

Top-up your health insurance the flexi way.



Chola Flexi Super Topup Insurance

Worried of the sum insured getting exhausted? Taking another health insurance getting too expensive? Chola MS cares for your mental peace and presents Chola Flexi Super Topup Insurance - an insurance plan with low premium but high coverage. Just by paying a part of the standard health insurance premium, you get complete coverage. It is a top - up plan that provides coverage for higher medical expenses for families on a floating sum insured basis or on individual sum insured basis. It is available in two variants:



Gold Plan



Silver Plan

Key Product Features



Cover for extended family



Coverage for Ayush treatments



Life-Long Renewability



Entry Age
3 months - 70 years



Long Term Policy



No Sub-Limits or Co-Payments



Flexibility to top up your health policy for additional coverage



Sum Insured range up to ₹5 Crore with various deductible options upto ₹1 Crore










No third party administrator. Direct Claim Settlement



Why opt Flexi Super Top Up ?

Scenarios	Individual Cover	Family floater - Self, Spouse, 2 Children
If Mr. A aged 40 years avails an Individual Health Policy for a SI of ₹25 lacs, his premium will be	₹12765	₹29878
However, if he avails an Individual Health Policy for a SI of ₹5 lacs, his premium will be	₹6374	₹14949
Chola Flexi Super Topup Insurance plan with SI of ₹20 lacs and deductible of ₹5 lacs, his premium will be	₹2517	₹4632
Total premium to be paid for a cover of ₹25 Lacs	₹8891	₹19581
Savings	₹3874	₹10297

 Members who can be covered - Individual	Self, Spouse, Children, Parents and other family members like Parents in Laws, Grand Father, Grand Mother, Grand Son, Grand Daughter, Daughter in Law, Son in Law, Sister, Brother in Law, Brother, Sister in Law, Nephew, and Niece
 Members who can be covered - Family Floater	Self, Spouse, Children can be covered on Floater Sum Insured basis. Coverage of Self is mandatory. The proposer may choose to add parents to the floater wherein additional premium would be applicable
 Type of Cover	Individual / Family Floater
 Policy Term	One / Two / Three Years
 Minimum - Maximum Entry Age Adult	18 - 70 Years
 Minimum - Maximum Entry Age Children	03 Months - 26 Years
 Pre Policy Medical Check up	Above 55 years For Sum Insured above ₹25 Lakhs

What is covered ?



In patient hospitalisation expenses



Emergency ambulance expenses



Day care procedures



Domiciliary hospitalisation



Pre-hospitalisation expenses
60 days (applicable only for Gold Plan)



Post-hospitalisation expenses
90 days (applicable only for Gold Plan)



AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) coverage expenses

Chola Flexi Super Topup Insurance | UIN: CHOHLIP23049V02223



Waiting Period



Initial waiting period:
30 days



Waiting period of
12 months for specified
list of illness



Waiting period for
Pre-Existing Disease
36 months - Gold Plan
36 months - Silver Plan

Sum Insured Options

Sum Insured (SI in ₹) Options (in Lacs)		Deductible Options (in ₹ Lacs)
5		5 / 10
7.5		5 / 7.5
10		5 / 7.5 / 10
15		5 / 10
20		5 / 10 / 15
25 - 45 Lacs in multiples of 5 Lacs		5 Lacs - 20 lacs in multiples of 5 Lacs
50		5 / 10 / 15 / 20 / 25
75		10 Lacs - 50 lacs in multiples of 5 Lacs
90		10
92.5		7.5
95		5
1 - 5 Crores in multiples of 50 Lacs		15 Lacs - 1Crore in multiples of 5 Lacs

Deductible

Deductible is a cost sharing requirement under this Policy that provides that the Company will not be liable for medical expenses upto a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

Deductible opted will apply over aggregate of all admissible claims under the policy per annum by insured (Individual cover) or insured family (in case of Family Floater cover).



Illustration - Deductible

Sum Insured opted by the Insured		₹5,00,000/-		
Deductible opted		₹3,00,000/-	Deductible will apply over aggregate of all admissible claims under the policy per annum by insured (Individual cover) or insured family (in case of Family Floater cover)	
Policy Period		01-Jan-2021 to 31-Dec-2021		
Individual Cover				
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Flexi Super Topup Insurance
1	June	₹150000/-	₹150000/-	NIL
2	September	₹250000/-	₹150000/-	₹100000/-
Total		₹400000/-	₹300000/-	
Family Floater Cover				
Claim	Month	Claim Amount	Deductible Applicable	Claim admissible under Chola Flexi Super Topup Insurance
1 Insured 1	April	₹75000/-	₹75000/-	NIL
2 Insured 2	August	₹200000/-	₹200000/-	NIL
3 Insured 3	November	₹400000/-	₹25000/-	₹375000/-
Total		₹675000/-	₹300000/-	

Premiums: The premiums for selected ages, Sum Insured & Deductible are illustrated in below tables:
(all Premiums are in ₹ and Exclusive of GST and for one year term)

GOLD PLAN

Sum Insured (₹)	15 Lacs					20 Lacs				
Deductible (₹)	5 Lacs					5 Lacs				
Age / Family Type	1A	1A + 1C	2A	2A + 1C	2A + 2C	1A	1A + 1C	2A	2A + 1C	2A + 2C
25	1,432	1,854	2,148	2,570	2,849	1,722	2,231	2,584	3,092	3,428
30	1,625	2,064	2,437	2,876	3,152	1,955	2,482	2,932	3,460	3,792
35	1,844	2,296	2,766	3,218	3,485	2,218	2,762	3,327	3,871	4,193
40	2,093	2,553	3,139	3,599	3,851	2,517	3,071	3,776	4,330	4,632
45	2,375	2,838	3,562	4,025	4,263	2,857	3,414	4,285	4,842	5,128
50	2,711	3,132	4,067	4,487	4,759	3,262	3,767	4,893	5,398	5,724
55	3,965	4,381	5,947	6,364	6,760	4,769	5,270	7,154	7,655	8,132
60	5,798	6,378	8,697	9,276	9,856	6,974	7,672	10,462	11,159	11,856
65	8,478	9,326	12,717	13,565	14,413	10,198	11,218	15,298	16,318	17,337
70	10,668	11,734	16,002	17,068	18,135	12,833	14,116	19,249	20,532	21,815



SILVER PLAN

Sum Insured (₹)	15 Lacs					20 Lacs				
Deductible (₹)	5 Lacs					5 Lacs				
Age / Family Type	1A	1A + 1C	2A	2A + 1C	2A + 2C	1A	1A + 1C	2A	2A + 1C	2A + 2C
25	1,217	1,576	1,826	2,185	2,422	1,464	1,896	2,196	2,628	2,913
30	1,381	1,754	2,072	2,445	2,679	1,661	2,110	2,492	2,941	3,223
35	1,567	1,951	2,351	2,735	2,962	1,886	2,347	2,828	3,290	3,564
40	1,779	2,170	2,668	3,060	3,273	2,140	2,611	3,210	3,680	3,937
45	2,019	2,412	3,028	3,422	3,623	2,428	2,902	3,642	4,116	4,359
50	2,305	2,662	3,457	3,814	4,045	2,772	3,202	4,159	4,588	4,866
55	3,370	3,724	5,055	5,409	5,746	4,054	4,480	6,081	6,507	6,912
60	4,928	5,421	7,392	7,885	8,378	5,928	6,521	8,892	9,485	10,078
65	7,206	7,927	10,809	11,530	12,251	8,669	9,536	13,003	13,870	14,737
70	9,068	9,974	13,601	14,508	15,415	10,908	11,998	16,362	17,452	18,543

GOLD PLAN

Sum Insured (₹)	40 Lacs					45 Lacs				
Deductible (₹)	10 Lacs					5 Lacs				
Age / Family Type	1A	1A + 1C	2A	2A + 1C	2A + 2C	1A	1A + 1C	2A	2A + 1C	2A + 2C
25	1,828	2,367	2,742	3,281	3,638	2,811	3,640	4,217	5,046	5,594
30	2,075	2,635	3,112	3,672	4,025	3,190	4,051	4,785	5,646	6,189
35	2,354	2,931	3,531	4,108	4,450	3,620	4,507	5,430	6,317	6,842
40	2,672	3,260	4,008	4,596	4,916	4,108	5,012	6,163	7,067	7,560
45	3,032	3,623	4,548	5,139	5,443	4,662	5,572	6,994	7,903	8,369
50	3,462	3,998	5,193	5,729	6,075	5,323	6,148	7,985	8,810	9,342
55	5,062	5,594	7,593	8,125	8,631	7,784	8,601	11,676	12,493	13,272
60	7,402	8,142	11,103	11,843	12,584	11,382	12,521	17,074	18,212	19,350
65	10,824	11,906	16,236	17,319	18,401	16,644	18,309	24,966	26,631	28,295
70	13,620	14,982	20,430	21,792	23,154	20,943	23,037	31,415	33,509	35,603



SILVER PLAN

Sum Insured (₹)	40 Lacs					45 Lacs				
Deductible (₹)	10 Lacs					5 Lacs				
Age / Family Type	1A	1A + 1C	2A	2A + 1C	2A + 2C	1A	1A + 1C	2A	2A + 1C	2A + 2C
25	1,554	2,012	2,331	2,789	3,092	2,389	3,094	3,584	4,289	4,755
30	1,763	2,240	2,645	3,121	3,421	2,712	3,444	4,067	4,799	5,260
35	2,001	2,491	3,002	3,492	3,782	3,077	3,831	4,616	5,370	5,816
40	2,271	2,771	3,407	3,906	4,179	3,492	4,260	5,238	6,007	6,426
45	2,577	3,080	3,866	4,368	4,626	3,963	4,736	5,945	6,717	7,114
50	2,942	3,399	4,414	4,870	5,164	4,525	5,226	6,787	7,488	7,941
55	4,303	4,755	6,454	6,906	7,336	6,616	7,311	9,925	10,619	11,281
60	6,292	6,921	9,438	10,067	10,696	9,675	10,642	14,512	15,480	16,447
65	9,200	10,121	13,801	14,721	15,641	14,148	15,562	21,221	22,636	24,051
70	11,577	12,735	17,365	18,523	19,681	17,802	19,582	26,703	28,483	30,263

Discounts on premium

Family Discount (Applicable only for policies on Individual Sum Insured basis)

Size of the Family	Discount (%) on base Premium
1 member	0
2 members	5%
3 to 5 members	7.5%
> 5 members	10%

Discount on long term policy purchase

- 5% on a 2 year policy and 10% on a 3 year policy



Tax Exemption under 80 D

The premium paid under this policy for self, spouse, dependent children and parents is eligible for deduction under Section 80D of the Income Tax Act.*



Claims Process

- Cashless Hospitalisation can be availed at any of our large list of network hospitals.
- In case of Reimbursement of claims, claims to be submitted to the insurer within 30 days from the date of discharge along with duly filled in and signed claim form.





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.

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



Possibility of Revision of Terms of the policy including the Premium Rates

The company may revise or modify the terms of the policy including the premium rates with prior approval of the Product Management Committee, of the Company. The insured person shall be notified three months before the changes are effected.



Withdrawal of the Product

- a. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy.
- b. Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.



Free Look Period

Every policyholder of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy and to return the same if not acceptable.

Free Look Period shall not be applicable on renewals or at the time of porting/migrating the policy.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. A refund of premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges, where the risk has not commenced or
- ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges.



Cancellation of Cover

- i. The policyholder may cancel this policy at any time during the term, by giving 7 days written notice in writing and in such an event, the Company shall
 - a. Refund proportionate premium for the unexpired policy period, if the term of policy upto one year and there is no claim(s) made during the policy period.
 - b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.





Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.



Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any Health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

Exclusions



Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded



Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded



Expenses related to any admission primarily for enforced bed rest and not for receiving treatment



Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof



Conditions for which treatment could have been done on an OPD basis without any Hospitalisation and Outpatient treatment



Any treatments or Investigation taken outside India

The list of exclusions below is illustrative only. For detailed list of exclusions, please refer to the policy wordings.



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Chola Flexi Super Topup Insurance

*SMS charges as applicable

For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. Terms and Conditions apply.

Prohibition of rebates 41. (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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