Chola Healthline

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Sl. No	Title	Description	Policy Clause Number
1	Product Name	Approved Brand Name	Chola Healthline
2	What am I covered for:	Hospital admission longer than 24 hrs	Section 3 Coverages 3.1.1
		Related medical expenses incurred 30/60 days prior to date of admission	Section 3 Coverages 3.1.3
		Related medical expenses incurred 60/90 days from date of discharge	Section 3 Coverages 3.1.4
		Listed day care procedures requiring hospitalization for less than 24 hrs	Section 3 Coverages 3.1.2
		Domiciliary Hospitalisation	Section 3 Coverages 3.1.5
		AYUSH Coverage	Section 3 Coverages 3.1.6
		Donor Expenses for organ transplantation	Section 3 Coverages 3.1.7
		Ambulance Expenses	Section 3 Coverages 3.1.8
		Maternity treatment	Section 3 Coverages 3.1.9
		New Born Baby Expenses	Section 3 Coverages 3.1.10
		Child Hospitalization Allowance per hospitalization	Section 3 Coverages 3.2.1
		OPD Dental expenses, contact lens, spectacles, hearing aids and health check up	Section 3 Coverages 3.2.2 & 3.2.6 and Annexure 1
		Extended Hospitalisation Allowance	Section 3 Coverages 3.2.3
		Double Sum Insured for Accidents and Critical Illnesses	Section 3 Coverages 3.2.4
		Specialist opinion for Critical illness	Section 3 Coverages 3.2.5
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	Section 5 Exclusions 5.3.1
		Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane	Section 5 Exclusions 5.3.2
		Vaccination or inoculation unless forming a part of post-animal bite treatment	Section 5 Exclusions 5.3.8 g
		Non medical Expenses during Hospitalisation	Section 5 Exclusions 5.3.14 & Annexure 2
		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	
4	Waiting period	Initial Waiting period: 30 days for all illness (not applicable on renewal and for accidents)	Section 5 Exclusions 5.1.1
		Specific Waiting period:	
		24 months for 17 diseases (clauses (a) to (q)	Section 5 Exclusions 5.1.2
		36 months for maternity	Section 3 Coverages 3.1.9
		Pre-existing diseases: covered after 48 months	Section 5 Exclusions 5.2
5	Payment basis	Reimbursement of covered expenses upto to specific limits and Fixed amount on the occurrence of a covered event	Section 3 Coverages
6	Loss sharing	In case of a claim, this policy requires you to share the following costs:	Section 2 : Schedule of Benefits
		Expenses exceeding the following sub-limits	
		10% of the claim as co-payment (for claims from customers over 55 yrs) in Value Healthline plan	
7	Renewal Conditions	•This policy can be renewed for a period of 12/24/36 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts 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	Section 6 General condition 6.8
		• This product may be withdrawn from the market by informing the Authority giving details of the product and the reason for withdrawal. We will intimate the Insured person in writing about such withdrawal atleast three months prior to the renewal date. However, the cover under such policy shall continue till the expiry date shown in the Policy Schedule. • Sum Insured can be enhanced at the time of renewal of the Policy subject to increase in the Gross Monthly Income. The increased Sum Insured will be subject to the waiting periods applicable under the policy.	
		• Any revision or modification in a policy subject to the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification	
		• In the event of mis-description, fraud or non co-operation by you coming to our knowledge, policy shall not be considered for renewal.	

Sl. No	Title	Description	Policy Clause Number
8	Renewal Benefits	5% or 50% increase in the Insured's annual limit for every claim free year	Section 3 Coverages 3.2.7
9	Cancellation	• The Policy shall be cancelled by us for misrepresentation, fraud, non disclosure of material facts or non co-operation 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.	Section 6 General condition 6.10
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.	6.3.1. Cashless Claim / 6.3.2. Reimbursement Claims
11	Policy Servicing/Grievances/Complaints	•In case the Insured Person is aggrieved in any way, he/she can contact us to register complaint/ grievance at our Toll free No.1800 200 5544 or email us at customercare@cholams.murugappa.com •We will do our earnest to resolve your grievance/complaints within 3 days from the date of lodgment of complaint. In the event of Insured not receiving any reply within 3 days or not satisfied with the reply of the Company, he/she can contact the IRDA Grievance Call Centre at the toll free no. 155255 or email at complaints@irda.gov.in •Insured can also contact the nearest Ombudsman Office whose contact details are available in the Company's website cholainsurance.com	Section 7-Grievances Redressal Mechanism
12	Insured's Rights	•Free Look: Insured will have a free look period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable. •The policy will be renewed so long as the Insurer receives the premium unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured. •Migration and Portability: In case the insured wish to port out of the policy, without break in insurance, he/she has to get in touch with the other insurance company 45 days before the policy renewal date to initiate the necessary porting formalities •Sum Insured can be enhanced at the time of renewal subject to reported claim status and health condition of the Insured. Ÿ •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	General Conditions-6.7, 6.8, 6.9, 6.3.1, 6.3.2
13	**Insured's Obligations**	•Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable. •Insured can contact our Customer Services over phone at the toll free no. 1800 200 5544 or write to us at customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy.	General Conditions - 6.17
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.			

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 either on Individual Sum Insured basis or on Floater Sum Insured basis. The method of coverage and the Sum Insured that has been opted by you is mentioned in the Policy Schedule. The term **You/ Your / Insured/ Insured Person** in this document refers to all the Individual members who will be treated as Insured beneficiary and the term **Proposer /Policy Holder** in this document refers to Person who has signed the proposal form and in whose name the policy is issued. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited.**

Section 2: S C H E D U L E O F B E N E F I T S
Benefits in the table below should be read in conjunction with Section 3 Coverages and Section 4 Definitions

	Plans	Value Healthline	Freedom Healthline	Enrich Healthline	Privilege Healthline
	Sum Insured (In Lakhs)	2/3/5/7.5/10	3/5/7.5/10/15	3/5/7.5/10/15/20/25	5/7.5/10/15/20/25
	Benefits forming part of Sum Insured opted				
a	In –Patient Hospitalization Expenses	Covered	Covered	Covered	Covered
b	Day Care Procedures /Treatment Expenses	Covered	Covered	Covered	Covered
c	Pre Hospitalization Expenses	30 days	60 days	60 days	60 days
d	Post Hospitalization Expenses	60 days	90 days	90 days	90 days
e	Domiciliary Hospitalization Expenses per insured person per policy year	Max 7 days	Max 7 days	Max 7 days	Max 7 days
f	AYUSH Coverage Expenses	Covered	Covered	Covered	Covered
g	Organ Donor Hospitalization Expenses	Covered	Covered	Covered	Covered
h	Emergency Ambulance Expenses per Hospitalization	Rs 1000	Rs 2000	Rs 2000	Rs 5000
i	Maternity Expenses (Upto 2 deliveries , after 3 consecutive renewals)	NO	NO	NO	Upto Rs 1 Lakh Per delivery
j	New Born Baby Hospitalization Expenses	NO	NO	NO	Covered upto Sum Insured of Mother / Floater Sum Insured
k	Co-payment for age above 55 years	10% on all claims	NO	NO	NO
	Additional Benefits over the Sum Insured				
a	Child Hospitalization Allowance per hospitalization	NO	NO	Rs 500 per day for 7 days	NO
b	Outpatient Dental/ Specs/ Contact lens/hearing aids	NO	NO	NO	Rs 10000 every 2 yrs
c	Extended Hospitalization Allowance (Minimum 10 days Hospitalization)	NO	NO	Rs 10,000	Rs 10,000
d	Double Sum Insured	NO	NO	For Critical illness and Accidents	For Critical illness and Accidents
e	Specialist Opinion for Critical illness	NO	NO	NO	Rs 25000/-
	Renewal Benefits				
a	Health Checkup Expenses	NO	Once after 3 claim free years	Once after 2 claim free years	Once after 2 claim free years

	Plans	Value Healthline	Freedom Healthline	Enrich Healthline	Privilege Healthline
b	Cumulative Bonus	5% of Sum Insured every claim free year subject to maximum of 25% of Sum Insured	5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured	50% of Sum Insured every claim free year subject to maximum of 100% of Sum Insured	5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured
c	Reduction in Cumulative Bonus	5% of Sum Insured	5% of Sum Insured	50 % of Sum Insured	5% of Sum Insured

- Single occupancy AC room is allowed for all Sum Insured except for 2Lakhs. For Rs. 2Lakh Sum Insured the maximum room rent allowed is Rs 3000 per day respectively.
- In the event of Insured occupying a higher room category than the eligibility under the plan opted, differential room rent would be deducted from the claim amount.
- In the case of Family floater policy, the benefits shown in the table above will represent our maximum liability for any and all claims made by Insured person(s) during the policy period.
- Under Value Healthline plan, a co-payment of 10% on all claims will be applicable for Insured Persons above 55 years of age.

Section 3: C O V E R A G E S

Upon the happening of the events under sections 3.1 and 3.2 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 in Section 6 of this policy.

3.1 Benefits forming part of Sum Insured opted

3.1.1. 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:

a. Room and boarding
b. Doctors' fees
c. Intensive Care Unit
d. Nursing expenses
e. Surgical fees, operating theatre, anesthesia, blood and oxygen and their administration
f. Physical therapy expenses
g. Drugs and medicines consumed on the premises
h. Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, and diagnostic tests)
i. Cost of Dressing, ordinary splints and plaster casts
j. Costs of prosthetic devices if implanted during a surgical procedure

3.1.2. 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, if it is performed in a network hospital. In case the procedure is performed in a non network hospital, the same must be pre-authorised by us. Pre-authorisation has to be obtained 72 hours prior to the date of admission in case of planned admission and within 24 hours in case of emergency admission.

3.1.3. 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

a. The expenses were incurred after the first 30 days waiting period as mentioned in Exclusion no 5.1.1
b. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
c. The Inpatient Hospitalization claim for such Hospitalization is admissible by Us.

3.1.4. 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

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

3.1.5. Domiciliary Hospitalisation Expenses
We will pay for expenses towards domiciliary hospitalisation provided that the condition for which the medical treatment is required continues for at least 2 days, in which case the Policy pays reasonable cost of any necessary medical treatment for a maximum of 7 days per insured person in a policy year. This benefit is applicable for each Insured person in a family floater policy. Cashless facility will not be available for such a claim.

3.1.6. AYUSH 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 given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems upto Sum insured mentioned in the policy schedule. The treatment should have been undergone in a Government hospital or in any institute recognized by the government and / or accredited by Quality council of India / National Accreditation Board on Health.

3.1.7. Organ Donor Hospitalisation Expenses
We will pay for medical expenses incurred on a legal Organ Donor's treatment for the harvesting of the organ donated. We will not pay for Donor's pre and post Hospitalisation expenses or any other medical treatment consequent to the harvesting.

3.1.8. 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:
a. The ambulance service is offered by a healthcare or an ambulance service provider.
b. We have accepted the inpatient hospitalization claim under point 3.1.1 above.

3.1.9. Maternity Expenses (Available in Privilege Healthline Plan only after 36 months Waiting Period)
We will pay for medical expenses for delivery (including caesarean section) or the lawful medical termination of pregnancy, (without threat to mother or child's life) while Hospitalised, during the policy period excluding elective termination, limited to 2 deliveries or terminations or either one of each during the lifetime of the Insured.
This will include pre-natal and post-natal expenses per delivery or termination and medically necessary treatment of the new born baby within the policy period provided that maximum liability per delivery or termination shall be limited to the amount specified in the Schedule of Benefits
This benefit will be paid only after three consecutive renewals without a break.

3.1.10. Newborn Baby Cover:
We will pay for the Hospitalization expenses for a new born baby, from the day of birth to 90 days, provided that it is following a valid claim under maternity expenses for an insured mother. The new born baby will be covered within the Sum Insured of the mother in case the policy is on Individual Sum Insured basis. In case of family floater policy, the floater sum insured will be the maximum limit for this benefit.

The total amount payable under the policy per year for all sub sections under 3.1 as above put together shall not exceed the sum insured for you shown in the policy schedule.

3.2 Additional Benefits over the Sum Insured
3.2.1 Child Hospitalization Allowance per hospitalization
We will pay an allowance for the accompanying adult if an Insured child aged 18 yrs or less is hospitalized for more than 24 hours. The maximum limit under this benefit is as mentioned in the schedule of benefits.
For a claim to be admissible under this benefit, we should have accepted an inpatient Hospitalization claim under Section 3.1.1 above.

3.2.2 Outpatient Dental / Specs/Contact lens/hearing aids
We will pay for the cost of Dental treatments, spectacles or contact lens or a hearing aid, (excluding batteries) subject to a maximum limit as mentioned in the Schedule of benefits, provided that.

- **a.** It should be prescribed by the Medical Practitioner.
- **b.** The prescription of the Medical Practitioner and the bills/receipts/ invoices are necessary for making a claim
- **c.** The benefit limit is available once in a block of two policy years irrespective of the tenure of the policy and the number of claims made.

This benefit cannot be carried forward if unutilized in the eligible policy year. Cashless facility will not be available for such a claim.
You cumulative bonus earned will not reduce if a claim is made under this benefit.

3.2.3 Extended Hospitalization Allowance
We will pay an allowance as mentioned in the schedule of benefits, if the insured person is hospitalised for 10 continuous days, in case the policy is on Individual Sum Insured basis. In case of family floater, the limits mentioned in this benefit in the

schedule of benefit will represent our maximum liability for any and all claims made by Insured person(s) during the policy period.

3.2.4 Double Sum insured

In the event of the Insured Person under Enrich and Privilege Healthline Plans of this Policy, being diagnosed with a Critical Illness or/and requiring Hospitalization due to accidental bodily Injury, if the Sum Insured is exhausted or not sufficient and a claim has been admitted by us in the policy year, an additional Sum insured equivalent to the policy Sum insured excluding cumulative bonus will be made available for claims. The additional Sum insured hence available can only be used for admissible claims in the same policy year arising out of Critical Illnesses or for Accidental Bodily Injury as defined in this policy.

This Benefit is available for occurrence of Critical Illnesses upto 65 yrs of age of Insured person.

The total claim(s) payable will in any case not exceed twice the Sum Insured and Cumulative bonus as mentioned in the policy schedule put together. The double Sum Insured is applicable only for the current policy year and any unused Sum Insured cannot be carried forward to the next policy year. The policy does not cease on payment of claim under this benefit.

3.2.5 Specialist Opinion for Critical Illnesses

We will pay the cost of opinion from a specialist doctor in the event of occurrence of any of the critical illnesses as defined in Definitions no 66, upto the limits defined in the schedule of benefit. This benefit will be enforceable only if a valid hospitalization claim has been admitted for a critical illness. This will not cover cost of additional tests, diagnostic reports etc. This can be availed once in a policy period (per annum in case of multi-year tenure). In the case of Family floater policy, the benefit mentioned in the schedule of benefits will represent our maximum liability for any and all claims made by Insured person(s) during the policy period. Cashless facility will not be available for such a claim.

3.2.6 Health Check-up

All insured persons under the Freedom, Enrich and Privilege Healthline Plans of this policy will be eligible for a General Health Check Up after two/three continuous claim free policy years as mentioned in the schedule of benefits.

a. Pre-authorization is taken from us for undergoing such medical check-up.
b. The medical checkup is carried out in a Hospital / Diagnostic Centre suggested by us.
c. In case of family floater policy,
    i. All the members of a family floater policy are eligible for a Health Check up.
    ii. If any of the members have made a claim under this Policy, the health check-up benefit will not be offered under the policy for any members.

The list of Health Check-ups eligible under respective plans is placed at Annexure 1
You cumulative bonus earned will not reduce if a claim is made under this benefit.

3.2.7 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 your Sum Insured under each subsequent policy by a percentage of the expiring policy Sum Insured as mentioned in the schedule of benefits. The maximum cumulative bonus shall at no time exceed 100% of the policy Sum Insured. In the case of Individual Sum Insured, the cumulative bonus will be applicable to all family members who have not made a claim during the expiring policy year. In the case of a floater Sum Insured, cumulative bonus will be applicable only if none of the family members have made a claim under the previous policy year.

In case of Multi year tenure, any increase 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.

3.2.8 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.

Section 4: D E F I N I T I O N S

To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition)
3. **AYUSH Treatment** refers to the medical and/or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems'.
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
6. **Annual Period** refers to a continuous period of insurance of 12 months within the contract period.
7. **Any one illness** means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
8. **Cashless service/facility** means a service/ facility extended by the Insurer 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 preauthorization is approved.
9. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
10. **Condition Precedent** means a policy term or condition upon which Insurer's liability under the policy is conditional upon.
11. **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.
12. **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 claim amount. A co-payment does not reduce the Sum Insured
13. **Cumulative Bonus** means any increase or addition in the sum insured granted by the Insurer without an associated increase in premium
14. **Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set – up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-
(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.
15. **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 hours
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
16. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), frowns, extractions and surgery.
17. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income.
18. **Dependents** refer to family members comprising of Spouse, Dependent Children, Parents, Parents-in-law, and Siblings who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income.
19. **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
20. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
21. **Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure of any material fact.
22. **Domiciliary/Home Hospitalization** means medical treatment for an illness/ disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:
a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
b. the patient takes treatment at home on account of non-availability of room in a hospital.
23. **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.
24. **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

25. **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.
26. **Family Floater** means a Policy described as such in the Schedule where You and Your Dependents named in the Schedule are insured under this Policy. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during each Policy Period
27. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received.
28. **Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
a. Has qualified nursing staff under its employment round the clock;
b. 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;
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 make these accessible to the Insurance Company's authorized personnel.
29. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours
30. **Identification** or **ID card** means the card issued to You by us.
31. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
a. **Acute condition** 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
b. **Chronic condition** means a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.
32. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
33. **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
34. **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
35. **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
36. **ICU Charges**:ICU (Intensive Care Unit) charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
37. **Long Term** means the continuous period of insurance more than 12 months with in the Policy period.
38. **Maternity Expenses** means
a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
b. Expenses towards lawful medical termination of pregnancy during the policy period
39. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
40. **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.
41. **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 its scope and jurisdiction of license. The registered practitioners should not be the insured or close family members of the insured.
42. **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 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.

43. **Membership Number** means an identification number of every insured person for our In-house Claims administration team. Membership number will be mentioned in the health card provided to each insured person.

44. **Network Provider** means Hospitals or health care providers enlisted by the insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility. The list is available with the insurer and subject to amendment from time to time.

45. **Newborn Baby** means baby born during the policy period and is aged upto 90 days.

46. **Non - Network** means any hospital, day care centre or other provider that is not part of the network.

47. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

48. **OPD treatment** means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of Medical Practitioner. The Insured is not admitted as a day care or in-patient.

49. **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.

50. **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 (6.10) below.
c. In a multi Tenure Policy, a policy year would be reckoned from the date of inception to 12 months of continuous cover.

51. **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.

52. **Pre-Existing Diseases** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and/or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

53. **Portability** means transfer by an individual health insurance policy holder (including family cover) to the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another insurer.

54. **Post-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that
a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

55. **Pre-Hospitalization Medical Expenses m**eans medical expenses incurred during pre-defined 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 Hospitalisation was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

56. **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

57. **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

58. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

59. **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.

60. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

61. **Room Rent** shall mean the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

62. **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.

63. **Sum Insured** means the amount shown in the policy schedule which shall be our maximum liability.
In relation to individual policy it is our maximum liability for each Insured Person for any and all benefits claimed for during the Annual Period (i.e. per annum for multi year tenure) within the policy period and In relation to a Family Floater it is our maximum liability for any and all claims made by You and all of Your Dependents during the Annual Period(i.e. per annum for multi year tenure) within the Policy period.

64. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner
65. **Unproven/Experimental treatment** means the treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
66. **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.

67. **List of Critical Illness and their definitions**
67.1 **Cancer of Specified Severity**
A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
II. The following are excluded –
i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii.All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

67.2 **Stroke Resulting In Permanent Symptoms**
I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

67.3 Myocardial Infarction
(First Heart Attack of specific severity)
I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
II. The following are excluded:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

67.4 Open Chest CABG
I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
II. The following are excluded:
i. Angioplasty and/or any other intra-arterial procedures

67.5 Kidney Failure Requiring Regular Dialysis
I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

67.6 Multiple Sclerosis With Persisting Symptoms
I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
II. Other causes of neurological damage such as SLE and HIV are excluded.

67.7 Major Organ /Bone Marrow Transplant
I. The actual undergoing of a transplant of:
i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
II. The following are excluded:
i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

67.8 Permanent Paralysis of Limbs
I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

67.9 Surgery to Aorta
The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft

67.10 Primary (Idiopathic) Pulmonary Hypertension
I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
II. The NYHA Classification of Cardiac Impairment are as follows:
i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

67.11 Parkinson 's Disease
The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's disease by a consultant Neurologist. This diagnosis must be supported by all of the following conditions:
a. The disease cannot be controlled with medication;
b. Signs of progressive impairment; and
c. Inability of the insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months
Activities of Daily Living:
I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
II. Dressing: the ability to put on, take-off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
IV. Mobility: the ability to move indoors from room to room on level surfaces;
V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
VI. Feeding: the ability to feed oneself once food has been prepared and made available.
Exclusion s: Drug induced or toxic causes of Parkinsonism are excluded

67.12 Motor Neuron Disease with Permanent Symptoms
I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

67.13 Open Heart Replacement or Repair of Heart Valves
I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

67.14 Coma of Specified Severity
I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

Section 5 : E X C L U S I O N S

5.1 Waiting Periods
5.1.1. A waiting period of 30 days will apply to all claims from the commencement date of the policy except in case of injuries caused by accidents. This exclusion does not apply for subsequent renewals with the Company without a break

5.1.2 Expenses incurred on treatment of following diseases within the first 2 years from the commencement of the Policy will not be payable:
a. Congenital Internal Anomaly,
b. Varicose veins and Varicose Ulcers
c. Rheumatism and arthritis of any kind
d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
e. Stones in the Urinary and Biliary systems
f. Gastric or Duodenal Ulcer
g. Any type of benign Cyst/ Nodules/ Polpys/ Tumours/ Breast Lumps
h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
i. Cataract
j. Benign Prostatic Hypertrophy
k. Myomectomy, Hysterectomy unless because of malignancy
l. Dilatation and curettage (D&C)
m. Anal Fistula, Fissure and Piles
n. All types of Hernia
o. Hydrocele
p. Chronic Renal Failure
q. Joint replacement Surgery unless because of accident
If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per general exclusion 5.2 below.
Waiting period of 30 days and 2 Years will not be applicable if hospitalisation is caused directly due to an accident during policy period.

5.2 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 Us.

5.3 General Exclusions
The policy does not cover any losses caused directly or indirectly due to the following:

5.3.1 War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law

5.3.2 Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane
5.3.3 The use, misuse or abuse of alcohol, Tobacco and related products, banned substances or narcotic drugs (whether prescribed or not)
5.3.4 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
5.3.5 Any travel or transportation costs or expenses excluding ambulance charges
5.3.6 Experimental or unproven treatment
5.3.7 The Insured Person's participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hanggliding, 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

5.3.8 The expenses incurred for the following treatments:

a. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run-down conditions, rest cure, treatment of sleep apnoea.
b. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services
c. Circumcisions (unless necessitated by illness or injury and forming part of treatment)
d. Laser treatment for correction of eye due to refractive error
e. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment to do or undo changes in appearance or any procedure which is aimed to improve physical appearance
f. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic injury, burns or cancer
g. Vaccination or inoculation unless forming a part of post-animal bite treatment
h. HIV (Human Immunodeficiency Virus) /AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex)), Sexually transmitted disease or illness
i. Psychiatric, mental disorders (including mental health treatments)
j. 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
k. Any external congenital diseases, defects or anomalies, genetic disorders
l. Except to the extent provided in the Schedule of Benefit, 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
m. Except to the extent provided in the Schedule of Benefit, Any expenses towards fitting of hearing aids, eyeglasses or contact lenses
n. Expenses incurred primarily for diagnostic X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the illness or injury for which the Insured Person was hospitalized

5.3.9 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 the room rent
5.3.10 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
5.3.11 Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription
5.3.12 Except to the extent provided in the Schedule of Benefit, expenses towards pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy.
5.3.13 Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency.
5.3.14 Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure2.

Section 6 : G E N E R A L C O N D I T I O N S

6.1 Observance of Terms & Conditions

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

6.2 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.

6.3 Claim Procedure
If You happen to suffer Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to our liability that You shall immediately:
a. Give us notice of the claim irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies
b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the us
c. In case of Cashless admission in Network Hospital, pre-authorisation has to be obtained 72 hours prior to the date of planned admission and within 48 hours of an emergency admission
d. In case of admission in Non Network Hospital, claim intimation has to be given to us in writing or mail or phone within seven days from the date of hospitalization/injury/death.

6.3.1 Procedure for Cashless claims: Obtain our pre-authorisation for any medical treatment in any of our network hospitals. Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com. In case of planned admission, pre-authorisation has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorisation request shall, if we are satisfied as to the validity of the claim, specify:
1. the treatment authorised;
2. the place at which it has been authorised, and
3. Any other conditions applicable to either.

6.3.2 Procedure for submission of Reimbursement Claims
1. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.
3. 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. You acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by You, it being agreed and recognised by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a Network Hospital) whether pre-authorised or not.
6. Following documents are to be submitted for processing of the claim:
- Claim Form duly filled and signed by patient/You.
- Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc
- Original Main bill from the hospital with cost wise break up.
- Original payment receipt (Receipt should have Serial No)
- Original investigation reports (such as X Ray, Lab Reports, Scan reports etc) – These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.
- All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital.
- Implant stickers or invoice where ever applicable
- In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.
- Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

Claim Settlement:

- We shall settle claims, including its rejection, within thirty days of the receipt of last `necessary' document.

- In case of delay in the payment, the Company shall be liable to pay penal interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year in which the claim is reviewed.

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

Chola MS customer support operates 24 /7 basis and the con tact details are as followed for any queries / grievances:
Toll Free Phone No : **1800-200-5544**
Toll Free FAX No : **1800-425 -22 00** (For Cashless Request)
E-Mail : help@cholams.murugappa.com

Address of Chola MS Health Claims Office:
Cholamandalam MS General Insurance Company Limited
Chola MS HELP – Health Claims Department
New No.319, Old No.154, Shaw Wallace Building,
2nd Floor, Thambu Chetty Street, Parry's Corner,
Chennai - 600001
Customer Care Toll Free No: 1800-200-5544
E-Mail: help@cholams.murugappa.com

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

6.5 Authority to Obtain Records
The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.
If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

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

6.7 Free Look Period
The Insured shall be allowed a period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable.
The Insured can return the policy within 15 days of its receipt if he/she is not satisfied with its coverage or terms and conditions. In such a case the policy will be cancelled from date of cancellation request received at Insurer's office provided no claim is reported and considered. Refund of premium would be after retaining charges towards medical tests, stamp duty charges and pro-rata premium from the risk start date till date of cancellation.

6.8 Renewal of Policy
a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.
b. This policy can be renewed for a period of 12 / 24 / 36 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy. We condone the delay and renew the policy with continuity benefits. However, no coverage shall be available during the grace period of 30 days.
c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.
d. 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, the Sum Insured revision is subject to written application and our acceptance. The coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 30 day, 2 years and 4 years waiting periods as per exclusions 5.1 and 5.2 above.
e. The company reserves its rights to vary the premium from time to time subject to approval of IRDA.
f. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.
g. If the insured was covered under a group policy with us and the cover is terminated due to the insured ceasing to be a member of the group then the insured can take a fresh Individual / Family policy without any break in policy period or with break not exceeding 30 days grace period of such termination of cover to avail the continuity benefit which would accrue as if the Insured was covered by the original policy.

h. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal the pre-existing disease clause, exclusion and waiting periods will be applicable to that insured person considering such policy period as the first policy with us.
i. This product may be withdrawn from the market by informing the Authority giving details of the product and the reasons for withdrawal. We will intimate the Insured person in writing about such withdrawal atleast three months prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company. This will be subject to portability conditions laid down by IRDA.
j. Any revision or modification in a policy subject to the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification
k. Maximum Renewal age for dependent children is 26 years. On renewal, such insured person shall be ported into a separate Health policy with continuity benefits.

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

a. **30 days Waiting Period:** A waiting period of 30 days would be considered to have been served if You were insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.
b. **2 Yrs waiting period** on specific diseases would be considered to have been served if You were insured continuously and without interruption for at least 2 years under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital. In case you insured for 1 year in the previous policy, above specific diseases would be covered after completion of 1 year of Insurance with us.
c. **Pre-Existing diseases** will be covered in the policy if You were insured continuously and without interruption for at least 4 years under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.
In case of a difference in Sum insured between old policy and new policy, it would be treated as in point no 6.8.d above.

6.10 Cancellation of cover
This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. The Policy shall be void in case of misrepresentation, fraud or non-disclosure of material facts and all premium paid hereon shall be forfeited to the Company and no claim shall be payable under the policy. Upon cancellation of the policy by us on account of non cooperation, the insured shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

The insured person may also cancel the policy at any time in which event, the company shall be entitled to retain premium at Short Period Scale for the expired portion on the date of cancellation. Any excess premium available with us after adjustment at Short Period Scale as provided herein below shall be refunded to the Insured except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

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%
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%

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

6.11 Nomination

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

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

6.12 Notification

a. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Schedule.

b. Any and all notices and declarations for the attention of any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

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

6.14 Fraud
If You and or Your dependent shall:
a. Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
b. Permit another to use his ID Card or use another's ID Card
c. Do/ omit to act in manner abetting fraud against Us,
this Policy shall be void in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

6.15 Governing Law
The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

6.16 Entire Contract
The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

6.17 Misdescription
In the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured person(s), the policy shall be void and all premium paid hereon shall be forfeited to the Company and no claim shall be payable under the policy.

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

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

This clause is not applicable for fixed benefit sections of the policy – Additional Benefit (a), (b), (c) and (e) and Renewal Benefit (a).

6.19 Territorial Limits
The Insurer's liability to make any payment towards illness or accidental injury shall be to make payment within India and in Indian Rupees only for medical services or procedures rendered in or undertaken within India.

6.20 Delay in intimation of claim
It is essential and imperative that any loss or claim under the policy has to be intimated within the timelines to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

6.21 Cost of Pre Insurance Health Check up

Based on acceptance of the proposal and issuance of policy, we would reimburse to the insured 50% of the cost of examinations under Value and Freedom Plan and 100% of the cost of examinations under Enrich and Privilege plan. 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 o f approval of policy

6.22 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.

6.23 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.

Section 7 : G R I E V A N C E S R E D R E S S A L M E C H A N I S M

7.1 Mechanism for Grievance Redressal:-

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

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance which shall be processed on Fast Track Basis by dedicated personnel.
Cholamandalam MS General Insurance Company Limited
Customer services
Address : H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.
Toll free : 1800 200 5544
SMS : "CHOLA" to 56677* (premium SMS charges apply)
E-MAIL : customercare@cholams.murugappa.com
WEBSITE : www.cholainsurance.com

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

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

4	CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH – 160017, (0) 0172-2706196, 2705861, EPBX: 0172-2706468, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th 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@sancharnet.in	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman 2nd Floor, CC 27/ 2603, Pulinat Building Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015, (0) 0484-2358734, 2359338, 2358759, Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in	Kerala, UT of (a) Lakshadweep, (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

8. AN N E X U R E 1 *(attached to and forming part of policy wordings)*
List of Free Health Check-ups Eligible as per plan opted

Check -ups Eligible	Freedom Healthline Plan (Once after 3 claim free years)	Enrich Healthline Plan (Once after 2 claim free years)	Privilege Healthline Plan (Once after 2 claim free years)
MER	✓	✓	✓
CBC	✓	✓	✓
ECG	✓	✓	✓
CUE	✓	✓	✓
FBS	✓	✓	✓
LFT	✓	✓	✓
RFT			✓
CXR			✓
Lipid Profile			✓
USG			✓
TMT			✓

a. MER – Medical Examination Report
b. CBC – Complete Blood Count
c. ECG – Electro Cardio Gram
d. CUE – Complete Urine Examination
e. FBS – Fasting Blood Sugar
f. LFT – Liver Function Test
g. RFT – Renal Function Test
h. CXR – Chest X-Ray
i. Lipid Profile
j. USG – Ultra Sono Gram
k. TMT – Treadmill Test

9. Annexure 2(*attached to and forming part of policy wordings)*

List of Non-Medical Expenses excluded in this Policy (Applicable to Health Indemnity Sections in the policy)

S.No	NAME OF THE NON MEDICAL ITEM	Admissibility
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Payable for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable

32	GOWN	Not Payable
33	LEGGINGS	Payable for bariatric and varicose vein surgery where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.	Not Payable
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable

65	HORMONE REPLACEMENT THERAPY	Not Payable
66	HOME VISIT CHARGES	Not Payable
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Not Payable
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
72	DONOR SCREENING CHARGES	Not Payable
73	ADMISSION/REGISTRATION CHARGES	Not Payable
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE		
77	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
78	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
79	MICROSCOPE COVER	Payable under OT Charges, not separately
80	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
81	SURGICAL DRILL	Payable under OT Charges, not separately
82	EYE KIT	Payable under OT Charges, not separately
83	EYE DRAPE	Payable under OT Charges, not separately
84	X-RAY FILM	Payable under Radiology Charges, not as consumable
85	SPUTUM CUP	Payable under Investigation Charges, not as consumable
86	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
87	BLOOD GROUPING AND CROSS MATCHING OF	Part of Cost of Blood, not payable

	DONORS SAMPLES	
88	SAVLON Not	Payable-Part of Dressing Charges
89	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
90	COTTON	Not Payable
91	COTTON BANDAGE	Not Payable
92	MICROPORE/ SURGICAL TAPE	Not Payable
93	BLADE	Not Payable
94	APRON	Not Payable
95	TORNIQUET	Not Payable
96	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
97	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
98	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
99	HVAC	Part of room charge not payable separately
100	HOUSE KEEPING CHARGES	Part of room charge not payable separately
101	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
102	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
103	SURCHARGES	Part of Room Charge, Not payable separately
104	ATTENDANT CHARGES	Not Payable - Part of Room Charges
105	IM IV INJECTION CHARGES	Part of nursing charges, not payable
106	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
107	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
108	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
109	ADMISSION KIT	Not Payable
110	BIRTH CERTIFICATE	Not Payable
111	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
112	CERTIFICATE CHARGES	Not Payable
113	COURIER CHARGES	Not Payable
114	CONVENYANCE CHARGES	Not Payable
115	DIABETIC CHART CHARGES	Not Payable
116	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable

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

151	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
152	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine.
153	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
154	AMBULANCE COLLAR	Not Payable
155	AMBULANCE EQUIPMENT	Not Payable
156	MICROSHEILD	Not Payable
157	ABDOMINAL BINDER	Payable for post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
158	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DETTOL / SAVLON / DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
159	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
160	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
161	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
162	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
163	DIGENE GEL/ ANTACID GEL	Payable when prescribed
164	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
165	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
166	HIV KIT	Payable - payable Pre operative screening
167	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
168	LOZENGES	Payable when prescribed
169	MOUTH PAINT	Payable when prescribed
170	NEBULISATION KIT	If used during hospitalization is payable reasonably

171	NEOSPRIN	Payable when prescribed
172	NOVARAPID	Payable when prescribed
173	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
174	ZYTEE GEL	Payable when prescribed
175	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
176	AHD	Not Payable - Part of Hospital's internal Cost
177	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
178	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
179	VACCINE CHARGES FOR BABY	Not Payable
180	AESTHETIC TREATMENT / SURGERY	Not Payable
181	TPA CHARGES	Not Payable
182	VISCO BELT CHARGES	Not Payable
183	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
184	EXAMINATION GLOVES	Not Payable
185	KIDNEY TRAY	Not Payable
186	MASK	Not Payable
187	OUNCE GLASS	Not Payable
188	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
189	OXYGEN MASK	Not Payable
190	PAPER GLOVES	Not Payable
191	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
192	REFERAL DOCTOR'S FEES	Not Payable
193	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitalization or post hospitalisation / Reports and Charts required/ Device not payable
194	PAN CAN	Not Payable
195	SOFNET	Not Payable
196	TROLLY COVER	Not Payable
197	UROMETER, URINE JUG	Not Payable
198	AMBULANCE	Payable-Ambulance from home to hospital or inter-hospital shifts is payable/ RTA as specific requirement is payable
199	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1

		in 24 hrs
200	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
201	SOFTOVAC	Not Payable
202	STOCKINGS	Essential for case like CABG, Where it should be paid.

List of Day care procedures

Operations on the ears

Sl no	***Microsurgical operations on the middle ear***
1	*Stapedotomy*
2	*Stapedectomy*
3	*Revision of a Stapedectomy*
4	*Other operations on the auditory ossicles*
5	*Myringoplasty (Type I tympanoplasty)*
6	*Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)*
7	*Revision of a tympanoplasty*
8	*Other microsurgical operations on the middle ear*
	Other operations on the middle and internal ear
9	*Paracentesis (myringotomy)*
10	*Removal of a tympanic drain*
11	*Incision of the mastoid process and middle ear*
12	*Mastoidectomy*
13	*Reconstruction of the middle ear*
14	*Other excisions of the middle and inner ear*
15	*Fenestration of the inner ear*
16	*Revision of a fenestration of the inner ear*
17	*Incision (opening) and destruction (elimination) of the inner ear*
18	*Other operations on the middle and inner ear*

Operations on the nose and the nasal sinuses

19	*Excision and destruction of diseased tissue of the nose*
20	*Operations on the turbinates (nasal concha)*
21	*Other operations on the nose*
22	*Nasal sinus aspiration*

Operations on the eyes

23	*Incision of tear glands*
24	*Other operations on the tear ducts*
25	*Incision of diseased eyelids*
26	*Excision and destruction of diseased tissue of the eyelid*
27	*Operations on the canthus and epicanthus*
28	*Corrective surgery for entropion and ectropion*
29	*Corrective surgery for blepharoptosis*
30	*Removal of a foreign body from the conjunctiva*
31	*Removal of a foreign body from the cornea*
32	*Incision of the cornea*
33	*Operations for pterygium*

34 *Other operations on the cornea*

35 *Removal of a foreign body from the lens of the eye*

36 *Removal of a foreign body from the posterior chamber of the eye*

37 *Removal of a foreign body from the orbit and eyeball*

38 *Operation of cataract*

Operations on the skin and subcutaneous tissues

39 *Incision of a pilonidal sinus*

40 *Other incisions of the skin and subcutaneous tissues*

41 *Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin*

42 *Removal of subcutaneous tissues*

43 *Local excision of diseased tissue of the skin and subcutaneous tissues*

44 *Other excisions of the skin and subcutaneous tissues*

45 *Simple restoration of surface continuity of the skin and subcutaneous tissues*

46 *Free skin transplantation, donor site*

47 *Free skin transplantation, recipient site*

48 *Revision of skin plasty*

49 *Other restoration and reconstruction of the skin and subcutaneous tissues*

50 *Chemosurgery to the skin*

51 *Destruction of diseased tissue in the skin and subcutaneous tissues*

Operations on the mouth and face

Operations to the tongue

52 *Incision, excision and destruction of diseased tissue of the tongue*

53 *Partial glossectomy*

54 *Glossectomy*

55 *Reconstruction of the tongue*

56 *Other operations on the tongue*

Operations on the salivary glands and salivary ducts

57 *Incision and lancing of a salivary gland and a salivary duct*

58 *Excision of diseased tissue of a salivary gland and a salivary duct*

59 *Resection of a salivary gland*

60 *Reconstruction of a salivary gland and a salivary duct*

61 *Other operations on the salivary glands and salivary ducts*

Other operations on the mouth and face

62 *External incision and drainage in the region of the mouth, jaw and face*

63 *Incision of the hard and soft palate*

64 *Excision and destruction of diseased hard and soft palate*

65 *Incision, excision and destruction in the mouth*

66 *Plastic surgery to the floor of the mouth*

67 *Palatoplasty*

68 *Other operations in the mouth*

Operations on the tonsils and adenoids

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

Operations on the prostate and seminal vesicles

101 *Incision of the prostate*

102 *Transurethral excision and destruction of prostate tissue*

103 *Transurethral and percutaneous destruction of prostate tissue*

104 *Open surgical excision and destruction of prostate tissue*

105 *Radical prostatovesiculectomy*

106 *Other excision and destruction of prostate tissue*

107 *Operations on the seminal vesicles*

108 *Incision and excision of periprostatic tissue*

109 *Other operations on the prostate*

Operations on the scrotum and tunica vaginalis testis

110 *Incision of the scrotum and tunica vaginalis testis*

111 *Operation on a testicular Hydrocele*

112 *Excision and destruction of diseased scrotal tissue*

113 *Plastic reconstruction of the scrotum and tunica vaginalis testis*

114 *Other operations on the scrotum and tunica vaginalis testis*

Operations on the testes

115 *Incision of the testes*

116 *Excision and destruction of diseased tissue of the testes*

117 *Unilateral orchidectomy*

118 *Bilateral orchidectomy*

119 *Orchidopexy*

120 *Abdominal exploration in cryptorchidism*

121 *Surgical repositioning of an abdominal testis*

122 *Reconstruction of the testis*

123 *Implantation, exchange and removal of a testicular prosthesis*

124 *Other operations on the testis*

Operations on the spermatic cord, epididymis und ductus deferens

125 *Surgical treatment of a varicocele and a hydrocele of the spermatic cord*

126 *Excision in the area of the epididymis*

127 *Epididymectomy*

128 *Reconstruction of the spermatic cord*

129 *Reconstruction of the ductus deferens and epididymis*

130 *Other operations on the spermatic cord, epididymis and ductus deferens*

Operations on the penis

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*