 32 | 89% |
| | | | | 33 | 92% |
| | | | | 34 | 94% |
| | | | | 35 | 97% |
| | | | | 36 | 100% |

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.

ii. The Company may cancel the policy at any time on grounds of misrepresentation, 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.

**6.28Migration**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed guidelines on migration, kindly refer the link: www.cholainsurance.com

**6.29 Arbitration**

a. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language.
b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

**6.30 Disclaimer**

It is also hereby further expressly agreed and declared that if we shall disclaim liability to You 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.

## Section 7 : GRIEVANCES

**7.1 Mechanism for Grievance Redressal:-**

In case of any grievance the insured person may contact the company through

Website : www.cholainsurance.com
Toll free : 1800 208 5544
E-Mail : customercare@cholams.murugappa.com
Fax : 044 -4044 5550
Courier : **Cholamandalam MS General Insurance Company Limited, Customer services,** Head Office **Dare House** 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001

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 GRO@cholams.murugappa.com

For details of grievance officer, kindly refer the link www.cholainsurance.com

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance in 'Senior Citizen Channel' which shall be processed on Fast Track Basis by dedicated personnel.

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.

Grievance may also be lodged at IRDAI Integrated Grievance Management system https://igms.irda.gov.in/

| Areas of Jurisdiction | Office of the Insurance Ombudsman |
|---|---|
| Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu | Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014<br>Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in |

| | |
|---|---|
| Karnataka | Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in |
| Madhya Pradesh and Chhattisgarh | Office of the Insurance Ombudsman, Janakvihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: bimalokpal.bhopal@ecoi.co.in |
| Odisha | Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: bimalokpal.bhubaneswar@ecoi.co.in |
| Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh | Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email.: bimalokpal.chandigarh@ecoi.co.in |
| Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry) | Office of the Insurance Ombudsman,Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email.: bimalokpal.chennai@ecoi.co.in |
| Delhi | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax.011-23230858, Email.: bimalokpal.delhi@ecoi.co.in |
| Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura | Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in |
| Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry | Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in |
| Rajasthan | Office of the Insurance Ombudsman,JeevanNidhi – II Bldg, Gr. Fllor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in |
| Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry | Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in |
| West Bengal, UT of Andaman and Nicobar Islands, Sikkim | Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in |
| Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, | Office of the Insurance Ombudsman, 6th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522- |

# CHOLA HEALTHLINE

CHOHLIP21300V032021
POLICY WORDINGS

| | |
|---|---|
| Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar | 2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in |
| Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane | Office of the Insurance Ombudsman, 3rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in |
| State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur, | Office of the Insurance Ombudsman, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email.: bimalokpal.noida@ecoi.co.in |
| Bihar, Jharkhand | Office of the Insurance Ombudsman, 1st Fllor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in |
| Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region | Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in |

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**
Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.
Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550
E: customercare@cholams.murugappa.com; website: www.cholainsurance.com
IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

# CHOLA HEALTHLINE

CHOHLIP21300V032021
POLICY WORDINGS

**AN N E X U R E 1** *(attached to and forming part of policy wordings)*
List of Free Health Check-ups Eligible as per plan opted

| Check -ups Eligible | Freedom Healthline Plan (Once after 3 claim free years) | Enrich Healthline Plan (Once after 2 claim free years) | Privilege Healthline Plan (Once after 2 claim free years) |
|---|---|---|---|
| **MER** | ✓ | ✓ | ✓ |
| **CBC** | ✓ | ✓ | ✓ |
| **ECG** | ✓ | ✓ | ✓ |
| **CUE** | ✓ | ✓ | ✓ |
| **FBS** | ✓ | ✓ | ✓ |
| **LFT** | ✓ | ✓ | ✓ |
| **RFT** | | | ✓ |
| **CXR** | | | ✓ |
| **Lipid Profile** | | | ✓ |
| **USG** | | | ✓ |
| **TMT** | | | ✓ |

a. MER – Medical Examination Report
b. CBC – Complete blood Count
c. ECG – Electro Cardio Gram
d. CUE – Complete Urine Examination
e. FBS – Fasting Blood Sugar
f. LFT – Liver Function Test
g. RFT – Renal Function Test
h. CXR – Chest X-Ray
i. Lipid Profile
j. USG – Ultra Sono Gram
k. TMT – Treadmill Test

**AN N E X U R E 2** *(attached to and forming part of policy wordings)*
**List of Non-Medical Expenses excluded in this Policy**

| **LIST I – ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY** | |
|---|---|
| **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 | SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22 | TELEVISON 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 | SPLINLT |
| 44 | DIABETIC FOOT WEAR |
| 45 | KNEE BRACES (LONG/SHORT/HINGED) |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47 | LUMBO SACRAL BELTT |
| 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 POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE) |
| 55 | ECG ELECTRODES |
| 56 | GLOVES |
| 57 | NEBULISATION KIT |

# CHOLA HEALTHLINE

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| | |
|---|---|
| 58 | ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, 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 |
| **LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES** | |
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2 | HAND WASH |
| 3 | SHOE COVER |
| 4 | CAPS |
| 5 | CRADLE CHARGES |
| 6 | COMB |
| 7 | EAU0DE-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 EXPENSE |
| 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 |

# CHOLA HEALTHLINE

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| | |
|---|---|
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37 | PULSEOXYMETER CHARGES |
| **LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES** | |
| 1 | HAIR REMOVAL CREAM |
| 2 | DISPOSABLE 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 |
| **LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT** | |
| 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 | ALCOHOLT SWABES |
| 16 | SCRUB SOLUTION/STERILLIUM |
| 17 | GLUCOMETER & STRIPS |
| 18 | URINE BAG |

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# CHOLA HEALTHLINE

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POLICY WORDINGS

## List of Day care procedures

***Operations on the ears***

| ***Sl no*** | ***Microsurgical operations on the middle ear*** |
|---|---|
| *1* | *Stapedotomy* |
| *2* | *Stapedectomy* |
| *3* | *Revision of a Stapedectomy* |
| *4* | *Other operations on the auditory ossicles* |
| *5* | *Myringoplasty (Type I tympanoplasty)* |
| *6* | *Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)* |
| *7* | *Revision of a tympanoplasty* |
| *8* | *Other microsurgical operations on the middle ear* |
| | ***Other operations on the middle and internal ear*** |
| *9* | *Paracentesis (myringotomy)* |
| *10* | *Removal of a tympanic drain* |
| *11* | *Incision of the mastoid process and middle ear* |
| *12* | *Mastoidectomy* |
| *13* | *Reconstruction of the middle ear* |
| *14* | *Other excisions of the middle and inner ear* |
| *15* | *Fenestration of the inner ear* |
| *16* | *Revision of a fenestration of the inner ear* |
| *17* | *Incision (opening) and destruction (elimination) of the inner ear* |
| *18* | *Other operations on the middle and inner ear* |

***Operations on the nose and the nasal sinuses***

| | |
|---|---|
| *19* | *Excision and destruction of diseased tissue of the nose* |
| *20* | *Operations on the turbinates (nasal concha)* |
| *21* | *Other operations on the nose* |
| *22* | *Nasal sinus aspiration* |

***Operations on the eyes***

| | |
|---|---|
| *23* | *Incision of tear glands* |
| *24* | *Other operations on the tear ducts* |
| *25* | *Incision of diseased eyelids* |
| *26* | *Excision and destruction of diseased tissue of the eyelid* |
| *27* | *Operations on the canthus and epicanthus* |
| *28* | *Corrective surgery for entropion and ectropion* |
| *29* | *Corrective surgery for blepharoptosis* |
| *30* | *Removal of a foreign body from the conjunctiva* |
| *31* | *Removal of a foreign body from the cornea* |
| *32* | *Incision of the cornea* |
| *33* | *Operations for pterygium* |
| *34* | *Other operations on the cornea* |
| *35* | *Removal of a foreign body from the lens of the eye* |
| *36* | *Removal of a foreign body from the posterior chamber of the eye* |
| *37* | *Removal of a foreign body from the orbit and eyeball* |
| *38* | *Operation of cataract* |

***Operations on the skin and subcutaneous tissues***

*39 Incision of a pilonidal sinus*
*40 Other incisions of the skin and subcutaneous tissues*
*41 Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin*
*42 Removal of subcutaneous tissues*
*43 Local excision of diseased tissue of the skin and subcutaneous tissues*
*44 Other excisions of the skin and subcutaneous tissues*
*45 Simple restoration of surface continuity of the skin and subcutaneous tissues*
*46 Free skin transplantation, donor site*
*47 Free skin transplantation, recipient site*
*48 Revision of skin plasty*
*49 Other restoration and reconstruction of the skin and subcutaneous tissues*
*50 Chemosurgery to the skin*
*51 Destruction of diseased tissue in the skin and subcutaneous tissues*

***Operations on the mouth and face***

***Operations to the tongue***

*52 Incision, excision and destruction of diseased tissue of the tongue*
*53 Partial glossectomy*
*54 Glossectomy*
*55 Reconstruction of the tongue*
*56 Other operations on the tongue*

***Operations on the salivary glands and salivary ducts***

*57 Incision and lancing of a salivary gland and a salivary duct*
*58 Excision of diseased tissue of a salivary gland and a salivary duct*
*59 Resection of a salivary gland*
*60 Reconstruction of a salivary gland and a salivary duct*
*61 Other operations on the salivary glands and salivary ducts*

***Other operations on the mouth and face***

*62 External incision and drainage in the region of the mouth, jaw and face*
*63 Incision of the hard and soft palate*
*64 Excision and destruction of diseased hard and soft palate*
*65 Incision, excision and destruction in the mouth*
*66 Plastic surgery to the floor of the mouth*
*67 Palatoplasty*
*68 Other operations in the mouth*

***Operations on the tonsils and adenoids***

*69 Transoral incision and drainage of a pharyngeal abscess*
*70 Tonsillectomy without adenoidectomy*
*71 Tonsillectomy with adenoidectomy*
*72 Excision and destruction of a lingual tonsil*
*73 Other operations on the tonsils and adenoids*

***Traumatological surgery and orthopaedics***

*74 Incision on bone, septic and aseptic*
*75 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis*
*76 Suture and other operations on tendons and tendon sheath*
*77 Reduction of dislocation under GA*

*78* *Arthroscopic knee aspiration*

***Operations on the breast***

*79* *Incision of the breast*
*80* *Operations on the nipple*

***Operations on the digestive tract***

*81* *Incision and excision of tissue in the perianal region*
*82* *Surgical treatment of anal fistulas*
*83* *Surgical treatment of haemorrhoids*
*84* *Division of the anal sphincter (sphincterotomy)*
*85* *Other operations on the anus*
*86* *Ultrasound guided aspirations*
*87* *Sclerotherapy etc.*

***Operations on the female sexual organs***

*88* *Incision of the ovary*
*89* *Insufflation of the Fallopian tubes*
*90* *Other operations on the Fallopian tube*
*91* *Dilatation of the cervical canal*
*92* *Conisation of the uterine cervix*
*93* *Other operations on the uterine cervix*
*94* *Incision of the uterus (hysterotomy)*
*95* *Therapeutic curettage*
*96* *Culdotomy*
*97* *Incision of the vagina*

*98* *Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas*
*99* *Incision of the vulva*
*100* *Operations on Bartholin's glands (cyst)*

***Operations on the male sexual organs***

***Operations on the prostate and seminal vesicles***

*101* *Incision of the prostate*
*102* *Transurethral excision and destruction of prostate tissue*
*103* *Transurethral and percutaneous destruction of prostate tissue*
*104* *Open surgical excision and destruction of prostate tissue*
*105* *Radical prostatovesiculectomy*
*106* *Other excision and destruction of prostate tissue*
*107* *Operations on the seminal vesicles*
*108* *Incision and excision of periprostatic tissue*
*109* *Other operations on the prostate*

***Operations on the scrotum and tunica vaginalis testis***

*110* *Incision of the scrotum and tunica vaginalis testis*
*111* *Operation on a testicular hydrocele*
*112* *Excision and destruction of diseased scrotal tissue*
*113* *Plastic reconstruction of the scrotum and tunica vaginalis testis*
*114* *Other operations on the scrotum and tunica vaginalis testis*

***Operations on the testes***

*115* *Incision of the testes*
*116* *Excision and destruction of diseased tissue of the testes*
*117* *Unilateral orchidectomy*
*118* *Bilateral orchidectomy*
*119* *Orchidopexy*
*120* *Abdominal exploration in cryptorchidism*
*121* *Surgical repositioning of an abdominal testis*
*122* *Reconstruction of the testis*
*123* *Implantation, exchange and removal of a testicular prosthesis*
*124* *Other operations on the testis*

***Operations on the spermatic cord, epididymis und ductus deferens***

*125* *Surgical treatment of a varicocele and a hydrocele of the spermatic cord*
*126* *Excision in the area of the epididymis*
*127* *Epididymectomy*
*128* *Reconstruction of the spermatic cord*
*129* *Reconstruction of the ductus deferens and epididymis*
*130* *Other operations on the spermatic cord, epididymis and ductus deferens*

***Operations on the penis***

*131* *Operations on the foreskin*
*132* *Local excision and destruction of diseased tissue of the penis*
*133* *Amputation of the penis*
*134* *Plastic reconstruction of the penis*
*135* *Other operations on the penis*

***Operations on the urinary system***

*136* *Cystoscopical removal of stones*

***Other Operations***

*137* *Lithotripsy*
*138* *Coronary angiography*
*139* *Haemodialysis*
*140* *Cancer Chemotherapy*
*141* *Radiotherapy for Cancer*