**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

**Individual Healthline Insurance**
CHOHLIP21308V022021
**Policy Wordings**

# INDIVIDUAL HEALTHLINE INSURANCE

## Sections

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| **Section 1 – Customer Information Sheet** | | | |
|---|---|---|---|
| **S No** | **Title** | **Description** | **Policy Clause Number** |
| 1 | Product Name | Approved Brand Name | **Individual Healthline Insurance** |
| 2 | What am I covered for: | Hospital admission longer than 24 hrs | Section 3 Coverages 3.1.1 |
| | | Related medical expenses incurred 60 days prior to date of admission | Section 3 Coverages 3.1.3 |
| | | Related medical expenses incurred 90 days from date of discharge | Section 3 Coverages 3.1.2 |
| | | Listed day care procedures requiring hospitalization for less than 24 hrs | Section 3 Coverages 3.1.5 |
| | | Ambulance Expenses | Section 3 Coverages 3.1.4 |
| | | Home Hospitalization | Section 3 Coverages 3.1.6 |
| | | Maternity Expenses | Section 3 Coverages 3.1.7 |
| | | Ayurvedic Therapy treatment | Section 3 Coverages 3.1.8 |
| | | Out Patient Dental Treatments | Section 3 Coverages 3.2.1 |
| | | External Aids - Spectacles, Contact Lenses, Hearing Aid | Section 3 Coverages 3.2.2 |
| | | Minor Accompaniment Cash | Section 3 Coverages 3.2.3 |
| | | Daily Cash for choosing shared accommodation | Section 3 Coverages 3.2.4 |
| 3 | What are the Major exclusions in the policy: | Circumcision unless necessary for the treatment of an Illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury | Section 5 General Exclusion 5.2.14 |
| | | Vaccination or inoculation unless forming a part of post-animal bite treatment | Section 5 General Exclusion 5.2.15 |
| | | Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12** | Section 5 General Exclusion 5.2.7 |
| | | War and allied perils | Section 5 General Exclusion 5.2.24 |
| 4 | Waiting period | Initial Waiting period: 30 days for all illness (not applicable on renewal and for accidents) | Section 5.1 Waiting periods - 5.1.3 |
| | | Specific Waiting period:<br>- 12 months for listed disease<br>- 24 months for listed disease<br>- Maternity Expenses<br>- OPD Dental<br>- External Aids | Section 5 Waiting Period 5.1 – 5.1.2<br>Section 5 Waiting Period 5.1 – 5.1.2<br>Section 3 Coverages 3.1.7 |

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| | | | Section 3 Coverages 3.2.1<br>Section 3 Coverages 3.2.2 |
| | | Pre-existing diseases: covered after 48 months | Section 5.1 Waiting periods - 5.1.1 |
| 5 | Payment basis | Cashless Hospitalisation<br>Reimbursement of covered expenses upto specified limits | Section 6 General condition 6.20 |
| 6 | Loss sharing | In case of a claim, this policy requires you to share the following costs:<br>Expenses exceeding the following sub-limits:<br>**Room Rent** - upto Rs.3000/day for 3, 3.5, 4, 4.5, 5, 5.5 lakhs SI<br>**Disease Capping :** Cataract-7.5% of SI max Rs.20000/- per eye (Standard, Superior Plan), Hernia or Hydrocele-10% of SI, max Rs.30000/- Fistula in Anus, Anal Fissure, Piles-10% of SI, max Rs.30000/-, Sinusitis-10% of SI, max Rs.30000/-, Tonsilitis or Adenoids-15% of SI, max Rs.40000/- | 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 condition 6.23 |
| 8 | Renewal Benefits | 5% increase in the Insured's annual limit for every claim free year upto a maximum of 50%<br>In the case a claim is made during a policy year, the bonus proportion would reduce by 5% in the following year<br>Health Checkup once in two claim free years | Section 3 Coverages 3.2.6, 3.2.7 and 3.2.5 |
| 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 6.28 |
| 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. | Section 6 General condition 6.20 |
| 11 | Policy Servicing/ Grievances/Complaints | In case of any grievance the insured person may contact the company through | Section 7 Grievance Redressal Mechanism |

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| | | 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<br>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 | Section 6 General condition<br>6.6, 6.23, 6.29, 6.27, 6.26, 6.20 |

| | | | |
|---|---|---|---|
| | | id customercare@cholams.murugappa.com or 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 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 condition<br>6.9 |

**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 on Individual 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 Person /Insured/ Policyholder/ Proposer** in this document refers to **You and all the Insured persons** covered under this policy. The term **Insurer/ Us/ our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited.**

**Section 2: SCHEDULE OF BENEFITS**

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

| S No | Benefits / Plan | Standard | Superior | Advanced |
|---|---|---|---|---|
| 1 | Sum Insured (in Lakhs) | 0.5/1/2/3/4/5 | 2.5/3.5/4.5/5.5/7.5/10 | 3.5/4.5/5.5/7.5/10 |
| 2 | Hospitalization Expenses | Covered | Covered | Covered |
| 3 | Entry Age | 3 months to 65 Years | 3 months to 65 Years | 3 months to 65 Years |
| 4 | Pre Hospitalization Expenses | 60 days | 60 days | 60 days |
| 5 | Post Hospitalization Expenses | 90 days | 90 days | 90 days |
| 6 | Emergency Ambulance | Rs.1000 per insured per policy year | Rs.2000 per insured per policy year | Rs.3000 per insured per policy year |
| 7 | Day Care Procedures /Treatment Expenses | Covered | Covered | Covered |
| 8 | Room, Boarding & Nursing Expenses | SI - Rs.0.5& 1 Lakh – Non AC Room upto Rs.1000 per day SI – Rs.2, 3, 4, 5 Lakh – AC Single Room upto Rs.3000 per day | SI – Rs.2.5,3.5, 4.5, 5.5 Lakh – AC Single Room upto Rs.3000 per day SI – Rs.7.5 & 10 Lakhs – Max 1% of the Sum Insured | SI – Rs.3.5, 4.5, 5.5 Lakh – AC Single Room upto Rs.3000 per day SI – Rs.7.5 & 10 Lakhs – Max 1% of the Sum Insured |
| 9 | Home Hospitalization | Cover Not Applicable | Upto 15% of the SI, Max Rs.70,000 | Upto 25% of the SI, Max Rs.1 Lakh |
| 10 | Maternity Expenses (Waiting period 5 years) | Cover Not Applicable | Normal – Rs.15,000 Caesarean–Rs.25,000 | Normal – Rs.25,000 Caesarean– Rs.40,000 |
| 11 | Ayurvedic Therapy Treatments (20% Co-payment) | Cover Not Applicable | Cover Not Applicable | Upto 7.5% of SI – Specific treatments only |
| 12 | OPD Dental (Waiting Period 3 years) – 30% Co-payment | Cover Not Applicable | Cover Not Applicable | 1% of SI, Max Rs.5,000 |
| 13 | External aids (Specs, Contact Lens, Hearing aids) – (Waiting period 3 years) – 30% Co-payment | Cover Not Applicable | Cover Not Applicable | 1% of SI, Max Rs.5,000 - once in a block of 2 years |
| 14 | Minor Accompaniment Daily Cash | Cover Not Applicable | Rs.250/ day for max 7 days with 1 day deductible | Rs.250/ day for max 14 days with 1 day deductible |
| 15 | Daily Cash for choosing shared | Rs.250/ day for max 7 days with 1 day deductible | Rs.500/ day for max 7 days with 1 day deductible | Rs.500/ day for max 14 days with 1 day deductible |

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| 16 | General Health check-up & eye examination | 0.5% of SI once after every two continuous claim free renewals, excluding the year in which the benefit is claimed | 0.75% of SI once after every two continuous claim free renewals, excluding the year in which the benefit is claimed | 1.0% of SI once after every two continuous claim free renewals, excluding the year in which the benefit is claimed |
| 17 | Sublimits Against Diseases | Cataract - 7.5% of SI, max Rs.20000 per eye<br>Hernia or Hydrocele -10% of SI, max Rs.30000<br>Fistula in Anus, Anal Fissure, Piles -10% of SI, max Rs.30000<br>Sinusitis -10% of SI, max Rs.30000<br>Tonsilitis or Adenoids -15% of SI, max Rs.40000 | Cataract - 7.5% of SI, max Rs.20000 per eye | NIL |
| 18 | Cumulative bonus | 5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured | 5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured | 5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured |
| 19 | Reduction in Cumulative Bonus | 5% of Sum Insured | 5% of Sum Insured | 5% of Sum Insured |

*The benefits applicable to you will depend on the Plan and Sum Insured opted by you as shown in your Policy Schedule.*

*For details on specific benefits refer to Coverage parts (Section 3) of policy Wordings.*

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

The indemnity provided under this policy is subject to a co-pay of 10% applicable for all claims admissible under the policy. The 10% co-pay is not applicable if the proposer has applied for the waiver of the same and paid necessary additional premium.

The 10% co-payment and waiver mentioned above will not be applicable in the case of Sl Nos 9, 10, 11 & 12 in table above for which the co-pay is as specified above.

Above age of 70 yrs an additional co-pay of 20% shall apply in the event of claims over and above other policy conditions.

**Section 3: C O V E R A G E S**
Upon the happening of the event under 3.1 to 3.2 below during the policy period, the Insurer 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; The indemnity provided under this policy is subject to a co-pay of 10% applicable for all claims admissible under the policy. This co-pay is not applicable if the proposer has applied for waiver of the same and paid necessary additional premium.

### 3.1 Benefits forming part of Sum Insured opted

#### 3.1.1 Hospitalization Expenses

If the Insured is diagnosed with an Illness or suffers Accidental Bodily Injury which necessitates his Hospitalisation, the Insurer will reimburse the Insured Person's consequent hospitalisation expenses upto limits mentioned in the policy schedule for:

a) Room and boarding
b) Doctors fees
c) Intensive Care Unit
d) Nursing expenses
e) Surgical fees, operating theatre, anesthesia 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
k) Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

#### 3.1.2 Post-hospitalisation Expenses

If the Insurer accepts a claim under a) above and, immediately following the Insured Person's discharge, he requires further medical treatment directly related to the same condition for which the Insured Person was Hospitalised, the Insurer will reimburse the Insured Person's Post-hospitalisation Expenses for upto 90 days following his discharge.

#### 3.1.3 Pre-hospitalisation Expenses

If the Insured Person is diagnosed with an Illness which results in his Hospitalisation and for which the Insurer accepts a claim under a) above, the Insurer will reimburse the Insured Person's Pre-hospitalisation Expenses for up to 60 days (applicable after 30 days waiting period) prior to hospitalisation as long as the 60 day commences and ends within the Policy Period

#### 3.1.4 Emergency Ambulance

The Insurer will also pay for Emergency ambulance road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency upto the limits mentioned in the schedule of benefits.

#### 3.1.5 Day Care 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

#### 3.1.6 Home Hospitalisation

The Medical Expenses incurred by an Insured Person for medical treatment taken at his/her home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

a) 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 the entire period

b) Pre-hospitalisation expenses for up to 60 days in accordance with Section 3.1.3 and post hospitalisation benefit upto 90 days in accordance with section 3.1.2 will be covered under this benefit.
c) No payment will be made under this benefit if the condition for which the Insured Person requires medical treatment towards following ailments:
   1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
   2. Arthritis, Gout and Rheumatism,
   3. Chronic Nephritis and Nephritic Syndrome,
   4. Diarrhoea and all type of Dysenteries including Gastroenteritis,
   5. Diabetes Mellitus and Insupidus,
   6. Epilepsy,
   7. Hypertension,
   8. Pyrexia of unknown Origin.

Cashless facility will not be available for such a claim

**3.1.7 Maternity Expenses (with 5 year waiting period)**

Five consecutive renewals without break, under Superior and Advanced plan of this product shall entitle the insured, from the sixth year onwards, upto limits mentioned in the schedule, to medical expenses for delivery (including caesarean section) while Hospitalised or the lawful medical termination of pregnancy during the policy period excluding elective termination without threat to mother or child's life, limited to 2 deliveries or terminations or either one of each during the lifetime of the Insured. This will include ectopic pregnancy, 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:

a. Maximum liability per delivery or termination shall be limited to the amount specified in the Schedule of Benefits
b. Pre- and post-hospitalisation expenses are not covered under this benefit.
c. The Insured Person must have been covered by this policy for the period of time specified in the Schedule of benefits

**3.1.8 Ayurvedic Therapy treatment**

The insured under Advanced plan of this product is entitled for cost of (non cosmetic) Ayurvedic treatment, restricted to 80% of the actual cost and subject to the maximum limit as mentioned in the benefit schedule and with prior approval from the Insurer, with mandatory 24 hour hospitalization/residential inpatient with

   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.

This is applicable only in case of diseases as per Annexure 1 attached.

The 10% co-payment clause as mentioned in Section 3 is not applicable 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 Out Patient Dental Treatments (with 3 year waiting period)

Three consecutive renewals without break, shall entitle the Insured under Advanced plan of this product for 70% of the actual costs of necessary dental treatment from the fourth policy year taken from a dentist provided that:

a. Maximum liability shall be limited to the amount specified in the Schedule of Benefits, and
b. The insurer will pay towards X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same,
c. The policy excludes dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics surgery, orthognathic surgery, jaw alignment or treatment for the tempero-mandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the tempero-mandibular (jaw) unless necessitated by an acute traumatic injury, burns or cancer.

This benefit will commence only after 3 year waiting period. The 10% co-payment clause as mentioned in Section 3 is not applicable for this benefit.

The benefit under this section becomes payable only on commencement of the 4th policy year.

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

#### 3.2.2 External Aids - Spectacles, Contact Lenses, Hearing Aid (with 3 years waiting period)

Three consecutive renewals without break, shall entitle the Insured under Advanced plan of this product for 70 % of the actual cost of either of the following.

a. One pair of spectacles or contact lenses, OR
b. A hearing aid, excluding batteries.

From the fourth year, this benefit can be availed once in a block of two years on continuous renewals with out a break with the insurer, provided that:

a. If the costs claimed are incurred as Outpatient Treatment expenses then these items must be prescribed by a EYE/ENT specialised Medical Practitioner, and
b. Insurers maximum liability shall be limited to the amount mentioned in the Schedule of Benefits

The 10% co-payment clause as mentioned in Section 3 is not applicable for this benefit.

The benefit under this section becomes payable only on commencement of the 4th policy year.

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

#### 3.2.3 Minor Accompaniment Cash

If the Insured Person Hospitalised is a child Aged 12 years or less, We will pay a daily cash amount limited to the amount mentioned in the Schedule of Benefits for 1 accompanying adult for each complete period of 24 hours if Hospitalisation exceeds 72 hours, provided that:

a. Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
b. We have accepted an inpatient Hospitalisation claim under Section 3.1.1

#### 3.2.4 Daily Cash for choosing shared accommodation

A daily cash amount will be payable per day if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours, provided that:

a. Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
b. This benefit shall not apply to time spent by the Insured Person in an intensive care unit, and
c. We have accepted an inpatient Hospitalisation claim under Section 3.1.1

**3.2.5 General Health and Eye Check Up**

If no claim has been made by the insured persons in respect of any benefits and the insured has renewed the policy with us for the two continuous claim free years,, we will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured (excluding the Claim free Bonus if any) towards the cost of a medical check-up for those Insured persons who were insured for the number of previous Policy years mentioned in the Schedule.

In respect of this benefit, claim free year means a policy year in which no claim has been admissible by the company from the insured. Any unutilized limit under a particular policy shall lapse once the policy expires.

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

**3.2.6 Cumulative Bonus**

If the insured has not made a claim in a policy year 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 50% 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.

**3.2.7 Reduction in Cumulative Bonus**

In the event of a claim during a policy year, 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.

**Section 1 : 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.

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. **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
4. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
5. **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.
6. **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.
7. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

9. **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.
10. **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.
11. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
12. **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
13. **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.
14. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
15. **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.
16. **Dependents** refer to family members listed below, who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income. Spouse, Parents.
17. **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
18. **Diagnostic Test** means iinvestigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
19. **Domiciliary hospitalization** 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.
20. **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.
21. **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
22. **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
23. **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
24. **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

25. **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
26. **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
27. **Identification** or **ID card** means the card issued to You by us.
28. **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.
29. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
30. **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
31. **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
32. **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
33. **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
34. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
35. **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.
36. **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.

37. **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.
38. **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.
39. **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.
40. **Network Provider/ Hospital** means 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.
41. **Newborn Baby** means baby born during the policy period and is aged upto 90 days
42. **Non- Network** means any hospital, day care centre or other provider that is not part of the network.
43. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
44. **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.
45. **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.
46. **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 Section 6 - General Condition 6.28 below.
47. **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.
48. **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.
49. **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.
50. **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
51. **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.

52. **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
53. **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
54. **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.
55. **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
56. **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
57. **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
58. **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.
59. **Sum Insured** means the amount shown in the policy schedule which shall be our maximum liability for each Insured Person for any and all benefits claimed for during the policy period.
60. **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
61. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
62. **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.

## Section 2 : E X C L U S I O N S

### 5.1. Waiting Periods

**5.1.1. 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.

**5.1.2 Specified disease/procedure waiting period – Code – Excl02:**

**a)** Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 12 and 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

| **Illnesses excluded for One year** | **Illnesses excluded for Two years** |
|---|---|
| Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula, Piles, Sinusitis & related disorders | Spondilitis, Spondilosis, Knee / Hip joint replacement, Internal congenital diseases , Osteoarthritis of any joint,<br>Calculus diseases of gall bladder and urogenital, Gastric & duodenal ulcers, Internal Tumours, cysts, nodules, polyps including breast lumps (each of any kind unless malignant), Gout & Rheumatism, ENT disorders & Surgery, Surgery of genito urinary system, Surgery for prolapsed inter vertebral disk, Surgery of varicose veins & varicose ulcers, Surgery on tonsils |

**5.1.3 30-day waiting period – Code – Excl03**

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

**b)** This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

**c)** The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

5.2. **General Exclusion**

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. **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

3. **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**
4. **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**
5. **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**
6. **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**
7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**
8. 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**
9. 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**
10. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. **Code – Excl15**
11. **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**
12. **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
13. **Maternity: Code – Excl18: (**except to the extent of coverage provided under Section 3.1.7.)
    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.
14. Circumcision unless necessary for the treatment of an Illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.
15. Vaccination, inoculation.The exclusion on vaccination does not include post-bite treatment.
16. Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires Hospitalisation; is carried out under general anaesthesia and is necessitated by Illness or Accidental Bodily Injury except to the extent of coverage provided under Section 3.2.1.

17. 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.
18. 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.
19. Any expenses incurred towards hearing aids, eyeglasses or contact lenses except to the extent of coverage provided under Section 3.2.2.
20. Any travel or transportation costs or expenses.
21. Costs incurred on all medical treatments other than Allopathic Treatments. Ayuvedic expenses covered to the extent of coverage provided under Section 3.1.8.
22. 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 stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
23. Any external congenital diseases, defects or anomalies;
24. War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.
25. Ionising radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel or otherwise; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products.
26. 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 Due care**
The Insured Person / persons shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimise its financial consequences

**6.3 Misdescription**
This 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 by the insured person(s).

**6.4 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.

**6.5 Cost of pre-insurance health checkup**
The Company agrees to reimburse upto 50% of the cost of examinations pertaining to the proposal to the insured on acceptance of the proposal and approval of the policy. This will be provided as refund of premium to the customer after the policy issuance.

**6.6 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.

If 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

**6.7 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.

**6.8 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.

**6.9 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

**6.10Excluded 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.

**6.11 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.

**6.12Transfer**

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

**6.13Nomination**

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.

**6.14Fraud**

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.

**6.15 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.

**6.16 Entire Contract**

**Individual Healthline Insurance**
CHOHLIP21308V022021
**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.

**6.17 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.

**6.18 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.

**6.19Assignment**

The Policy can be assigned subject to applicable laws

## III. CONDITIONS WHEN A CLAIM ARISES

**6.20 Claim 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.

**6.20.1 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.

**6.20.2 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

**6.20.3 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)

**6.20.4 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

**6.20.5 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

**6.21 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

**6.22 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

**IV.CONDITIONS FOR RENEWAL OF THE CONTRACT**

**6.23 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.

**6.24 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.

**6.25 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.

**6.26 Sum Insured Enhancement**
If you decide to increase the sum insured at the time of renewal 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, 1 year, 2 years and 4 years waiting periods as per exclusions 5.1.1, 5.1.2 and 5.1.3 above.

**6.27 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

**6.28 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 | |
|---|---|
| **Period on Risk** | **Rate of Premium to be retained** |
| Up to 1 month | 25% of annual premium |
| Up to 3 months | 50% of annual premium |
| Up to 6 months | 75% of annual premium |
| Exceeding 6 months | Full annual premium |

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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.

**6.29 Migration**
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

**6.30 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 and the venue will be in Chennai.
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.

**6.31 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.

**6.32 Automatic Termination**
This policy shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

- Upon the demise of the covered person, in which case we will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the sum insured. However this will not affect the renewal for the subsequent period.

## Section 7 : GRIEVANCES

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.

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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 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, 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 | Office of the Insurance Ombudsman, 6th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. 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 |

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| | |
|---|---|
| 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 |

**Annexure1 - List of Ayurvedic ailments treatments/Cures which are eligible for payment under the scope of this policy**

| Sl No | Ayurvedic Ailments Treatment/Cures Available |
|---|---|
| 1 | Ayurveda Treatments for Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) |
| 2 | Ayurveda Treatments for Vascular Disorders and Cardiac Conditions |
| 3 | Ayurveda Treatment for MS or Multiple Sclerosis |
| 4 | Ayurveda Treatment for Body Paralysis and Hemiplegia |
| 5 | Ayurvedic Treatment for Diabetes |
| 6 | Ayurvedic Treatment for Blood Pressure (BP) |
| 7 | Ayurvedic Treatment for High Cholestrol |
| 8 | Ayurvedic Treatment for Slip Disc & Chronic Low Back Pain |
| 9 | Ayurvedic Treatment for Cancer |
| 10 | Ayurvedic treatment for breast cancer cancer of uterus, throat cancer |
| 11 | Ayurvedic Treatment for E.N.T. Diseases |
| 12 | Ayurvedic treatment for epilepsy |
| 13 | Ayurvedic treatment for Facial Paralysis |
| 14 | Ayurvedic treatment for gastric and liver problems |
| 15 | Ayurvedic treatment for eye disorders |
| 16 | Ayurvedic treatment for cerebral palsy |
| 17 | Ayurvedic treatment for Alzheimer's disease |
| 18 | Ayurvedic treatment for Kidney and bladder stones |
| 19 | Ayurvedic treatment for diabetes and cholesterol |
| 20 | Ayurvedic treatment for Polio |
| 21 | Ayurveda Treatment for Neurological Complaints |
| 22 | Ayurveda Treatment for Neuralgia |
| 23 | Osteoarthritis |
| 24 | Rheumatoid arthritis |
| 25 | Cervical & Lumbar spondylosis. |
| 26 | Myalgia |
| 27 | Psoriasis |
| 28 | Eczema |
| 29 | Paralysis, [Hemiplegia, Paraplegia] |
| 30 | Degenerative diseases of spine |
| 31 | Sciatica |
| 32 | Migraine |
| 33 | Acid peptic disorders |

| | |
|---|---|
| 34 | Piles |
| 35 | Fistula |
| 36 | Constipation, loss of appetite |
| 37 | Asthma, esonophilia |
| 38 | Chronic bronchitis |
| 39 | Sinusitis |
| 40 | Metabolic disorders like DM.HT, Liver and kidney dys function |

**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 |
| 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 |
| 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 |

Annexure3 - 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**

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| *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**

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| *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**

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|---|---|
| *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**

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|---|---|
| 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**

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|---|---|
| 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*

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|---|---|
| *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**

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|---|---|
| *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**

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|---|---|
| *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**

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| 136 | *Cystoscopical removal of stones* |

**Other Operations**

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