

CHOLA SUPER TOPUP INSURANCE

Sections

1. Schedule of Benefits
2. Coverages
3. Definitions
4. Exclusions
5. General Conditions
6. Grievance Redressal Mechanism
7. Annexure 1
8. List of Day Care Procedures

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 on Individual Sum Insured basis and in case of family coverage on floater Sum Insured basis. The method of coverage and the Sum Insured that has been opted by you is mentioned in the Policy Schedule. The term **You/ Your / Insured 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 1. SCHEDULE OF BENEFITS

In the event of **Insured Person** suffering from an illness or Accident during the Policy Period that requires hospitalisation on an Inpatient basis or treatment defined as a **Day Care Procedure**, then this policy will pay for the Medical Expenses for the benefits mentioned below in excess of the **Deductible** stated in the **Policy Schedule**.

The **deductible** will apply over aggregate of all admissible claims under the policy per annum.

In case of Individual Cover, the deductible will be applied over the aggregate of all the admissible claims made by the **Insured Person**.

In case of Family Floater Cover, the deductible will be applied over the aggregate of all the admissible claims made by all **Insured Persons** in the family.

PLANS	PREMIERE	SUPREME
In Patient Hospitalisation Expenses	Covered	Covered
Pre-Hospitalization Expenses	Not Covered	60 days
Post-Hospitalization Expenses	Not Covered	90 days
Emergency Ambulance Expenses	Covered	Covered
Day Care Procedures	Covered	Covered
Domiciliary Hospitalisation	Covered	Covered
AYUSH Coverage Expenses	Covered	Covered
Expenses considered for aggregate deductible	In Patient Hospitalisation Expenses	In Patient Hospitalisation Expenses
	Emergency Ambulance Expenses	Pre-Hospitalization Expenses
	Day Care Procedures	Post-Hospitalization Expenses
	Domiciliary Hospitalisation	Emergency Ambulance Expenses
	AYUSH Coverage Expenses	Day Care Procedures
		Domiciliary Hospitalisation AYUSH Coverage Expenses
WAITING PERIOD		
Initial waiting period of 30 days	Applicable	Applicable
Specific waiting period Applicable	12 months	12 months
Waiting period for Pre existing Disease	48 months	36 months
SUM INSURED OPTIONS AVAILABLE UNDER BOTH PLANS OF THE POLICY		
Sum Insured (SI) Options (in lacs)	Deductible Options (in lacs)	
3	1/2/3	
5	2/3/4/5/10	
7.5	3/4/5/7.5	
10	5/7.5/10	
15	5/10	
20	5/10/15	
25	10/15/20	

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

Note:

In case of Individual cover, the benefits shown in the table above will represent our maximum liability for each **Insured Person** for any and all claims made during the Annual Period (i.e. per annum for multi year tenure) within the **policy period**.

In case of **Family floater** cover, the benefits shown in the table above will represent our maximum liability for any and all claims made by all Insured person(s) in the family during the Annual Period (i.e. per annum for multi year tenure) within the policy period.

Illustration				
Sum Insured opted by the Insured	Rs.5,00,000/-			
Deductible opted	Rs.3,00,000/-	Deductible will apply over aggregate of all admissible claims under the policy per annum by insured (Individual cover) or insured family (in case of Family Floater cover).		
Policy Period	01-Jan-2016 to 31-Dec-2016			
Individual Cover				
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Super Topup Insurance
1	June	Rs.150000/-	Rs.150000/-	Nil
2	September	Rs.250000/-	Rs.150000/-	Rs.1,00,000/-
Total		Rs.400000/-	Rs.300000/-	
Family Floater Cover				
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Super Topup Insurance
1 - Insured 1	April	Rs.75000/-	Rs.75000/-	Nil
2 - Insured 3	August	Rs.200000/-	Rs.200000/-	Nil
3 - Insured 4	November	Rs.400000/-	Rs.25000/-	Rs.375000/-
Total		Rs.675000/-	Rs.300000/-	

SECTION 2

2.1 Coverage

2.1.1 Inpatient Hospitalisation Expenses:

This Policy will indemnify for medically necessary inpatient treatment expenses, under different heads mentioned below, incurred during the policy period towards hospitalization for the disease, illness, medical condition or injury contracted or sustained by the insured person during the **Policy Period** as stated in the **policy Schedule** subject to **deductibles**, terms, conditions and exclusions mentioned in the Policy.

- Room, Boarding charges as provided by the Hospital/Nursing Home in normal rooms or in ICU
- Nursing Expenses incurred during In-Patient hospitalization
- Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees
- Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, and diagnostic tests)
- Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, and Medicines & Drugs, Diagnostic Materials and Cost of Pacemaker, prosthetic and other devices implanted internally during a surgical procedure.
- Hospitalisation expenses of the Organ donor during the stay as in-patient solely for the purpose of harvesting the organ, excluding pre and post hospitalisation expenses for such donor.

2.1.2 Pre Hospitalisation Expenses (Applicable under plan SUPREME):

This Policy will pay for medical expenses incurred upto 60 days prior to the date of **Hospitalisation** subject to deductible provided that

- a. The expenses were incurred after the first 30 day waiting period as mentioned in Exclusion no 4.2.1
 - b. Such Medical Expenses are incurred for the same condition for which the **Insured Person's Hospitalization** was required, and
 - c. The Inpatient **Hospitalization** claim for such Hospitalization is admissible by Us
- Payment under this benefit will reduce the Sum Insured.

2.1.3 Post Hospitalisation Expenses (Applicable under plan SUPREME):

This Policy will pay for medical expenses incurred upto 90 days from the date of discharge from the hospital subject to deductible provided that

- a. Such Medical Expenses are incurred for the same condition for which the **Insured Person's Hospitalization** was required, and
 - b. The Inpatient **Hospitalization** claim for such Hospitalization is admissible by Us
- Payment under this benefit will reduce the Sum Insured.

2.1.4 Emergency Ambulance Expenses:

This Policy will pay for Road Ambulance Expenses actually incurred to transfer the **Insured Person** following an emergency to the nearest **Hospital** with adequate facilities, provided that:

- a) The ambulance service is offered by a healthcare or an ambulance service provider.
- b) The Inpatient **Hospitalization** claim for such Hospitalization is admissible by Us

Ambulance Expenses will be reimbursed to the **Insured** on submission of original bills. Cashless facility will not be available for Ambulance Expenses/Services. Payment under this benefit will reduce the Sum Insured.

2.1.5 Day Care Procedures:

This Policy will pay for Medical Expenses incurred as a Day Care Procedure/Treatment for the 141 list of procedures/treatment that requires less than 24 hours of hospitalization, upto **Sum Insured** in excess of **deductible** 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-authorized by us.

Payment under this benefit will reduce the Sum Insured.

2.1.6 Domiciliary Hospitalisation:

This policy will reimburse the Medical Expenses incurred by an **Insured Person** for medical treatment taken at his/her home which would otherwise have required Hospitalisation provided:

- a) on the advice of the attending Medical Practitioner, the **Insured Person** could not be transferred to a Hospital or
- b) a Hospital bed was unavailable, and provided that:
 - I. The condition for which the medical treatment is required continues for at least 3 days, in which case the Policy pays reasonable cost of necessary medical treatment for the entire period
 - II. Pre-hospitalisation expenses in accordance with Section 3.1.1.g (Applicable under Plan SUPREME) will be covered under this benefit. Post hospitalisation expenses will not be covered under this benefit.
 - III. 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. Psychiatric or Psychosomatic Disorders of all kinds,
9. Pyrexia of unknown Origin.

Cashless facility will not be available for such a claim. Payment under this benefit will reduce the Sum Insured.

2.1.7. AYUSH Coverage Expenses:

This **Policy** will pay for non-allopathic treatments that require more than 24 hrs of Hospitalization for illness or accidental bodily injury sustained by the **Insured** upto **Sum Insured** in excess of deductible as mentioned in the **policy schedule**.

The treatment should have been undergone in a Government hospital or in any institute recognized by the government and / or accredited by Quality council of India / National Accreditation Board on Health.

Payment under this benefit will reduce the Sum Insured.

SECTION 3. DEFINITIONS

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in the Policy and where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

1. **Accident / Accidental mean** 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. **Admissible Claim Amount** means the eligible amount payable under this policy, to You, upto the Sum Insured, after applying the Deductible and sublimits wherever applicable
4. **AYUSH Treatment** refers to the medical and / or hospitalisation treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems'.
5. **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
6. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
7. **Annual Period** refers to a continuous period of insurance of 12 months within the contract period.
8. **Cashless service/facility** means a service/ facility extended by the Company to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the Company to the extent pre-authorization approved
9. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
10. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

- 11. Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 12. Congenital Anomaly** means a condition which is present since birth, which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.
- 13. 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
- 14. Day care treatment** means medical treatment and/or surgical procedure which is
- undertaken under general or local anaesthesia in a hospital / day care centre in less than 24 hours because of technological advancement and
 - 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.
- 15. Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. Deductible will apply over aggregate of all admissible claims under the policy per annum by insured (individual policy) or insured family (in case of floater policy).
- 16. Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 17. Dependents** means only the family members / extended family members listed below, who is related to Primary Insured or proposer.
- Your legally married Spouse as long as he or she continues to be married to you
 - Your legal Children.
 - Your natural parents or parents that have legally adopted you
 - Parents in Laws as long as your spouse continues to be married to you
 - Grand Father, Grand Mother, Grand Son, Grand Daughter, Daughter in Law, Son in Law, Sister, Brother in Law, Brother, Sister in Law, Nephew, Niece.
- 18. 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
- 19. Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
- 20. Disclosure to information norm:** 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.

21. **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.
22. **Emergency Care** means management for an 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.
23. **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.
24. **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.
25. **Family** means and includes You, Your legally married Spouse, Your Children and Dependant Parents.
26. **Floater Sum Insured** means the Sum Insured as specified in the Schedule of the policy and is available for any one or all members of the family who have been mentioned as Insured Persons in the schedule for one or more claims during the period of Insurance.
27. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received.
28. **Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
29. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
30. **Identification or ID card** means the card issued to You by us.
31. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.
32. **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

- 33. 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
- 34. 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
- 35. ICU Charges** (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.
- 36. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 37. 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.
- 38. 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. For the purpose of this definition, close family members would mean and include the Insured person's Spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.
- 39. Medically necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by Insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 40. 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.
- 41. Network Provider/ Hospital** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
- 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** means the 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 a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

- 45. Organ Donor** means any person in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules and who donates any of his/her internal organ to the Insured Person subsequent to medical confirmation.
- 46. Policy period** means the period between the commencement date and earlier of
- The Expiry Date specified in the Schedule
 - The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition (6.14) below.
 - In a multi Tenure Policy, a policy year would be reckoned from the date of inception to 12 months of continuous cover.
- 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. Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
- 49. 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
- Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- 50. Pre-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 51. Pre-Existing Diseases** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and/or were diagnosed, and/or for which medical advice/treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- 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** means 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 under section 2.1 of the policy. In relation to individual policy it is our maximum liability for each Insured Person for any and all benefits claimed for during the Annual Period (i.e., per annum for multi year tenure) within the policy period and in relation to a Family Floater it is our maximum liability for any and all claims made by You and all of Your Dependents during the Annual Period (i.e., per annum for multi year tenure) within the Policy Period. This is the actual coverage amount over and above the deductible opted by you.
- 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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner
- 61. Unproven/Experimental treatment** means the treatment including drug Experimental therapy which is not 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 4. EXCLUSIONS

4.1 Deductible

The **Company** will not be liable for claims/claim amount falling within **deductible** limit as opted and mentioned on the **Policy Schedule**.

4.2 Waiting Periods

4.2.1 A waiting period of 30 days will apply to all claims from the commencement date of the **policy** except in case of injuries caused by **accidents**.

This exclusion does not apply for subsequent renewals with the **Company** without a break

4.2.2 Expenses incurred on treatment of following diseases during the first year of inception of the **Policy** will not be payable:

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

If these diseases are **pre-existing** at the time of proposal, the same will be considered as per exclusion 4.3 below under the **Policy**.

Waiting period of 30 days and One Year will not be applicable if **hospitalisation** is caused directly due to an accident during **policy period**.

4.3 Pre-Existing Disease (PED):

Benefits will not be available for any **pre-existing condition(s)** as defined in the policy, until 48 consecutive months (Under Plan PREMIERE) / 36 consecutive months (under Plan SUPREME) of continuous coverage have elapsed, since inception of the first **policy** with insurer.

4.4 General Exclusion

The **Company** will not pay for any claim in respect of any **Insured Person** directly or indirectly for, caused by, arising from or in any way attributable to:

4.4.1 Congenital anomaly /illness / diseases / condition which are external.

4.4.2 Pre & Post hospitalisation expenses of the organ donor and consequential loss to such organ donor.

4.4.3 Injury / illness directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not), ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel, civil war, revolution, insurrection, mutiny, martial law.

4.4.4 Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane

4.4.5 All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel

4.4.6 Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run-down conditions, rest cure, treatment of sleep apnoea.

4.4.7 Circumcisions (unless necessitated by illness or injury and forming part of treatment)

4.4.8 Expenses incurred on Lasik Laser or Refractive Error Correction treatment.

4.4.9 Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment to do or undo changes in appearance or any procedure which is aimed to improve physical appearance

4.4.10 Treatment arising from or traceable to pregnancy (other than ectopic pregnancy), Voluntary termination, childbirth, miscarriage, abortion or complications of any of these including caesarean section.

4.4.11 Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.

4.4.12 Psychiatric, mental disorders (including mental health treatments), intentional self-injury and use of intoxicating drugs/alcohol.

4.4.13 All expenses arising out of any condition directly or indirectly caused due to or associated with Self inflicted injuries, Substance abuse, Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex).

4.4.14 Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.

4.4.15 Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.

4.4.16 Expenses incurred primarily for diagnostic X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the illness or injury for which the Insured Person was hospitalized

4.4.17 Conditions for which treatment could have been done on an OPD basis without any Hospitalisation and Outpatient treatment.

4.4.18 Expenses on vitamins and tonics unless forming part of treatment for injury or illness as certified by the attending Physician.

4.4.19 Vaccination or inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing

4.4.20 Any treatments or Investigation taken outside India

4.4.21 Unproven/Experimental treatment.

4.4.22 Stem cell therapy or surgery or growth hormone therapy.

4.4.23 The Insured Person's participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or ambulance services, lifeboat service, police force and the like whether part time or full time, voluntary or paid

4.4.24 Treatment taken in excluded hospitals as updated in our website cholainsurance.com from time to time

4.4.25 Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure1

SECTION 5. GENERAL CONDITIONS

5.1 Duty of Disclosure

The **policy** shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure of any material, particular in the proposal form, personal statement, declaration or other connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this **Policy**.

The **Insured** is under obligation to inform the **Insurer** in writing on the changes to his health status affecting any claim.

5.2 Observance of Terms & Conditions

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this **Policy** in so far as they require anything to be done or complied with by the **Insured Person(s)** or his/her dependent.

5.3 Deductible

Deductible is a cost sharing requirement under this **Policy** that provides that the **Company** will not be liable for medical expenses upto a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the **Insurer**. A **deductible** does not reduce the **Sum Insured**. **Deductible** opted as per the **Policy Schedule** will apply over aggregate of all admissible claims under the policy per annum by **insured** (Individual cover) or insured family (in case of Family Floater cover).

5.4 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.

5.5 Claim Procedure

If the **Insured Person(s)** suffer from **Accidental Bodily Injury** or is diagnosed with an **Illness** which gives rise to or may give rise to a claim under this policy, then it is a condition precedent to our liability that the Insured shall immediately:

- a. Give us notice of the claim at the earliest irrespective of notice provided to any other **insurer** for the same illness in case the Insured Person(s) hold 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 us
- c. If the Insured has any other insurance **policy** in addition to this Super Topup Insurance as on the date of claim which also covers any claim (in part or in whole) being made under this policy, then the Insured will have the right to require a settlement of his claim in terms of any of his policies. The insurer chosen by the Insured shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy. Provided further that, if the amount to be claimed under the policy chosen by the Insured, exceeds the sum insured under the policy after considering the deductibles or co-pay (if applicable), the insured shall have the right to choose the insurers from whom he/she wants to claim the balance amount. In such cases the respective insurers shall indemnify the hospitalisation costs in accordance with the terms and conditions of the chosen policy.
- d. If the Insured make the first claim from the primary insurer and have not intimated Us immediately along with the other **Insurer** expecting that the total claim would not exceed the **sum insured** limit of such insurance, it would not amount to delayed intimation provided however that the **Insured** intimate Us immediately when the cost of treatment is likely to exceed the deductible amount under this policy or before the discharge, whichever is earlier

5.5.1 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. Pre-authorisation 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.

5.5.2 Reimbursement Claims

1. Upon Hospitalisation, the **Insured Person** or his/her dependents shall provide us with fully particularised details of the quantum of the claim to be reimbursed and all other information and documentation in respect of the claim and/ or our liability as listed below 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 the claim.
3. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. `Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. 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 the **Insured** or his/her Nominee.
5. **Insured** hereby 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 the Insured, it being agreed and recognised by the **Insured** 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/ Insured.
- 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.
- AML documents in case the claimed amount is above 1 lac
- Bank details along with the cancelled cheque for claim payment through NEFT

Note: When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted to us.

Our Customer Support and Claims Office contact details are as detailed below for the purpose of claim intimation, submission or for any queries / grievances:

Chola MS customer support operates 24/7 basis and the contact details are:

- Toll Free Phone No: **1800-200-5544**
- Toll Free FAX No: **1800-425-2200** (For Cashless Request)
- E-Mail: help@cholams.murugappa.com

Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited
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

5.5.3 Claim Settlement

- We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document.
- In case of delay in the payment, the Company shall be liable to pay penal interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders

5.5.4 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 the **Insured's** control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Insured's 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.

5.6 Excluded Hospital- The **Company** will issue informatory documents to its insured about excluded hospitals through website or mail or email. And in case of claim the same may be processed on reimbursement basis only after satisfactory due diligence.

5.7 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 the 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

5.8 Transfer

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

5.9 Renewal of Policy

a. We agree to renew the policy except on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the **Insured**.

b. This **policy** can be renewed for a period of 12 / 24 / 36 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period post the expiry of the policy. We condone the delay and renew the policy with continuity benefits. However, no coverage shall be available during the grace period of 30 days. A **Policy** that is sought to be renewed after the **Grace period** of 30 days will be underwritten as a fresh policy at the discretion of us.

c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy

d. The **Company** reserves its rights to revise the premium from time to time subject to approval of IRDA.

e. In case the **policy** was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. **Insured** shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to. In the event of Insured renewing the policy through any other channel of distribution, the discount applicable to the respective channel shall be applied.

f. If the **insured** was covered under a group policy with us and the cover is terminated due to the insured ceasing to be a member of the group then the **insured** can take a fresh Individual / **Family Floater** Super Topup Insurance without any break in policy period or with break not exceeding 30 days grace period of such termination of cover to avail the continuity benefit which would accrue as if the Insured was covered by the original policy.

g. When an **insured Person** is added to this **Policy** either by way of endorsement or at the time of renewal the pre-existing disease clause, exclusion and waiting periods will be applicable to that insured considering such **policy period** as the first policy with us.

h. This product may be withdrawn from the market by informing the Authority giving details of the product and the reasons for withdrawal. We will intimate the **Insured person** in writing about such withdrawal 3 months prior to the renewal date. The **Insured person** will have the option to migrate to another policy with similar covers if available with the **company**. This will be subject to portability conditions laid down by IRDA.

i. Any revision or modification in a policy subject to the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.

5.10 Enhancement of Sum Insured or Deductible

Sum insured or **Deductible** can be enhanced only at the time of renewal subject to reported claim status and health condition of the **insured**. If the **Insured** decides to increase the **Sum Insured** or **Deductible** at the time of renewal, subject to our acceptance, then the coverage for the increased **Sum Insured** shall be as if a new policy is issued for the additional **Sum Insured**. The additional **Sum Insured** will be available subject to 30 day, 1 year and 3 year / 4 year (waiting period of pre-existing condition) waiting periods as per exclusions 4.2 and 4.3 of the Policy Terms.

Sum Insured Enhancement will not be considered for

- a. Insured Persons over 65 years of age
- b. Insured Persons suffering from one or more of the following illnesses/conditions:
 - i. Diabetes
 - ii. Hypertension

- iii. Any Chronic Illness / Ailment
- iv. Any Critical Illness

5.11 Portability:

If the proposer desires to port to this **policy**, application in the appropriate form should be made before 45 days from the date of renewal. The Company retains the rights to underwrite proposals falling under portability as per the **company's** underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and **Pre-existing Disease(s)** shall be deemed from the first inception date of the Individual/Family floater Indemnity health insurance policy held with an Indian non life or Health Insurer and such rights shall be limited to the extent of the sum insured, in each of the year, provided the Policy has been continuously renewed without any break.

On renewal from any other Indian non life or Health insurer's Individual / Family floater indemnity health insurance policy with similar type of cover with same Sum insured, Continuation of benefits would be ensured for the following.

a. **30 days Waiting Period:** A waiting period of 30 days would be considered to have been served if the **Insured Person(s)** were insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / Family Super Topup Health insurance for reimbursement of medical costs for inpatient treatment in a hospital.

b. **1 Year waiting period** on specific diseases would be considered to have been served if the **Insured Person(s)** were insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / Family Super Topup Health insurance for reimbursement of medical costs for inpatient treatment in a hospital.

c. **Pre-Existing diseases:** A waiting period of 3 years would be considered to have been served if the Insured Person(s) were insured continuously and without interruption for at least 3 years under another Indian insurer's individual health / Family Super Topup Health insurance for reimbursement of medical costs for inpatient treatment in a hospital under Plan SUPREME.

Under Plan PREMIERE, Pre-existing diseases will be covered in the policy if the Insured Person(s) were insured continuously and without interruption for at least 4 years under another Indian insurer's individual health / Family Super Topup Health insurance for reimbursement of medical costs for inpatient treatment in a hospital.

In case of a difference in **Sum insured** between old policy and new policy, it would be treated as in Section 5.11 above.

5.12 Free Look Period

The Insured shall be allowed a 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.

The Insured can return the policy within 15 days of its receipt if he/she is not satisfied with its coverage or terms and conditions. In such a case the policy will be cancelled from date of cancellation request received at Insurer's office provided no claim is reported and considered.

Refund of premium would be after retaining charges towards medical tests, stamp duty charges and pro-rata premium from the risk start date till date of cancellation.

5.13 Cancellation of Policy

This **policy** may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. In the event of such cancellation on the grounds of misrepresentation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy.

In the event of cancellation on the grounds of non cooperation, the **company** shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation subject to no claim under the policy.

The **insured person** may also cancel the policy at any time in which event, the company shall be entitled to retain premium at Short Period Scale for the expired portion on the date of cancellation. Any excess premium

available with us after adjustment at Short Period Scale as provided herein below shall be refunded to the Insured except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

Short Period Scales

Period on Risk (in Months)	1 Year Policy Term	2 Year Policy Term	3 Year Policy Term
	Rate of Premium to be retained	Rate of Premium to be retained	Rate of Premium to be retained
1	8%	4%	3%
2	17%	8%	6%
3	25%	13%	8%
4	33%	17%	11%
5	42%	21%	14%
6	50%	25%	17%
7	58%	29%	19%
8	67%	33%	22%
9	75%	38%	25%
10	83%	42%	28%
11	92%	46%	31%
12	100%	50%	33%
13		54%	36%
14		58%	39%
15		63%	42%
16		67%	44%
17		71%	47%
18		75%	50%
19		79%	53%
20		83%	56%
21		88%	58%
22		92%	61%
23		96%	64%
24		100%	67%
25			69%
26			72%
27			75%
28			78%
29			81%
30			83%
31			86%
32			89%
33			92%
34			94%
35			97%
36			100%

Upon the Cancellation or non-renewal of this Policy, all ID cards shall immediately be returned to us at the Insured person's expense. The **Proposer** and all **insured Persons** agree to hold and keep us harmless against any and all costs, expenses, liabilities and claims arising in respect of the actual or alleged use or misuse of such ID Cards prior to their return.

5.14 Nomination

The **Insured person** is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of S.39 of the Insurance Act, 1938. In case the nominee is a minor, the Policyholder can appoint a person who will receive the money secured by the policy in the event of the Policyholder's death during the minority of the nominee.

The details of nomination provided by the Insured will be acknowledged by the **Company** in the Policy issued by the Company. The Policyholder is entitled to cancel or withdraw the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

5.15 Notification

a. 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.

b. 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.

5.16 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.

5.17 Fraud

If the **Insured Person(s)** or his dependents shall:

a. Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or

b. Permit another to use his ID Card or use another's ID Card

c. Do/ omit to act in manner abetting fraud against Us,

this Policy shall be null and void ab initio in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

5.18 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.

5.19 Entire Contract

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**.

5.20 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)**.

5.21 Multiple Policies

If the insured is covered under two or more policies during a period from one or more insurers to indemnify treatment costs and the claim is within the limits and terms of the Insurance Policy, then the **Policy holder** shall have the right to require a settlement of his claim in terms of any of his policies. In such cases the company may settle the claim in excess of deductible as stated in the **Policy Schedule**.

If the amount to be claimed exceeds the sum insured under the policy after considering the deductibles or co-pay (if applicable), the insured shall have the right to choose the insurers from whom he/she wants to claim the balance amount. In such cases the respective insurers shall indemnify the hospitalisation costs in accordance with the terms and conditions of the chosen policy.

The Insured having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.

5.22 Cost of pre-insurance health checkup

Based on acceptance of the proposal and issuance of policy, we would reimburse to the insured 100% of the cost of examinations as per the plan selected. This will be provided as refund of expenses for pre-policy health check-up to the proposer after policy issuance.

Original receipt for medical tests undergone is required to be submitted to us for reimbursement. This has to be claimed within 30 days of approval of policy.

5.23 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.

5.24 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 the **Company** 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.

5.25 Disclaimer

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

SECTION 6. Grievances Redressal Mechanism

As an esteemed customer of our **Company**, the **Insured** can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the **insurance policy** issued. The contact details of our office are given below for Your reference.

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

Cholamandalam MS General Insurance Company Limited

Customer services

Address : H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.

Toll free : 1800 200 5544

SMS : "CHOLA" to 56677* (premium SMS charges apply)

E-MAIL : customercare@cholams.murugappa.com

WEBSITE : www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgement of complaint or if You are not satisfied with the reply of the Company, you can contact the IRDA Grievance Call Centre at the toll free no. 155255 or email at complaints@irda.gov.in for registering the grievance or the nearest Insurance Ombudsman, whose addresses are mentioned below:

Sl. No	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
1	AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II, Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (0): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: ioobbsr@dataone.in	Orissa
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (0) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Flr., No 453(old no 312), Anna Salai, Teynampet, CHENNAI -600 018 (0) 044-24333678, 24333668 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road,,NEW DELHI - 110 002 (0) 011-23239611, 23237539, 23237532 Fax: 011-23230858 E-mail : iobdelraj@rediffmail.com	Delhi & Rajasthan
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (0) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8	HYDERABAD	Office of the Insurance Ombudsman 6-2-46, 1st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (0) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: hvd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman 2nd Fir., CC 27/ 2603	Kerala, UT of (a) Lakshadweep, (b) Mahe - a

		Pulinat Building Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in	Part of UT of Pondicherry
10	KOLKATA	Office of the Insurance Ombudsman North British Bldg. 29, N. S. Road, 3rd Fir., KOLKATA -700 001. (0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
11	LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: joblko@sancharnet.in	Uttar Pradesh and Uttaranchal
12	MUMBAI	Office of the Insurance Ombudsman 3rd Flr., Jeevan Seva Annexe, S.v. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889, Fax: 022-26106052 Email: ombudsman@vsnl.net	Maharashtra, Goa

7. Annexure-1 (attached to and forming part of policy wordings)

List of Non-Medical Expenses excluded in this Policy		
S.No	NAME OF THE NON MEDICAL ITEM	Admissibility
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Payable for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Payable for bariatric and varicose vein surgery where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable

40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.	Not Payable
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
65	HORMONE REPLACEMENT THERAPY	Not Payable
66	HOME VISIT CHARGES	Not Payable
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Not Payable
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
72	DONOR SCREENING CHARGES	Not Payable
73	ADMISSION/REGISTRATION CHARGES	Not Payable
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable

76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON Not	Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
91	COTTON	Not Payable
92	COTTON BANDAGE	Not Payable
93	MICROPORE/ SURGICAL TAPE	Not Payable
94	BLADE	Not Payable
95	APRON	Not Payable
96	TORNIQUET	Not Payable
97	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
98	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
99	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 200 5544, T: +91 (0) 44 3044 5400, F: +91 (0) 44 3044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

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IRDA Regn. No.123

112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine.

154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Payable for post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
159	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DETTOL / SAVLON / DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT,	Not Payable

	ETC]	
185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalization or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or inter-hospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG, Where it should be paid.

8 List of Day Care Procedures

Operations on the ears	
<u>Sl no</u>	<u>Microsurgical operations on the middle ear</u>
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
	<u>Other operations on the middle and internal ear</u>
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	<i>Removal of a foreign body from the posterior chamber of the eye</i>
37	<i>Removal of a foreign body from the orbit and eyeball</i>
38	<i>Operation of cataract</i>
<i>Operations on the skin and subcutaneous tissues</i>	
39	<i>Incision of a pilonidal sinus</i>
40	<i>Other incisions of the skin and subcutaneous tissues</i>
41	<i>Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin</i>
42	<i>Removal of subcutaneous tissues</i>
43	<i>Local excision of diseased tissue of the skin and subcutaneous tissues</i>
44	<i>Other excisions of the skin and subcutaneous tissues</i>
45	<i>Simple restoration of surface continuity of the skin and subcutaneous tissues</i>
46	<i>Free skin transplantation, donor site</i>
47	<i>Free skin transplantation, recipient site</i>
48	<i>Revision of skin plasty</i>
49	<i>Other restoration and reconstruction of the skin and subcutaneous tissues</i>
50	<i>Chemosurgery to the skin</i>
51	<i>Destruction of diseased tissue in the skin and subcutaneous tissues</i>
<i>Operations on the mouth and face</i>	
	<u><i>Operations to the tongue</i></u>
52	<i>Incision, excision and destruction of diseased tissue of the tongue</i>
53	<i>Partial glossectomy</i>
54	<i>Glossectomy</i>
55	<i>Reconstruction of the tongue</i>
56	<i>Other operations on the tongue</i>
	<u><i>Operations on the salivary glands and salivary ducts</i></u>
57	<i>Incision and lancing of a salivary gland and a salivary duct</i>
58	<i>Excision of diseased tissue of a salivary gland and a salivary duct</i>
59	<i>Resection of a salivary gland</i>
60	<i>Reconstruction of a salivary gland and a salivary duct</i>
61	<i>Other operations on the salivary glands and salivary ducts</i>
	<u><i>Other operations on the mouth and face</i></u>
62	<i>External incision and drainage in the region of the mouth, jaw and face</i>
63	<i>Incision of the hard and soft palate</i>
64	<i>Excision and destruction of diseased hard and soft palate</i>
65	<i>Incision, excision and destruction in the mouth</i>
66	<i>Plastic surgery to the floor of the mouth</i>
67	<i>Palatoplasty</i>
68	<i>Other operations in the mouth</i>
	<u><i>Operations on the tonsils and adenoids</i></u>
69	<i>Transoral incision and drainage of a pharyngeal abscess</i>
70	<i>Tonsillectomy without adenoidectomy</i>
71	<i>Tonsillectomy with adenoidectomy</i>
72	<i>Excision and destruction of a lingual tonsil</i>

73	<i>Other operations on the tonsils and adenoids</i>
<i>Traumatological surgery and orthopaedics</i>	
74	<i>Incision on bone, septic and aseptic</i>
75	<i>Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis</i>
76	<i>Suture and other operations on tendons and tendon sheath</i>
77	<i>Reduction of dislocation under GA</i>
78	<i>Arthroscopic knee aspiration</i>
<i>Operations on the breast</i>	
79	<i>Incision of the breast</i>
80	<i>Operations on the nipple</i>
<i>Operations on the digestive tract</i>	
81	<i>Incision and excision of tissue in the perianal region</i>
82	<i>Surgical treatment of anal fistulas</i>
83	<i>Surgical treatment of haemorrhoids</i>
84	<i>Division of the anal sphincter (sphincterotomy)</i>
85	<i>Other operations on the anus</i>
86	<i>Ultrasound guided aspirations</i>
87	<i>Sclerotherapy etc.</i>
<i>Operations on the female sexual organs</i>	
88	<i>Incision of the ovary</i>
89	<i>Insufflation of the Fallopian tubes</i>
90	<i>Other operations on the Fallopian tube</i>
91	<i>Dilatation of the cervical canal</i>
92	<i>Conisation of the uterine cervix</i>
93	<i>Other operations on the uterine cervix</i>
94	<i>Incision of the uterus (hysterotomy)</i>
95	<i>Therapeutic curettage</i>
96	<i>Culdotomy</i>
97	<i>Incision of the vagina</i>
98	<i>Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas</i>
99	<i>Incision of the vulva</i>
100	<i>Operations on Bartholin's glands (cyst)</i>
<i>Operations on the male sexual organs</i>	
<u><i>Operations on the prostate and seminal vesicles</i></u>	
101	<i>Incision of the prostate</i>
102	<i>Transurethral excision and destruction of prostate tissue</i>
103	<i>Transurethral and percutaneous destruction of prostate tissue</i>
104	<i>Open surgical excision and destruction of prostate tissue</i>
105	<i>Radical prostatovesiculectomy</i>
106	<i>Other excision and destruction of prostate tissue</i>
107	<i>Operations on the seminal vesicles</i>
108	<i>Incision and excision of periprostatic tissue</i>

109	<i>Other operations on the prostate</i>
	<u>Operations on the scrotum and tunica vaginalis testis</u>
110	<i>Incision of the scrotum and tunica vaginalis testis</i>
111	<i>Operation on a testicular Hydrocele</i>
112	<i>Excision and destruction of diseased scrotal tissue</i>
113	<i>Plastic reconstruction of the scrotum and tunica vaginalis testis</i>
114	<i>Other operations on the scrotum and tunica vaginalis testis</i>
	<u>Operations on the testes</u>
115	<i>Incision of the testes</i>
116	<i>Excision and destruction of diseased tissue of the testes</i>
117	<i>Unilateral orchidectomy</i>
118	<i>Bilateral orchidectomy</i>
119	<i>Orchidopexy</i>
120	<i>Abdominal exploration in cryptorchidism</i>
121	<i>Surgical repositioning of an abdominal testis</i>
122	<i>Reconstruction of the testis</i>
123	<i>Implantation, exchange and removal of a testicular prosthesis</i>
124	<i>Other operations on the testis</i>
	<u>Operations on the spermatic cord, epididymis und ductus deferens</u>
125	<i>Surgical treatment of a varicocele and a hydrocele of the spermatic cord</i>
126	<i>Excision in the area of the epididymis</i>
127	<i>Epididymectomy</i>
128	<i>Reconstruction of the spermatic cord</i>
129	<i>Reconstruction of the ductus deferens and epididymis</i>
130	<i>Other operations on the spermatic cord, epididymis and ductus deferens</i>
	<u>Operations on the penis</u>
131	<i>Operations on the foreskin</i>
132	<i>Local excision and destruction of diseased tissue of the penis</i>
133	<i>Amputation of the penis</i>
134	<i>Plastic reconstruction of the penis</i>
135	<i>Other operations on the penis</i>
Operations on the urinary system	
136	<i>Cystoscopic removal of stones</i>
Other Operations	
137	<i>Lithotripsy</i>
138	<i>Coronary angiography</i>
139	<i>Haemodialysis</i>
140	<i>Cancer Chemotherapy</i>
141	<i>Radiotherapy for Cancer</i>