Chola Arogya Bima Health Insurance

Policy Clause

The Insurer's agreement to extend cover to the Insured Person(s) up to the Limit of Indemnity on Floater Sum Insured basis as per the terms and conditions contained in this Policy is based upon the Policyholder's payment of premium and the proposal, which is incorporated into the Policy and is the basis of it.

Certain words or expressions have the specific meaning given in Section A whenever they appear in bold and in Initial Capitals in this Policy.

SECTION A: Definitions

For ease of reference, the singular includes the plural and the male gender includes the female gender where appropriate to the context.

1. **Accidental Bodily Injury** means physical bodily harm or injury that is
   a. visible;
   b. Is caused by a sudden, unexpected, fortuitous, visible and external event;
   c. Which requires treatment by a Doctor;
   d. Is not self inflicted or intentional.

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 the age of the Insured Person on his/her most recent birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period.

4. **Congenital External Anomaly** means a condition(s) which is present since birth, in the visible and accessible parts of the body, and which is abnormal with reference to form, structure or position.

5. **Day Care Treatment** refers to medical treatment and/or surgical procedure which is :
   - Undertaken under General or Local Anaesthesia in hospital / day care centre in less than 24 hours because of technological advancements, and
   - Which would have otherwise required a hospitalisation of more than 24 hours.

   Treatment normally taken on an out-patient basis is not included in the scope of this definition.

6. **Day Care Expenses** means the medical treatment costs(nursing, Doctors, medically necessary procedures and medical consumables) necessary and reasonable in scope for

a daycare procedure, to the extent that such costs does not exceed the reasonable charges applicable in the locality for the same day care procedure.

7. **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 the company

8. **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.

9. **Floater** means that the limit of indemnity floats over the insured and the declared dependents as per the policy schedule. Any change in the list of covered persons will be with prior intimation to the Insured / Policyholder.

10. **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 pre-existing diseases. Coverage is not available for the period for which no premium is received.

11. **Hospitalisation or Hospitalised** means the Insured Person's admission for a continuous period of not less than 24 hours into a Hospital.

12. **Hospital** means any institution established for in-patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital 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 at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
    b) has qualified nursing staff under its employment round the clock;
    c) has qualified medical practitioner (s) in charge round the clock;
    d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
    e) Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

13. **Hospitalisation Expenses** means the medical treatment costs that is necessary and reasonable in scope to treat the condition for which the Insured Person was Hospitalised to the extent that such cost does not exceed the reasonable charges that hospitals in the same locality would have charged for the same medical treatment and Hospitalisation Class.

14. **In-house Claims Team** means the Claims administration team within Chola MS General Insurance Company.

15. **Illness** means a condition affecting the general wellbeing and health of the body or an affliction of the bodily organs having a defined and recognised pattern of symptoms that first manifests itself in the Policy Period and which requires treatment by a Doctor. It does not mean any mental illness (a mental or bodily condition marked primarily by sufficient disorganisation of personality, mind, and emotions to seriously impair the normal psychological, social, or work performance of the individual) regardless of its cause or origin.

16. **In-Patient** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

17. **Insured / Insured Person / You / Your** means:
    a. The persons named in the Schedule whose minimum and maximum entry age as given below on fresh entry into the policy.
        i. The Self/ Spouse aged between 19 years and 75 years
        ii. The proposer's dependent Children aged between 1 day and 18 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

18. **Insurer / Company / We / Us** means the Cholamandalam MS General Insurance Company Limited.

19. **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.

20. **Limit of Indemnity** means the Floater Sum Insured stated in the Schedule. It represents the maximum liability of the insurer on floater basis for any and all claims made during the policy period in respect of that Insured person and declared dependents, regardless of the number of Coverage Parts under which a claim is or claims are advanced.

21. **Medical Practitioner** means a medical practitioner who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.

22. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
    a. is required for the medical management of the illness or injury suffered by 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.

23. **Policy** means the proposal, this policy document and the Schedule.

24. **Policy Period** means the period between the effective date and the earlier of:
    a. The expiry date specified in the Schedule, and
    b. The date of exhaustion of the Limit of Indemnity under the policy and
    c. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition D 7 below.

25. **Pre-Existing Condition**: Any condition, ailment or injury or related conditions for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of his / her first policy with the insurer.

26. **Proposer** means the person who has signed in the proposal form and named in the Schedule.

27. **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.

28. Reasonable Charges

Reasonable 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 .

29. **Reconstructive surgery** refers to use of Surgery to restore the form and function of the body and excludes a Surgery for purely cosmetic reasons.

30. **Schedule** means the Policy Schedule which is attached and which form a part of this Policy.

31. **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*

Section B: Coverage

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

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

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

2. 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

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 C: General Exclusions

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

1) Pre-Existing Disease (PED):

Benefits will not be available for any pre-existing condition(s) as defined in the policy, until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with this insurer.

2) Any Illness diagnosed or diagnosable within 30 days of the effective date of first health insurance policy under this Chola Arogya Bima Health Insurance Policy for that Insured Person, insured with the Company without any break in policy cover.
3) Following diseases are excluded during the first year of inception of policy with the Insurer:

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

   If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per general exclusion number 1 above.

4) Circumcision unless necessary for the treatment of an Illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.
5) Tubectomy, Vasectomy, sex change or treatment, which result from, or is in any way related to sex change. Hormone replacement therapy.
6) Vaccination, inoculation, cosmetic treatments (including any complications arising out of or howsoever attributable to any cosmetic treatments or the replacement of an existing breast implant) unless necessitated by an acute traumatic injury, burns or cancer, aesthetic treatments, experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description. The exclusion on vaccination does not include post-bite treatment. Exclusion on cosmetic surgery is not applicable where medically required as part of treatment for cancer, accidents and burns.
7) Vitamins and tonics unless forming a necessary part of the treatment for Illness as certified by the attending Doctor.
8) 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.
9) Independent personal comfort and convenience items or services such as television, telephone, barber or beauty service, guest service and similar incidental services and supplies which are charged separately unless they form part of room rent.
10) The treatment of obesity (including morbid obesity) and any other weight control programs, services, or supplies.
11) 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.
12) Diagnostic, X-ray or laboratory examination not incidental to or inconsistent with the diagnosis and treatment of the Illness or Injury for which the Insured Person was hospitalised.
13) The Insured Person's participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or

ambulance services, lifeboat service, police force and the like whether part time or full time, voluntary or paid.

14) Charges incurred in connection with the provision or fitting of hearing aids, eyeglasses or contact lenses.
15) Any travel or transportation costs or expenses.
16) The use, misuse, or abuse of alcohol, banned substances or narcotic drugs (whether prescribed or not)
17) Outpatient treatment charges, pre and post hospitalization expenses, expenses incurred by organ donor.
18) Domiciliary Treatment
19) Outpatient prescribed or non-prescribed medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products; non-prescription drugs and treatments.
20) Invitro fertilisation (IVF), gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility or sterilisation.
21) HIV AIDS and all related medical conditions.
22) Costs incurred on all medical treatments except allopathic.
23) Pregnancy(other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy.
24) Any external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery.
25) War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law, terrorism or terrorist acts.
26) 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.
27) Any treatment or surgery for vision of corrective, cosmetic or aesthetic nature unless it requires Hospitalisation; is carried out under general anaesthesia and is necessitated by Illness or Accidental Bodily Injury
28) Treatment Outside India
29) Convalescence, mental disorders, general debility, run-down conditions, rest-cure, venereal disease, intentional self-injury and use of intoxicating drugs/ alcohol.

SECTION D: General Conditions

1. **Observance of Terms & Conditions**

It is a condition precedent to the Insurer's liability that the Insured Person shall comply in all respects with the terms and conditions of this Policy insofar as they require anything to be done or complied with by the Insured Person / Persons.

Policy Clause

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.

3. **Change of Address / Contact details**

It is in the interest of the proposer to intimate to the insurer any change in residential address and phone number(s).

4. Procedure for Making/Submission of a Claim

1. Insured Person need to submit the claim documents within 30 days from the date of discharge from the hospital. Claim documents should be sent to : "Health Claims Department, Cholamandalam MS General Insurance Company Limited, HARINIVAS Building, 2nd Floor, No.163, Thambu Chetty Street, Chennai – 600 001"
2. Following documents are to be submitted for processing of the claim:

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

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

Company will settle the claim within 15 days of receipt of full claim documents.

5. Authority to Obtain Records

a. The Insured person / persons will disclose to the Insurer (or any other person nominated by the Insurer) of any and all medical records and information held by any institution or person from which the Insured person has obtained any medical or other treatment to the extent reasonably required by the Insurer in connection with any claim made under this Policy or the Insurer's liability for it.

b. The Insurer will preserve the confidentiality of any documentation and information that comes into the possession of either pursuant to 5a) above, and will only use it in connection with any claim made under this Policy or the Insurer's liability for it.

c. The Insured or the Named Insured shall expeditiously provide the company with or arrange for the company to be provided with or any and all information or Documentation in respect of the Illness, the claim or the company's liability hereunder that may be requested, and the insured shall submit himself for the examination by the company's medical advisors as often as may be considered necessary by the company. The expenses towards doctors' fees for such medical examination at the time of claim shall be borne by the Insurer.

6. **Renewal of Policy**

Renewal of policy would be offered to the insured unless on grounds of moral hazard, misrepresentation, and fraud by the insured and payment of the renewal premium made prior to expiry of the policy and not later than 15 days post the expiry of the policy. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.

If the policy is renewed for enhanced sum insured, then coverage for additional sum insured shall be as if a new policy has been issued for the additional sum insured. In other words, all policy conditions shall apply to the enhanced sum insured as if the same is covered under a fresh policy.

The company may from time to time revise the premium rates/terms and conditions based on Company's experience. At the time of renewal the prevailing premium rates / terms and conditions would apply. However, such revision in premiums / terms on portfolio review will be with the prior approval of the Authority.

In case the policy was purchased by the insured through any bank or such Institution selling insurance on our behalf, these policies can be renewed either through the same channel or directly in case the said channel is discontinued at the time of renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which he is otherwise entitled to.

If the insured was covered by a group policy with similar cover and if the cover is terminated due to ceasing to be a member of such group/ tie-up with the group client is being discontinued, then the insured can take a new individual cover within the **Grace Period** without any break or with break not exceeding 15 days of such termination of cover to avail the benefits of continuity which would accrue if the insured was covered by an Individual policy.

Policy Clause

Upon request from the insured person to port-out his existing Chola Arogya Bima Health Insurance policy, the company will share the necessary details within 7 days of receipt of request as per IRDA circular.

Pending acceptance of portability from the new insurer on the date of renewal

a) Company shall allow the existing policy to extend, if request by the Insured for the short period by accepting a pro-rate premium for such short period, which shall be of at least one month and
b) Company shall not cancel existing policy until such time a confirmed policy from New Insurer is received or at the specific written request of the Insured
c) If for any reason the Insured intends to continue the policy with us, it shall be allowed to continue by charging a regular premium and without imposing any new condition.

7. Cancellation of cover

This policy may be cancelled by the Insurer on account of misrepresentation, fraud, non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered, to the Insured, or mailed to his last address as shown in the records. On such cancellation by the Company, the Insured shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation.

The Insured may also cancel the policy at any time in which event, the Insured shall be entitled to premium at Short Period Scale for the period during which the policy was in force from the effective Date till the date of cancellation by the Insured. Any excess premium available with the Company after adjustment at Short Period Scale as provided herein below shall be refunded to the Insured except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

Period on Risk	Premium Retained by Insurer
Up to 1 month	25%
Up to 3 months	50%
Up to 6 months	75%
6 months and above	100%

8. 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 Person shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

9. **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 the Indian Courts.

10.Fraud

If the Insured Person and or the Policyholder shall make or advance any claim knowing the same to be false or fraudulent in amount or otherwise.

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

11. **Subrogation**

The Policyholder:

a. shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Insurer shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether before or after indemnification;

b. shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation;

c. Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the Insurer for the claim and the costs of recovery.

This clause is not applicable for benefit sections of the policy

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.

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.

14.Contribution

If at the time of any claim there is or, but for the existence of this Policy, would be any other policy of indemnity or insurance in favour of or effected by or on behalf of any Insured Person applicable to any claim, the Insurer will only be liable to pay its rateable proportion. This clause is not applicable for benefit sections of the policy.

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.

Policy Clause

16.Redressal of Grievance

Mechanism for Grievance Redressal:-

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

Cholamandalam MS General Insurance Company

Customer services

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

Toll free: 1800 200 5544

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

E-MAIL: customercare@cholams.murugappa.com

WEBSITE: www.cholainsurance.com

If you have not received any reply from us within one month from the date of the lodgment of complaint or if you are not satisfied with the reply of the Company, you can also contact the nearest Insurance Ombudsman, whose addresses are mentioned below:

Sl. No.	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
1	AHMEDABAD	Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II, Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelbroad-band.in	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (0): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: ioobbsr@dataone.in	Orissa

4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (0) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, No 453(old no 312), Anna Salai, Teynampet, CHENNAI -600 018 (0) 044-24333678, 24333668 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002 (0) 011-23239611, 23237539, 23237532 Fax: 011-23230858 E-mail : iobdelraj@rediffmail.com	Delhi & Rajasthan
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (0) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8	HYDERABAD	Office of the Insurance Ombudsman 6-2-46, 1st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (0) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: hyd2_insombud@sanchar-net.in	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman	Kerala, UT of (a) Lakshadweep,

		2nd Floor, CC 27/ 2603 Pulinat Building Opp. Cochin Ship-yard, M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in	(b) Mahe - a Part of UT of Pondicherry
10	KOLKATA	Office of the Insurance Ombudsman North British Building, 29, N. S. Road, 3rd Floor, KOLKATA -700 001. (0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
11	LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
12	MUMBAI	Office of the Insurance Ombudsman 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889 Fax: 022-26106052 Email: ombudsman@vsnl.net	Maharashtra, Goa

17.Schedule of Benefits

The coverage under this policy will be as per benefits applicable for the relevant plan as mentioned in the policy schedule (on reimbursement basis).

Schedule of Benefits for Chola Arogya Bima Health Insurance Policy

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	Sublimits				
i)	Sub limits for named Surgical procedures	As per Annexure 1			

Policy Clause

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).	**Hospitalisation not involving surgical procedures**				
	a) Normal Hospitalisation	Rs.250 per day	Rs.500 per day	Rs.750 per day	Rs.1,000 per day
	b) ICU Hospitalisation	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	**New Born Child coverage**	Covers child born during the policy period subject to limits as shown above			

Annexure 1

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
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		Epidedectomy	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 - Excission - 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		Microlaryngoscopic 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 - Excission	18,000	15,000	10,500	4,500
27		Resection Anastomosis (Small Intestine)	18,000	15,000	10,500	4,500
28		Haemorroidectomy	4,800	4,000	2,800	1,200
29		Varicose Veins - Excission and Ligation	8,400	7,000	4,900	2,100
30	GYNAECOLOGY	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	NEUROSURGERY	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		Microdiscectomy	18,000	15,000	10,500	4,500
44		Spine - Decompression & Fusion	20,400	17,000	11,900	5,100
45	OPHTHALMOLOGY	Canaliculo Dacrocytro 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
53		Tridectomy **(D)**	2,160	1,800	1,260	540
54		Vitrectomy	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 Percuteneous	9,600	8,000	5,600	2,400

		Pinning				
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 Debridiment **(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 Paraphiomsis **(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
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		Uretheral 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)