

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> 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](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**Chola Arogya Bima Health Insurance**

CHOHLIP21297V022021

**Policy Wordings**

# Chola Arogya Bima Health Insurance

## Sections

1. Customer Information Sheet
2. Schedule of Benefits
3. Coverages
4. Definitions
5. Exclusions
6. General Conditions
7. Grievances
8. Annexure 1

Section 1: Customer Information sheet			
S No	Title	Description	Policy Clause Number
1	Product Name	Approved Brand Name	Chola Arogya Bima Health Insurance
2	What am I covered for:	Hospital admission longer than 24 hrs	3 Coverages 3.1
		Specified / Listed Surgical procedures	Annexure 1
3	What are the Major exclusions in the policy:	<b>Investigation &amp; Evaluation – Code – Excl04:</b> Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	Exclusion 5 General Exclusions 5.2.1
		Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. <b>Excl12</b>	Exclusion 5 General Exclusions 5.2.9
		Costs incurred on all medical treatments except allopathic.	Exclusion 5 General Exclusions 5.2.26
		Domiciliary treatment	Exclusion 5 General Exclusions 5.2.24
		Treatment outside India.	Exclusion 5 General Exclusions 5.2.30
		Circumcision unless necessary for the treatment of an illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.	Exclusion 5 General Exclusions 5.2.16
		War, terrorism, civil war or breach of law	Exclusion 5 General Exclusions 5.2.28
		Refer policy wordings for detailed list of exclusions	
4	Waiting period	Initial Waiting period: 30 days for all illness (not applicable on renewal and for accidents)	Exclusion 5 Waiting Period 5.1 – 5.1.3
		Specific Waiting period: - 12 months for listed disease	Exclusion 5 Waiting Period 5.1 – 5.1.2
		Pre-existing diseases: covered after 48 months	Exclusion 5 - 5.1.1
5	Payout basis	Reimbursement of covered expenses upto specified limits	6 General condition 6.4.1
6	Cost sharing	In case of a claim, this policy requires you to share the following costs: - Expenses exceeding the sub-limits	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	6 General condition 6.20
8	Renewal Benefits	Not applicable	Not applicable
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 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	6 General condition 6.25
10	Claims	For Reimbursement of Claim: Claim Documents as listed in the Policy Terms have to be submitted at the earliest	6 General condition 6.17

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		possible opportunity not exceeding 30 days from date of discharge.	
11	Policy Servicing/ Grievances/ Complaints	<p>In case of any grievance the insured person may contact the company through</p> <p>Website :<a href="http://www.cholainsurance.com">www.cholainsurance.com</a> Toll free: 1800 208 5544 E-Mail: <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> Fax : 044 -4044 5550 Courier: <b>Cholamandalam MS General Insurance Company Limited, Customer services</b>, Head Office, <b>Dare House</b> 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.</p> <p>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 <a href="mailto:GRO@cholams.murugappa.com">GRO@cholams.murugappa.com</a></p> <p>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.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management system <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></p>	Section 7
12	Insured's Rights	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The policy will be renewed so long as the Insurer receives the premium unless on grounds of misrepresentation, fraud by the Insured.</li> <li>• Migration: Proposer should approach the insurer atleast 30 days before the premium renewal date of his/her existing policy for the purpose of migration</li> </ul> <p>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</p> <ul style="list-style-type: none"> <li>• Sum Insured can be enhanced at the time of renewal subject to reported claim status and health condition of the Insured.</li> <li>• Insured has to send us written request for the above service requests to our customer services at the email id <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> or to the Company address as mentioned in the Policy Schedule</li> </ul>	6 General condition 6.4, 6.20, 6.26, 6.24, 6.23, 6.17

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		<ul style="list-style-type: none"> <li>• Claim Reimbursement: We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document.</li> </ul>	
13	Insured's Obligations	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Insured can contact our Customer Services over phone at the toll free no. 1800 208 5544 or write to us at <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> to intimate any change to the material information affecting the policy.</li> </ul>	6 General condition 6.7

Note: The information furnished above must be read in conjunction with the policy wordings. In case of any conflict between the Customer Information Sheet and policy wordings, the terms and conditions mentioned in the policy wordings 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 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 2: SCHEDULE OF BENEFITS**

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

SLNO	BENEFITS	Plan 1	Plan 2	Plan 3	Plan 4
1.	Sum Insured in Rs ( On floater Basis)	Rs.10,000	Rs.20,000	Rs.30,000	Rs.50,000
2	<b>Sublimits</b>				
i)	Sub limits for named Surgical procedures	As per Annexure 1			
ii)	Sub limits for surgical procedures not listed in annexure 1	Actual expenses incurred upto a maximum limit of 50% of the Sum Insured per surgery			
iii).	<b>Hospitalisation not involving surgical procedures</b>				
	a) Normal Hospitalisation limit	Rs.250 per day	Rs.500 per day	Rs.750 per day	Rs.1,000 per day
	b) ICU Hospitalisation limit	Rs.500 per day	Rs.1,000 per day	Rs.1,500 per day	Rs,2,000 per day
	c)Per claim limit	Rs.2,500	Rs.5,000	Rs.7,500	Rs.10,000
3	<b>New Born Child coverage</b>	Covers child born during the policy period subject to limits as shown above			

All claims under this policy will be on reimbursement basis only

**Section 3: COVERAGES****3.1 Hospitalisation Expenses**

If the Insured is diagnosed with an Illness or suffers Accidental Bodily Injury during the policy period, which necessitates his Hospitalisation, the Insurer will reimburse the policyholder in respect of medically necessary expenses of hospitalization for:

1. Room and boarding
2. Doctors fees
3. Intensive Care Unit
4. Nursing expenses
5. Surgical fees, operating theatre, anesthesia and oxygen and their administration
6. Physical therapy
7. Drugs and medicines consumed on the premises during Hospitalisation
8. Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, diagnostic tests)
9. Cost of Dressing, ordinary splints and plaster casts

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**However the expenses reimbursable are limited as under:**

- I. Named surgeries / surgical procedures as per annexure 1 are subject to limits as shown in the annexure 1.
- II. Surgeries / surgical procedures not mentioned in annexure1 will be covered as per actual cost upto a maximum limit 50% of the Sum Insured per surgery.
- III. Hospitalization expenses, where no surgical procedures are involved will be subject to limits as per the table given below:

Plan	Normal Hospitalisation	ICU Hospitalisation	Per claim Limit
Plan 1	Rs.250 per day	Rs.500 per day	Rs.2,500
Plan 2	Rs.500 per day	Rs.1,000 per day	Rs.5,000
Plan 3	Rs.750 per day	Rs.1,500 per day	Rs.7,500
Plan4	Rs.1,000 per day	Rs,2,000 per day	Rs.10,000

**IV. Newborn Child Coverage**

This policy extends to cover expenses incurred for treatment of New born baby in the hospital as in-patient subject to hospitalization period for child shall not be less than 24 hrs post delivery for the child born during the policy period. This benefit shall be a part of basic sum insured and new born will be considered as a part of insured family member till the expiry of the policy. This benefit is payable subject to the following condition:

- a) Mother should be an Insured Person under the same policy and the claim for such baby born during the policy period shall be treated as claim by mother.
- b) No of children already covered under the policy is less than three

The total amount payable under I, II, III and IV above for all Insured Person under the policy shall not exceed the sum insured shown in the policy schedule.

For a claim to be admitted under this Policy, the Insured Person should be hospitalised as an In-Patient during the Policy Period for a minimum period of 24 hours. However this time limit is not applicable to specific surgeries/ surgical procedures as per annexure 1.

**Section 4: DEFINITIONS**

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. **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.
5. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **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 anomaly which is not in the visible and accessible parts of the body
8. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body
9. **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.
10. **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.

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11. **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
12. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
13. **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.
14. **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
15. **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.
16. **Family Floater** means a Policy described as such in the Schedule where You and Your Dependents named in the Schedule are insured under this Policy. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during each Policy Period
17. **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
18. **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
19. **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
20. **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.
21. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
22. **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
23. **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
24. **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

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- 25. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 26. 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.
- 27. 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.
- 28. 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.
- 29. 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.
- 30. Network Provider/ Hospital** mean Hospitals or health care providers enlisted by the insurer to provide medical services to an insured on payment by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
- 31. Newborn Baby** means baby born during the policy period and is aged upto 90 days
- 32. Non- Network** means any hospital, day care centre or other provider that is not part of the network.
- 33. Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 34. 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.
- 35. Policy period** means the period between the inception 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 Section 6 - General Condition 6.25 below.
- 36. 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.
- 37. Pre-existing Disease means any condition, ailment, injury or disease:**
- 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
  - 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.
- 38. 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.
- 39. 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
- 40. 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



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41. **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.
42. **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
43. **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
44. **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.
45. **Sum Insured** means the amount shown in the policy schedule which shall be our maximum liability for any and all claims made by you and all of your dependents during the policy period.
46. **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
47. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
48. **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 5: EXCLUSIONS**

**5.1 Waiting Periods**

**a. Waiting Periods:**

**5.1.1 Pre-Existing Diseases – Code – Excl01:**

- a) Expenses related to the treatment of a Pre-Existing Disease(PED) and its direct complications shall be excluded until the expiry of 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 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

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Cataract, Benign Prostratic Hypertropy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, internal congenital disease, Sinusitis & related disorders.

**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. Rest Cure, rehabilitation and respite care – code – Excl05:**

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

**3. Obesity/Weight Control: Code – Excl06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) Greater than or equal to 40 or
  - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

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

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

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

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

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**8. Excluded Providers: Code –Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses upto the stage of stabilization are payable but not the complete claim.

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

**10. 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**

**11. 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**

**12. Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. **Code – Excl15**

**13. 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**

**14. 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

**15. Maternity: Code – Excl18:**

- 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.

**16. Circumcision unless necessary for the treatment of an Illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.**

**17. Vaccination, inoculation. The exclusion on vaccination does not include post-bite treatment.**

**18. 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.**

**19. 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.**

**20. 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.**

**21. Any expenses incurred towards hearing aids, eyeglasses or contact lenses.**

**22. Any travel or transportation costs or expenses.**

**23. Outpatient treatment charges, pre and post hospitalization expenses, expenses incurred by organ donor.**

**24. Domiciliary Treatment**

**25. Outpatient prescribed or non-prescribed medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products; non-prescription drugs and treatments.**

**26. Costs incurred on all medical treatments except allopathic.**

**27. Any external congenital diseases, defects or anomalies;**

**28. War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.**

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29. 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.
30. Treatment Outside India

**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 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.

**6.4 Free Look Period**

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

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

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

**6.5 Specific and Permanent Exclusions:**

- a. A specific exclusion with waiting period may be applied on a medical condition/disease depending on the medical test done based on the Proposed Insured person's medical history and declarations as part of special conditions on the Policy with due consent from the policyholder.
- b. Permanent exclusions may be applied for diseases disclosed by the person to be insured at the time of underwriting with due consent of the proposer or person to be insured, where underwriting policy of the Company does not enable Us to offer the Health Insurance Coverage for the given disease disclosed.

**6.6 Moratorium Period**

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums

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insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sublimits, co-payments, deductibles as per the policy contract.

**6.7 Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

**II. CONDITIONS APPLICABLE DURING THE CONTRACT**

**6.8 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.

**6.9 Transfer**

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

**6.10 Nomination**

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.

**6.11 Fraud**

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

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deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

**6.12 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.

**6.13 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.

**6.14 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.

**6.15 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

**6.16 Assignment**

The Policy can be assigned subject to applicable laws

**III. CONDITIONS WHEN A CLAIM ARISES**

**6.17 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. Claims under this policy will be only on reimbursement basis

**6.17.1 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.



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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. 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 You or your 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 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-authorized or not.

1. 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.

**6.17.2 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)

**6.17.3 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:**

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

**6.17.4 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

**6.18 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.

**6.19 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**

**6.20 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.

**6.21 Possibility of Revision of Terms of the policy including the Premium Rates:**



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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.

**6.22 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.

**6.23 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 and 4 years waiting periods as per exclusions 5.1.1, 5.1.2 and 5.1.3 above.

**6.24 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](http://www.cholainsurance.com)

**6.25 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

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.

**6.26 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.

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For Detailed guidelines on migration, kindly refer the link: [www.cholainsurance.com](http://www.cholainsurance.com)

**6.27 Arbitration**

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

**6.28 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.

**6.29 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](http://www.cholainsurance.com)

Toll free : 1800 208 5544

E-Mail : [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)

Fax : 044 -4044 5550

Courier : **Cholamandalam MS General Insurance Company Limited, Customer services**, Head Office **Dare House** 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001

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

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at [GRO@cholams.murugappa.com](mailto:GRO@cholams.murugappa.com)

For details of grievance officer, kindly refer the link [www.cholainsurance.com](http://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/>

<b>Areas of Jurisdiction</b>	<b>Office of the Insurance Ombudsman</b>
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Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 <sup>nd</sup> floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 <sup>th</sup> Main Road, JP Nagar, 1 <sup>st</sup> Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2 <sup>nd</sup> Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email.: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 <sup>th</sup> Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email.: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>
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.: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5 <sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2 <sup>nd</sup> Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**Chola Arogya Bima Health Insurance**

CHOHLIP21297V022021

**Policy Wordings**

West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4 <sup>th</sup> Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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, 6 <sup>th</sup> Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3 <sup>rd</sup> Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>
State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanoj, 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, 4 <sup>th</sup> floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email.: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1 <sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3 <sup>rd</sup> floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>

**ANNEXURE 1 (forming part of policy wordings)****List of Named Surgeries / Procedures**

Sl. No.	Category	Procedures	Sublimit per Surgery subject to maximum of Sum Insured			
			Plan 4	Plan 3	Plan 2	Plan 1
1	DENTAL	Fixation of fracture of jaw	12,000	10,000	7,000	3,000
2	EAR	Mastoidectomy	7,200	6,000	4,200	1,800
3		Mastoidectomy with Tympanoplasty	10,800	9,000	6,300	2,700
4		Myringoplasty	7,200	6,000	4,200	1,800
5		Tympanoplasty	8,400	7,000	4,900	2,100
6	NOSE	Functional Endoscopic Sinus (FESS)	7,200	6,000	4,200	1,800

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**Policy Wordings**

7		Nasal Polypectomy - Unilateral	3,600	3,000	2,100	900
8		Septoplasty	6,600	5,500	3,850	1,650
9		Turbinectomy Partial - Unilateral	5,400	4,500	3,150	1,350
10	THROAT	Adeno Tonsillectomy	7,200	6,000	4,200	1,800
11		Tonsillectomy	6,600	5,500	3,850	1,650
12	GENERAL SURGERY	Appendicectomy	7,200	6,000	4,200	1,800
13		Appendicular Perforation	8,400	7,000	4,900	2,100
14		Bleeding Ulcer - Partial gastrectomy	18,000	15,000	10,500	4,500
15		Cholecystectomy	12,000	10,000	7,000	3,000
16		Epididectomy	9,600	8,000	5,600	2,400
17		Fissurectomy	8,400	7,000	4,900	2,100
18		Fistulectomy	9,000	7,500	5,250	2,250
19		Hernioplasty	8,400	7,000	4,900	2,100
20		Hydrocele - Excision - Unilateral	3,600	3,000	2,100	900
21		Intestinal Obstruction	10,800	9,000	6,300	2,700
22		Intestinal Perforation (Resection Anastomosis)	10,800	9,000	6,300	2,700
23		Micro-laryngoscopic Surgery	12,000	10,000	7,000	3,000
24		Orchidectomy	6,600	5,500	3,850	1,650
25		Radical Mastectomy	10,800	9,000	6,300	2,700
26		Radical Neck Dissection - Excision	18,000	15,000	10,500	4,500
27		Resection Anastomosis (Small Intestine)	18,000	15,000	10,500	4,500
28	Haemorrhoidectomy	4,800	4,000	2,800	1,200	
29	Varicose Veins - Excision and Ligation	8,400	7,000	4,900	2,100	
30	GYNAECOLOG Y	Bartholin Cyst – Removal (D)	1,800	1,500	1,050	450
31		Cervical Polypectomy	3,600	3,000	2,100	900
32		Cystocele - Anterior repair	8,400	7,000	4,900	2,100
33		D&C ( Dilatation & Curretage) (D)	3,000	2,500	1,750	750
34		Electro Cauterisation Cryo Surgery (D)	3,000	2,500	1,750	750
35		Hysterectomy	12,000	10,000	7,000	3,000
36		Perineal Tear Repair (D)	1,800	1,500	1,050	450
37		Prolapse Uterus - Manchester	10,800	9,000	6,300	2,700
38	Salpingoophrectomy	6,000	5,000	3,500	1,500	
39	NEUROSURGE RY	Anneurysm	20,400	17,000	11,900	5,100
40		Burr hole	18,000	15,000	10,500	4,500
41		Carpal Tunnel Release	13,200	11,000	7,700	3,300
42		Laminectomy with Fusion	15,600	13,000	9,100	3,900
43		Microdissectomy	18,000	15,000	10,500	4,500
44		Spine - Decompression & Fusion	20,400	17,000	11,900	5,100
45	OPHTHALMOL OGY	Canaliculo Dacrocysto Rhinostomy	4,800	4,000	2,800	1,200
46		Capsulotomy	2,400	2,000	1,400	600
47		Cataract – Bilateral (D)	6,000	5,000	3,500	1,500
48		Cataract – Unilateral (D)	4,200	3,500	2,450	1,050
49		Cataract + Pterygium (D)	6,000	5,000	3,500	1,500
50		Glaucoma Surgery (Trabeculectomy)	8,400	7,000	4,900	2,100
51		Pterygium (D)	1,200	1,000	700	300
52		Retinal Detachment Surgery	12,000	10,000	7,000	3,000

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**Policy Wordings**

53		Tridectomy (D)	2,160	1,800	1,260	540
54		Vitreotomy	5,400	4,500	3,150	1,350
55	ORTHOPAEDIC	Amputation Finger	1,200	1,000	700	300
56		Amputation - Forearm	21,600	18,000	12,600	5,400
57		Amputation - Toe	1,200	1,000	700	300
58		Amputation - Foot	21,600	18,000	12,600	5,400
59		Amputation - Forefoot	18,000	15,000	10,500	4,500
60		Bimalleolar Fracture Fixation	14,400	12,000	8,400	3,600
61		Close Fixation - Foot Bones	7,800	6,500	4,550	1,950
62		Close Fixation - Hand Bones	8,400	7,000	4,900	2,100
63		Closed Reduction and Internal Fixation	14,400	12,000	8,400	3,600
64		Closed Reduction and Percutaneous Screw Fixation	9,600	8,000	5,600	2,400
65		Closed Reduction and Percutaneous Pinning	9,600	8,000	5,600	2,400
66		Closed Reduction and Pertenepus Nailing	9,600	8,000	5,600	2,400
67		Debridement & Closure	3,600	3,000	2,100	900
68		Dislocation (D)	1,200	1,000	700	300
69		External fixation - Long bone	15,600	13,000	9,100	3,900
70		Hip Region Surgery	21,600	18,000	12,600	5,400
71		Hip Spica (D)	4,800	4,000	2,800	1,200
72		Joint Reconstruction	26,400	22,000	15,400	6,600
73		Laminectomy	21,600	18,000	12,600	5,400
74		Multiple Tendon Repair	5,000	12,500	8,750	3,750
75		Open Reduction Internal Fixation (Large Bone)	19,200	16,000	11,200	4,800
76		Osteotomy	21,600	18,000	12,600	5,400
77		Patellectomy	18,000	15,000	10,500	4,500
78		Sequestrectomy of Long Bones	21,600	18,000	12,600	5,400
79		Skin Grafting	6,000	5,000	3,500	1,500
80		Tendon Grafting	21,600	18,000	12,600	5,400
81	Wound Debridement (D)	1,200	1,000	700	300	
82	ENDOCRINE	Parotid Tumour - Excision	10,800	9,000	6,300	2,700
83		Thyroidectomy – Partial	12,000	10,000	7,000	3,000
84		Thyroidectomy – Total	19,200	16,000	11,200	4,800
85	UROLOGY	Bladder Calculi- Removal	8,400	7,000	4,900	2,100
86		Lithotripsy	9,000	7,500	5,250	2,250
87		Meatoplasty	2,400	2,000	1,400	600
88		Nephrectomy	12,000	10,000	7,000	3,000
89		Nephrolithotomy	18,000	15,000	10,500	4,500
90		Pyelolithotomy	10,800	9,000	6,300	2,700
91		Reduction of Paraphimosis (D)	1,200	1,000	700	300
92		Sticture Urethra	9,000	7,500	5,250	2,250
93		Suprapubic Cystostomy - Open	4,200	3,500	2,450	1,050
94		Trans Vesical Prostatectomy	10,800	9,000	6,300	2,700
95		TURBT (Transurethral Resection of the Bladder Tumor)	12,000	10,000	7,000	3,000

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**Policy Wordings**

96		TURP	11,400	9,500	6,650	2,850
97		Ureterolithotomy	9,600	8,000	5,600	2,400
98		Ureteroscopic Calculi – Unilateral	14,400	12,000	8,400	3,600
99		Ureteroscopic stone Removal And DJ Stenting	10,800	9,000	6,300	2,700
100		Urethral Dilatation	1,800	1,500	1,050	450
101		Urethral Reconstuction	8,400	7,000	4,900	2,100
102		V V F Repair	14,400	12,000	8,400	3,600
103		VIU (Visual Internal Urethrotomy )	9,000	7,500	5,250	2,250
104	ONCOLOGY	Chemotherapy - Per sitting (D)	1,200	1,000	700	300
105		Radiotherapy - Per sitting (D)	1,800	1,500	1,050	450

*D – Day care procedures (Procedures not requiring 24 hrs hospitalisation)*