

CHOLA CLASSIC FAMILY FLOATER
CHOHLIP21298V022021
Policy Wordings

Chola Classic Health - Family

Contents

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I. Customer Information Sheet			
S No	Title	Description	Policy Clause Number
1	Product Name	Approved Brand Name	Chola Classic Health - Family Floater
2	What am I covered for:	Hospital admission longer than 24 hrs	III Coverage – Section I (a)
		Related medical expenses incurred 60 days prior to hospitalization	III Coverage – Section I (b)
		Related medical expenses incurred 90 days from days of discharge	III Coverage – Section I (c)
		AYUSH Coverage Expenses	III Coverage – Section I (d)
		Listed procedures requiring less than 24 hrs hospitalization (day care)	III Coverage – Section I (e)
		Ambulance Expenses	III Coverage – Section I (f)
		Hospital Daily Allowance	III Coverage – Section 2 (a)
		External Aids and Appliances	III Coverage – Section 2 (b)
		Home Nursing Care Allowance	III Coverage – Section 2 (c)
3	What are the Major exclusions in the policy:	War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law	V Exclusion – B. General Exclusion 15
		intentional self-injury or attempted suicide whether sane or insane	V Exclusion – B. General Exclusion 16
		Expenses related to the surgical treatment of obesity	V Exclusion – B. General Exclusion 3
		Vaccination or inoculation unless forming a part of post-animal bite treatment	V Exclusion – B. General Exclusion 20
		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. Refer policy wordings for detailed list of exclusions	V Exclusion – B. General Exclusion 14
4	Waiting period	Initial Waiting period: 30 days for all illness (not applicable on renewal and for accidents)	V Exclusion – a. Waiting period III
		Specific Waiting period: - 12 months for 8 diseases (clauses 1 to 8)	V Exclusion – a. Waiting period II
		Pre-existing diseases: covered after 48 months	V Exclusion – I
5	Payment basis	Cashless Hospitalisation Reimbursement of covered expenses upto specified limits	VI General Conditions – C III VI General Conditions – C IV
6	Loss sharing	Not Applicable	Not applicable
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	VI General Conditions – 22

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

Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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		insured had made a claim or claims in the preceding policy years	
8	Renewal Benefits	5% increase in the Insured's annual limit for every claim free year In the case a claim is made during a policy year, the bonus proportion would reduce by 5% in the following year	III Coverages
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	VI General Conditions – 28
10	Claims	For Cashless Service: Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com For Reimbursement of Claim: Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from date of discharge.	VI General Conditions – c
11	Policy Servicing / Grievances/ Complaints	In case of any grievance the insured person may contact the company through Website : www.cholainsurance.com Toll free: 1800 208 5544 E-Mail: customercare@cholams.murugappa.com Fax : 044 -4044 5550 Courier: Cholamandalam MS General Insurance Company Limited, Customer services , Head Office, Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com 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/	VII. Grievances Redressal Mechanism
12	Insured's Rights	<ul style="list-style-type: none"> 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. The policy will be renewed so long as the Insurer receives the premium unless on grounds of misrepresentation, fraud by the Insured. 	VI General Conditions 5,22,27,26,25,19

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		<ul style="list-style-type: none"> • Migration: Proposer should approach the insurer atleast 30 days before the premium renewal date of his/her existing policy for the purpose of migration 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 • Sum Insured can be enhanced at the time of renewal subject to reported claim status and health condition of the Insured. • Insured has to send us written request for the above service requests to our customer services at the email id customercare@cholams.murugappa.com or to the Company address as mentioned in the Policy Schedule • Claim Reimbursement: We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document. • Cashless Pre-authorisation shall be processed within 24 hours of receipt of the complete medical details from the Service provider 	
13	Insured's Obligations	<ul style="list-style-type: none"> • 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. • Insured can contact our Customer Services over phone at the toll free no. 1800 208 5544 or write to us at customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy. 	VI General Conditions –3

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

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We issue this insurance policy to You and/or Your Family based on the information provided by You/Proposer in the proposal form and premium paid by You/Proposer. This insurance is subject to the following terms and conditions. This policy covers Your Family on Floater Sum Insured basis. The Sum Insured that has been opted is indicated in the Policy Schedule. The term **You/ Your / Insured Person /Insured/ Policyholder** in this document refers to **You and all the Insured persons** as applicable. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**

II. SCHEDULE OF BENEFITS

Benefits in the table below should be read in conjunction with section III and section IV

Options	A	B	C	D	E
Sum Insured (in Rs.)	500,000	400,000	300,000	200,000	100,000
Entry Age	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs
Exit Age	Life time Renewal	Life time Renewal	Life time Renewal	Life time Renewal	Life time Renewal
Pre Hospitalization Expenses	60 Days	60 Days	60 Days	60 Days	60 Days
Post Hospitalization Expenses	90 Days	90 Days	90 Days	90 Days	90 Days
Room Rent	Upto Rs.3000/ day	Upto Rs.2500/ day	Upto Rs.2000/ day	Upto Rs.1500/ day	Upto Rs.1000/ day
AYUSH Coverage Expenses	100% of SI	100% of SI	100% of SI	100% of SI	100% of SI
Day Care Procedures /Treatment Expenses	Covered	Covered	Covered	Covered	Covered
Emergency Ambulance (per family per annum)	Rs.1000	Rs.1000	Rs.1000	Rs.1000	Rs.1000
Hospital Daily Allowance(Per family per annum)	Rs. 500/day Max 14 days	Rs. 400/ day Max 10 days	Rs.300/ day Max 7 days	Rs. 200/ day Max 7 days	NA
External Aids and appliances (Per family per annum)	Rs. 10,000	Rs. 10,000	Rs. 10,000	Rs. 10,000	Rs. 10,000
Home Nursing Care Allowance (per family per annum)	Rs. 300/ day Max 10 days	Rs. 300/ day Max 10 days	Rs.200/ day Max 7 days	Rs. 200/ day Max 7 days	NA
Cumulative Bonus	5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured				
Reduction in Cumulative Bonus	5% of Sum Insured				

III. COVERAGES

Upon the happening of the events under Section 1 (a to f) and Section 2 (a to c) below during the policy period, We will indemnify the policyholders in respect of medically necessary costs as detailed below, up to the limit of Indemnity defined in the schedule of benefits and as per the General Conditions.

Section 1: Benefits forming part of Sum Insured opted**a. Inpatient Hospitalization Expenses**

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

- Room and Boarding charges
- Doctors fees
- Intensive Care Unit charges
- Nursing Expenses
- Surgical fees, operating theatre, anaesthesia and oxygen and their administration
- Physical therapy expenses
- Cost of drugs and medicines consumed on premises
- Medical cost for hospital miscellaneous services (laboratory, x-ray, diagnostic tests, etc.)

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- Cost of dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy, Chemotherapy
- Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

b. Pre-Hospitalization Expenses

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

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

c. Post-Hospitalization Expenses covers

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

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

d. AYUSH Coverage Expenses (Ayurvedic, Unani, Sidha and Homeopathy) Coverage Expenses:

We will pay for hospitalization expenses that require more than 24 hrs of Hospitalization for illness or accidental bodily injury for non-allopathic treatments except naturopathy upto Sum insured mentioned in the policy schedule. The treatment should have been undergone AYUSH Hospital as defined below:

AYUSH Hospital:

An AYUSH Hospital is a healthcare facility wherein medical/surgical/parasurgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

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

e. Day Care Procedures/Treatment Expenses

We will pay for Medical Expenses incurred in a Day Care Procedure/Treatment that requires less than 24 hours of hospitalisation, upto Sum Insured mentioned in the policy schedule.

f. Emergency Ambulance Expenses

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

- i. The ambulance service is offered by a healthcare or an ambulance service provider
- ii. We have accepted the inpatient hospitalization claim under point (a) above.

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

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We will pay per day allowance for hospitalisation as mentioned in the schedule of benefits, limited to per family and per policy period (per annum in case of multi-year tenure). Benefit under this is subject to acceptance of inpatient hospitalisation claim under point Section 1(a) above.

b. External Aids and Appliances

If we accept a claim under Section 1 a) above and, immediately following the Insured's discharge, he requires further External Aids and Appliances directly related to the same condition for which the Insured was Hospitalised, we will reimburse the Insured's External Aids and Appliances expenses up to the limits given in Schedule of Benefits. This benefit covers following External Aids and Appliances only

- i) Abdominal belts (used Post-Hernia and related surgeries)
- ii) Belts for Prolapsed Inter-vertebral disc (PIVD)
- iii) Artificial Limbs
- iv) Crutches
- v) Wheel-chair
- vi) Trusses (used Post-Hernia and related surgeries)

c. Home Nursing Care Allowance

We will pay for the Home Nursing Care Allowance per day for a limited period per family and per policy period (per annum in case of multi-year tenure) towards the nursing expenses incurred post-hospitalisation, provided that the Treating Registered Medical Practitioner recommends such care in view of medical condition of the Insured immediately following discharge from the Hospital bed and a Qualified Nurse provides the Nursing Care Services. Coverage is only provided up to the limits given in Schedule of Benefits. Benefits under this section are subject to the hospitalisation claim being admitted by the Company under Section 1 a)

Cumulative Bonus

If the insured has not made a claim in a policy year (per annum in case of multi-year tenure) and has renewed the policy with us without a break, we will increase his/her Sum Insured under each subsequent policy by 5% of the expiring policy Sum Insured. The maximum cumulative bonus shall at no time exceed 50% of the policy Sum Insured.

Reduction in Cumulative Bonus

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

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

IV. 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. **Annual Period** refers to a continuous period of insurance of 12 months within the contract period
4. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
5. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

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6. **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 was taken.
7. **Cashless service/facility** means a 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 Insurer to the extent pre-authorization is approved
8. **Claims Team** means the Claims administration team within Chola MS General Insurance Company Limited
9. **Condition Precedent** means a policy term or condition upon which Insurer's liability under the policy is conditional upon
10. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body
11. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specific percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured
12. **Cumulative Bonus** shall mean any increase or addition in the sum insured granted by the Insurer without an associated increase in premium
13. **Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
 - a) has qualified nursing staff under its employment ;
 - b) has qualified medical practitioner (s) in charge;
 - c) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - d) 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
 - a. undertaken under general or local anesthesia in a hospital / day care centre in less than 24 hours because of technological advancement and
 - b. which would have otherwise required hospitalization of more than 24 hoursTreatment normally taken on an out-patient basis is not included in the scope of this definition.
15. **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 and dependent children.
16. **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
17. **Diagnostic Test** Investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
18. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
19. **Eligible Children** means children aged between 90 days and 19 years at the commencement of the policy period if they are unmarried, still dependant on the proposer and have not established their own independent households; Unmarried dependent children aged between 19 and 26 years at the commencement of the policy period, if in full or part time education and primarily dependent upon the proposer for financial support and maintenance
20. **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
21. **Endorsement:** 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
22. **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
23. **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 annual period within the Policy Period

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- 24. Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received.
- 25. Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- Has qualified nursing staff under its employment round the clock;
 - Has at least 10 inpatient 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 make these accessible to the Insurance Company's authorized personnel.
- 26. Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours
- 27. Identification or ID card** means the card issued to You by us.
- 28. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- Acute condition** means 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
 - Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations,check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely— it recurs or is likely to recur.
- 29. Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
- 30. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
- 31. In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event
- 32. Intensive Care Unit** - Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
- 33. ICU charges** (Intensive Care Unit) charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges
- 34. IRDA / Authority** – Insurance Regulatory and Development Authority of India
- 35. Medical Advice** - means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 36. 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.
- 37. Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
The registered practitioner should not be the insured or close family members.
- 38. Medically necessary** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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- a. is required for the medical management of the illness or injury suffered by the Insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 39. Membership Number means** 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.
- 40. 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.
- 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.
- 42. Newborn Baby means** baby born during the Policy Period and is aged upto 90 days.
- 43. Non- Network means** any hospital, day care centre or other provider that is not part of the network.
- 44. Notification of claim means** the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- 45. Policy means** the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
- 46. Policy period means** the period between the inception date and earlier of
- a. the Expiry Date specified in the Schedule
 - b. the date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition 28 below.
- 47. Policy Schedule means** that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
- 48. Pre-Existing Diseases means any condition, ailment, injury or disease:**
- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 49. Portability** Portability means the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- 50. Post-Hospitalization Medical Expenses means** medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- a. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company
- 51. Pre-Hospitalization Medical Expenses means** medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 52. Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
- 53. Proposer means** the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy
- 54. Qualified Nurse is** a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

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- 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** defines 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. Senior Citizen** means persons aged above 60 years at the commencement of the policy period
- 59. 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.
- 60. Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- 61. 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 Annual period within the policy period.
- 62. 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
- 63. Unproven/Experimental treatment** is treatment including drug Experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 64. 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.

V. EXCLUSIONS

No indemnity is available or payable for claims directly caused by, arising out of or connected to the following:

a. Waiting Periods**I. Pre-Existing Diseases – Code – Excl01:**

- a)** Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b)** In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c)** If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d)** Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

II. Specified disease/procedure waiting period – Code – Excl02:

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

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- f) List of specific diseases/procedures are as below
1. Cataract
 2. Benign Prostatic Hypertrophy
 3. Hysterectomy for Menorrhagia or Fibromyoma
 4. Hernia
 5. Hydrocele
 6. Fistula in anus, Piles
 7. Congenital Internal anomaly
 8. Sinusitis & related disorders

III. 30-day waiting period – Code – Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

B. General Exclusions

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,

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- mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. **Code – Excl09**
7. **Breach of law:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. **Code – Excl 10**
 8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**
 9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code-Excl13**
 10. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **Code – Excl14**
 11. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. **Code – Excl15**
 12. **Unproven Treatments:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. **Code – Excl16**
 13. **Sterility and Infertility: Code – Excl17:** Expenses related to Sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
 14. **Maternity: Code – Excl18:**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
 15. War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law
 16. Intentional self-injury or attempted suicide whether sane or insane.
 17. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 18. Any travel or transportation costs or expenses excluding ambulance charges
 19. Circumcisions (unless necessitated by illness or injury and forming part of treatment)
 20. Vaccination or inoculation unless forming a part of post-animal bite treatment
 21. Sexually transmitted disease or illness
 22. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury. The Items as mentioned above may be amended as per the schedule of benefits being attached to the policy
 23. Any external congenital diseases, defects or anomalies.
 24. Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury
 25. Any expenses towards hearing aids, eyeglasses or contact lenses
 26. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.
 27. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings
 28. Naturopathy Treatments.

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29. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses are placed at Annexure 1.

VI. GENERAL CONDITIONS

I. CONDITIONS PRECEDENT TO THE CONTRACT

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.

2. Change of Address/Contact Details

It is in the Insured person's interest to intimate us if there is any change in residential address and phone numbers

3. Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

4. Cost of Pre Insurance Health Check up

Based on acceptance of the proposal and issuance of policy, we would reimburse to the insured 50% to 100% of the cost of examination 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. 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. 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.

7. Moratorium Period

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be

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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

8. 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

9. 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.

10. 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 respectively 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

11. Transfer

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

12. 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.

13. 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

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

14. 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.

15. 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.

16. Multiple Policies

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

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

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

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

17. 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.

18. Assignment

The policy can be assigned subject to applicable laws.

III. CONDITIONS WHEN A CLAIM ARISES

19. Claim Procedure

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

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

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

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

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

a. Procedure for Cashless claims: Obtain our pre-authorisation for any medical treatment in any of our network hospitals. Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com. In case of planned admission, pre-authorisation has to be obtained 72 hours prior to

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the date of admission and within 48 hours of an emergency admission. Pre-authorisation request shall, if we are satisfied as to the validity of the claim, specify:

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

b. Procedure for submission of Reimbursement Claims

1. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.
3. 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.

Following documents are to be submitted for processing of the claim:

- Claim Form duly filled and signed by patient/You.
- Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc
- Original Main bill from the hospital with cost wise break up.
- Original payment receipt (Receipt should have Serial No)
- Original investigation reports (such as X Ray, Lab Reports, Scan reports etc) – These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.
- All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital.
- Implant stickers or invoice where ever applicable
- In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.
- Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

c. 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.

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- 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)

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

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

Customer Care Toll Free No: 1800-208-5544

E-Mail: help@cholams.murugappa.com

e. 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

20. Authority to Obtain Records

The insured must procure and cooperate with the insurers 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 the insurers 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

21. Any one illness / relapse period

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

I. CONDITIONS FOR RENEWAL OF THE CONTRACT

22. Renewal of Policy

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

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

23. 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

24. Withdrawal of the Product

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.

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.

25. Sum Insured Enhancement

Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, subject to written application and 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 days, 12 months and 48 months waiting periods as per exclusions V.a and V.b above

26. Portability:

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

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

27. Migration

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

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

28. Cancellation

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 Scales					
1 Yr Policy Term		2 Yrs Policy Term		3 Yrs Policy Term	
Month	Premium Retained	Month	Premium Retained	Month	Premium Retained
1	8%	1	4%	1	3%
2	17%	2	8%	2	6%
3	25%	3	13%	3	8%
4	33%	4	17%	4	11%
5	42%	5	21%	5	14%
6	50%	6	25%	6	17%
7	58%	7	29%	7	19%
8	67%	8	33%	8	22%

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

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

ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

29. Arbitration

- 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.
- 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.
- 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.

30. Disclaimer

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

31. Automatic Termination

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

Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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

PAN AABCC6633K CIN U66030TN2001PLC047977



IRDA Regn. No.123

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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

VII. GRIEVANCES**Mechanism for Grievance Redressal:-**

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

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

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

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

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

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

If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

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

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: bimalokpal.bhubaneswar@ecoi.co.in

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Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email.: bimalokpal.chandigarh@ecoi.co.in
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email.: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax.011-23230858, Email.: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2 nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4 th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, 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 th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3 rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad,	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4 th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-

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Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur,	2514250/2514251/2514253. bimalokpal.noida@ecoi.co.in	Email.:
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in	
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3 rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in	

VIII. ANNEXURE 1 (attached to and forming part of policy wordings)**LIST I – ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY**

Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS

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32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELTT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES – SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAUODE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER

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9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES
LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES

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18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES – DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOLT SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure 2 : List of Day Care Procedures

Operations on the ears	
Sl no	<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

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17	Incision (opening) and destruction (elimination) of the inner ear
18	Other operations on the middle and inner ear
Operations on the nose and the nasal sinuses	
19	Excision and destruction of diseased tissue of the nose
20	Operations on the turbinates (nasal concha)
21	Other operations on the nose
22	Nasal sinus aspiration
Operations on the eyes	
23	Incision of tear glands
24	Other operations on the tear ducts
25	Incision of diseased eyelids
26	Excision and destruction of diseased tissue of the eyelid
27	Operations on the canthus and epicanthus
28	Corrective surgery for entropion and ectropion
29	Corrective surgery for blepharoptosis
30	Removal of a foreign body from the conjunctiva
31	Removal of a foreign body from the cornea
32	Incision of the cornea
33	Operations for pterygium
34	Other operations on the cornea
35	Removal of a foreign body from the lens of the eye
36	Removal of a foreign body from the posterior chamber of the eye
37	Removal of a foreign body from the orbit and eyeball
38	Operation of cataract
Operations on the skin and subcutaneous tissues	
39	Incision of a pilonidal sinus
40	Other incisions of the skin and subcutaneous tissues
41	Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin
42	Removal of subcutaneous tissues
43	Local excision of diseased tissue of the skin and subcutaneous tissues
44	Other excisions of the skin and subcutaneous tissues
45	Simple restoration of surface continuity of the skin and subcutaneous tissues
46	Free skin transplantation, donor site
47	Free skin transplantation, recipient site
48	Revision of skin plasty
49	Other restoration and reconstruction of the skin and subcutaneous tissues
50	Chemosurgery to the skin
51	Destruction of diseased tissue in the skin and subcutaneous tissues
Operations on the mouth and face	
<u>Operations to the tongue</u>	
52	Incision, excision and destruction of diseased tissue of the tongue
53	Partial glossectomy
54	Glossectomy
55	Reconstruction of the tongue
56	Other operations on the tongue
<u>Operations on the salivary glands and salivary ducts</u>	
57	Incision and lancing of a salivary gland and a salivary duct
58	Excision of diseased tissue of a salivary gland and a salivary duct
59	Resection of a salivary gland

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60	Reconstruction of a salivary gland and a salivary duct
61	Other operations on the salivary glands and salivary ducts
	<u>Other operations on the mouth and face</u>
62	External incision and drainage in the region of the mouth, jaw and face
63	Incision of the hard and soft palate
64	Excision and destruction of diseased hard and soft palate
65	Incision, excision and destruction in the mouth
66	Plastic surgery to the floor of the mouth
67	Palatoplasty
68	Other operations in the mouth
	<u>Operations on the tonsils and adenoids</u>
69	Transoral incision and drainage of a pharyngeal abscess
70	Tonsillectomy without adenoidectomy
71	Tonsillectomy with adenoidectomy
72	Excision and destruction of a lingual tonsil
73	Other operations on the tonsils and adenoids
	Traumatological surgery and orthopaedics
74	Incision on bone, septic and aseptic
75	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76	Suture and other operations on tendons and tendon sheath
77	Reduction of dislocation under GA
78	Arthroscopic knee aspiration
	Operations on the breast
79	Incision of the breast
80	Operations on the nipple
	Operations on the digestive tract
81	Incision and excision of tissue in the perianal region
82	Surgical treatment of anal fistulas
83	Surgical treatment of haemorrhoids
84	Division of the anal sphincter (sphincterotomy)
85	Other operations on the anus
86	Ultrasound guided aspirations
87	Sclerotherapy etc.
	Operations on the female sexual organs
88	Incision of the ovary
89	Insufflation of the Fallopian tubes
90	Other operations on the Fallopian tube
91	Dilatation of the cervical canal
92	Conisation of the uterine cervix
93	Other operations on the uterine cervix
94	Incision of the uterus (hysterotomy)
95	Therapeutic curettage
96	Culdotomy
97	Incision of the vagina
98	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99	Incision of the vulva
100	Operations on Bartholin's glands (cyst)
	Operations on the male sexual organs
	<u>Operations on the prostate and seminal vesicles</u>

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