

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Arogya Sanjeevani Policy, Chola MS	
2	Policy Number	<<Policy Number>>	
3	Type of Insurance Policy	Indemnity	
4	Sum Insured (Basis) (Along with Amount)	Individual Sum Insured - Where each member has a separate sum insured under the policy or Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilised by any or all members.	Not Applicable
		Insured Name	Sum Insured (SI) (in Rs.)
		<<Insured 1>>	Rs.
		<<Insured 2>>	Rs.
		<<Insured 3>>	Rs.
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	a. Hospitalisation expenses - Expenses incurred on hospitalisation for minimum period of 24 hours including pre-hospitalisation expenses for a period of 30 days and post hospitalisation expenses for a period of 60 days	4 Coverage 4.1
		b. Day Care Procedures - Medical expenses for day care procedures	4 Coverage 4.1.1
		c. AYUSH Coverage - Expenses incurred on hospitalisation under AYUSH Treatment	4 Coverage 4.2
		d. Expenses incurred on treatment of cataract	4 Coverage 4.3
		e. Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury	4 Coverage 4.1.1
		f. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation	
		g. Domiciliary Hospitalisation	4 Coverage 4.8
		Flexi OP Care - Add On Cover - Out-Patient coverage for Consultation, Diagnostics, Pharmacy and other value added and Wellness features on Cashless basis	Section - 13
		Home Care Treatment (Retail) Add-On Cover - Reimburse reasonable and customary charges towards home care treatment of the listed medical conditions	Section - 14
		The policy does not cover any losses caused directly due to the following Exclusions	
		1. Investigation & Evaluation-Code-Excl04: a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded	7 Exclusions 7.1
		2. Rest Cure, rehabilitation and respite care-code-Excl05: a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	7 Exclusions 7.2

6	Exclusions (What the policy does not cover)	<p>3. Obesity/Weight Control: Code-Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <p>1) Surgery to be conducted is upon the advice of the Doctor</p> <p>2) The surgery/Procedure conducted should be supported by clinical protocols</p> <p>3) The member has to be 18 years of age or older and</p> <p>4) Body Mass Index (BMI);</p> <p>a) Greater than or equal to 40 or</p> <p>b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>i. Obesity-related cardiomyopathy</p> <p>ii. Coronary heart disease</p> <p>iii. Severe sleep Apnea</p> <p>iv. Uncontrolled Type2 Diabetes</p>	7 Exclusions 7.3
		<p>4. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <p>Code-Excl07</p>	7 Exclusions 7.4
		<p>5. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. Code-Excl08</p>	7 Exclusions 7.5
		<p>6. Hazardous or Adventure sports: Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. Code-Excl09</p>	7 Exclusions 7.6
		<p>7. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. Code-Excl 10</p>	7 Exclusions 7.7
		<p>8. Excluded Providers: Code-Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses upto the stage of stabilization are payable but not the complete claim</p>	7 Exclusions 7.8
		<p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12</p>	7 Exclusions 7.9
		<p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code-Excl13</p>	7 Exclusions 7.10
		<p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. Code-Excl14</p>	7 Exclusions 7.11
		<p>12. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code-Excl15</p>	7 Exclusions 7.12
		<p>13. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code-Excl16</p>	7 Exclusions 7.13

		<p>14. Sterility and Infertility: Code – Excl17 Expenses related to Sterility and infertility. This includes:</p> <p>(i) Any type of contraception, sterilization</p> <p>(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p> <p>(iii) Gestational Surrogacy</p> <p>(iv) Reversal of sterilization</p>	7 Exclusions 7.14
		<p>15. Maternity: Code-Excl18:</p> <p>i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;</p> <p>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period</p>	7 Exclusions 7.15
		<p>16. 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.</p>	7 Exclusions 7.16
		<p>17 Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For purpose of this exclusion:</p> <p>a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.</p> <p>b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death</p> <p>c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p>	7 Exclusions 7.17
		<p>18 Any expenses incurred on OPD treatment</p>	7 Exclusions 7.18
		<p>19 Treatment taken outside the geographical limits of India.</p>	7 Exclusions 7.19
		<p>20 In respect of existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to the coverage for specified ICD codes.</p>	7 Exclusions 7.20
7	<p>Waiting Period Time Period during which specified diseases/treatments are not covered. It is counted from the beginning of the policy coverage</p>	<p>Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident</p>	6 Waiting period 6.2
		<p>Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months</p> <p>i. Benign ENT disorders, ii. Tonsillectomy iii. Adenoidectomy, iv. Mastoidectomy v. Tympanoplasty vi. Hysterectomy vii. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps viii. Benign prostate hypertrophy ix. Cataract and age related eye ailments x. Gastric/Duodenal Ulcer xi. Gout and Rheumatism xii. Hernia of all types xiii. Hydrocele xiv. Non-infective Arthritis xv. Piles, Fissures and Fistula in anus xvi. Pilonidal sinus, Sinusitis and related disorders xvii. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident xviii. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy xix. Varicose Veins and Varicose ulcers xx. Internal Congenital Anomalies</p>	6 Waiting period 6.3.i
		<p>Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months</p> <p>1. Treatment for joint replacement unless arising from accident</p> <p>2. Age-related Osteoarthritis and Osteoporosis</p>	6 Waiting period 6.3.ii

		Pre-Existing Diseases will be covered after a waiting period of thirty six (36) months of continuous coverage	6 Waiting period 6.1
	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
		In case of a claim, this policy requires you to share the following costs : Expenses exceeding the following Sub-limits:	
		i. Room Charges (Hospitalisation):	
		a. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day	4 Coverage 4.1
		b. ICU charges - Upto 5% of SI subject to max of INR 10,000 per day	
	i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	c. Cataract - Up to 25% of Sum Insured or Rs.40,000/- whichever is lower	4 Coverage 4.3
		d. Modern treatment methods and Advancements in technology: Up to 50% of the Sum Insured	4 Coverage 4.6
		Risk based Sublimit: • The sublimit for an individual shall not exceed 10% of the Sum Insured or a maximum of Rs. 1 Lakh per diagnosis / medical condition, whichever is less	10.General terms and conditions 10.25
8	ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	Each and every claim under the policy shall be subject to a copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the policy. Note: If Risk based Co-Payment is mentioned in the policy schedule, the standard Co-Payment of 5% shall not be applicable for the Insured and only risk based Co-Payment shall be applied on the claim amount admissible.	9 Claim Procedure 9.3
		Risk based Co-payment: The maximum Co-Payment for an individual shall not exceed 30% per diagnosis / medical condition and an overall co-payment of 50%	10.General terms and conditions 10.25
	iii. Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)	Not Applicable	NA
	iv. Any other limit (as applicable)	c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction	4 Coverage 4.1
		<ul style="list-style-type: none"> • For Cashless Service: Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com • For Reimbursement of Claim: Advance claim intimation of at least 48 hours is required for planned hospitalisation and intimation within 24 hours for emergency hospitalisation. This would help us to pre-process your claim for a smooth experience. 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. 	
		Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last necessary document	
		TAT for Pre-authorisation of cashless facility - 60 minutes	
		TAT for cashless final bill authorisation - 180 minutes	

9	Claims/ Claim Procedure	<p>Network Hospital details: Download the updated Network Hospitals from www.cholainsurance.com or Chola MS App</p> <p>Helpline Number: For any assistance on claims, please contact us at our toll free number: 1800-208-9100</p> <p>Hospitals which are blacklisted or from where no claims will be accepted by Insurer - Refer to our website www.cholainsurance.com or Chola MS app for latest list of excluded hospitals, as we will not consider / pay any claim from these hospitals. However, in case of life-threatening situations or following an accident, expenses incurred for the treatment up to the stage of stabilization are payable but not the complete claim.</p> <p>Downloading/getting claim form: Please visit our website www.cholainsurance.com and download the claim form or write to us at customercare@cholams.murugappa.com or call us at 1800-208-9100</p>	9 Claim Procedure
10	Policy Servicing	For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at customercare@cholams.murugappa.com	11 Redressal of Grievance
11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <ul style="list-style-type: none"> • Please write to customercare@cholams.murugappa.com to register your complaint. • In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com or call our Toll free @ 1800 208 9100 (for Health products) • On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details. • In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix. Escalation Matrix • In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer – Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number) • In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - GRO@cholams.murugappa.com (Quoting the previous Service request number) • If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to https://www.cioins.co.in/Ombudsman to get details on Insurance Ombudsman Offices. 	11 Redressal of Grievance
12	Things to remember	<p>Free Look Cancellation: Insured will have a free look period of 30 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. Please write to customercare@cholams.murugappa.com for cancellation of the policy during free look period</p>	10 General Terms and conditions 10.18
		<p>Policy renewal: The health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium clause of the policy</p>	10 General Terms and conditions 10.15
		<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer</p>	
		<p>In case the insured wish to migrate to another policy with the same insurer, he/she has to apply for migration atleast 30 days before the policy renewal date</p>	10 General Terms and conditions 10.13
		<p>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 at least 45 days before, but not earlier than 60 days from the policy renewal date to initiate the necessary porting formalities</p>	10 General Terms and conditions 10.14

		<p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	10 General Terms and conditions 10.20
		<p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	8 Moratorium Period
13	Your obligations	<p>Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, misdescription 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 toll free no. 1800 208 9100 or write to us at customer-care@cholams.murugappa.com to intimate any change to the material information affecting the policy.</p>	