

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

Chola Flexi Health Supreme provides the policyholder a comprehensive health cover with wide range of Sum Insured (SI) and plan options to suit his/her Health Insurance needs. The product is packaged with benefits to cover Allopathy and AYUSH type of treatments, Restoration of Sum Insured on exhaustion of SI and Cumulative Bonus due to previous claims, Global hospitalization, Daily benefit for Home care treatment, Infertility treatment and much more to discover as you read on.

1. PERSONS WHO CAN BE INSURED:

| Persons who can be covered | Entry Age | Important Conditions |
|--|---|---|
| Age mentioned below refers to completed age at the commencement date of this policy | | |
| Self, Spouse, Parents, Parents-in-law | Minimum – 18 years Maximum – 75 Years | - The Proposer should be minimum 18 years on the Commencement date of the policy. |
| Children upto 4 | Minimum – 03 Months Maximum – 26 Years | - Children between 03 months to 18 years can be insured provided either parent is getting insured under this policy. - Maximum Renewal age for children is 26 years. On renewal after completion of 26 years, such Insured Person will have the option to migrate to any separate health insurance policy, with continuity benefits. - Female married Children of the proposer are not eligible for coverage under the policy |
| Siblings | Minimum – 05 Years Maximum – 75 Years | - Siblings between 05 to 18 years can be covered provided the proposer is covered under this policy. - Female married sibling of the proposer is not eligible for coverage under the policy |

2. TYPE OF SUM INSURED (SI) OPTIONS:

| Coverage of Self/Proposer is mandatory under Family Floater and is not mandatory under Individual Cover | | |
|--|-----------------------------------|----------------------|
| Type of Sum Insured options | Family members eligible for cover | Important Conditions |

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|-------------------------------------|--|--|
| Individual Sum Insured Basis | Self, Spouse, Children upto 4, Parents, Parents in Laws and Siblings | - Each covered person will have an independent Sum Insured limit within the same policy. |
| Floater Sum Insured Basis | Self, Spouse and Children upto a maximum of 6 members | - Single Sum insured floats among the family members covered under the policy. |

3. POLICY TENURE:

- 1 or 2 or 3 years
- 5% discount on 2 year policy and 10% discount on 3 year policy with Single premium payment option only.

4. SUM INSURED OPTIONS:

| Plan | Sum Insured (SI) in (Rs.) Options |
|-----------------|---|
| Basic | Rs. 50,000/-, 1/2/3/5/7.5/10/15/20/25 Lakhs |
| Plus | Rs. 5/7.5/10/15/20/25 Lakhs |
| Premiere | Rs.30/40/50/75 Lakhs, Rs.1/2/2.5/3/5 Crores |

5. PREMIUM PAYMENT OPTIONS:

- Single premium payment mode or
- Annual or
- Half-Yearly or
- Quarterly or
- Monthly mode.

The premium payment mode opted shall be as mentioned in the policy schedule

6. SCOPE OF COVER:

Upon the happening of the events listed under sections Basic and Additional covers below during the policy period, the policy will pay the benefits as detailed below, up to the limits defined in the Schedule of Benefits / Policy Schedule and as per the General Conditions in Section 6 of the policy.

| 1. BASIC COVERS | | |
|--|---|--|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| 1.1 In Patient Hospitalization Expenses | This Policy will indemnify the Reasonable and Customary medically necessary inpatient treatment expenses, under different heads mentioned below, incurred during the policy period towards Hospitalization for the disease, illness, medical condition or injury contracted or sustained by the | Specific Condition: For Sum Insured Rs.50,000/-, Rs. 1 Lakh and 2Lakhs, the maximum room rent allowed is Rs.2000/-per day. |

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| 1. BASIC COVERS | | |
|---|---|---|
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| | <p>insured person during the Policy Period as stated in the policy Schedule subject to terms, conditions and exclusions mentioned in the Policy.</p> <ul style="list-style-type: none"> a. Room, Boarding charges, ICU charges as provided by the Hospital/Nursing Home b. Nursing Expenses incurred during In-Patient Hospitalization c. Surgeon, Anesthetist, Medical Practitioner, Consultants & Specialist Fees d. Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, and diagnostic tests) e. Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, and Medicines & Drugs, Diagnostic Materials and Cost of Pacemaker, prosthetic and other devices implanted internally during a surgical procedure. | |
| <p>1.2</p> <p>Pre Hospitalization Expenses</p> | <p>This Policy will pay for medical expenses incurred upto the number of days as mentioned in the Schedule of benefits prior to the date of Hospitalization provided that</p> <ul style="list-style-type: none"> a. The expenses were incurred after the first 30 day waiting period as mentioned in Waiting period section 5.a.iii b. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and | <p>Specific Condition:</p> <p>Payment under this benefit will reduce the Base Sum Insured.</p> |

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| 1. BASIC COVERS | | |
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| | c. The Inpatient Hospitalization claim for such Hospitalization is admissible by Us | |
| 1.3 Post Hospitalization Expenses | <p>This Policy will pay for medical expenses incurred upto the number of days as mentioned in the Schedule of benefits from the date of discharge from the hospital provided that</p> <p>a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and</p> <p>b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by Us</p> | <p>Specific Condition:</p> <p>Payment under this benefit will reduce the Base Sum Insured.</p> |
| 1.4 Day Care Procedures | <p>This Policy will pay Reasonable and Customary Medical Expenses incurred as a Day Care Procedure/Treatment for any disease/illness/injury that requires less than 24 hours of Hospitalization because of technological advancement, upto Sum Insured stated in the policy schedule, during the policy period if it is performed in a network hospital. In case the procedure is performed in a non-network hospital, the same must be pre-authorized by us.</p> <p>Treatment normally taken on an out-patient basis is not included in the scope of cover</p> | <p>Specific Condition:</p> <p>Pre-authorization 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.</p> <p>Payment under this benefit will reduce the Base Sum Insured.</p> |
| 1.5 AYUSH Coverage | This policy will pay Reasonable and Customary charges incurred for Hospitalization and Day care procedures expenses that require more than 24 hours of Hospitalization for illness or accidental bodily injury for non-allopathic treatments given under Ayurveda, Yoga | Payment under this benefit will reduce the Base Sum Insured. |

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| 1. BASIC COVERS | | |
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| | and Naturopathy, Unani, Siddha and Homeopathy systems upto Sum insured stated in the policy schedule. The treatment should have been undergone in AYUSH Hospital/AYUSH Day Care Centre as defined in the policy. | |
| 1.6 Domiciliary Hospitalisation | <p>This policy will reimburse the Reasonable and Customary Medical Expenses incurred by an Insured Person for medical treatment taken at his/her home which would otherwise have required Hospitalization provided:</p> <p>a) on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or</p> <p>b) a Hospital bed was unavailable, and provided that:</p> <p>I. The condition for which the medical treatment is required continues for at least 3 days, in which case the Policy pays reasonable cost of necessary medical treatment for the entire period</p> <p>II. Pre-hospitalisation and Post hospitalisation expenses will be covered under this benefit in accordance with Section 4.1.2 and 4.1.3 respectively.</p> <p>Cashless facility will not be available for such a claim. Payment under this benefit will reduce the Base Sum Insured.</p> | <p>Specific Exclusion:</p> <p>No payment will be made under this benefit, if the condition for which the Insured Person requires medical treatment towards following ailments:</p> <ol style="list-style-type: none"> 1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza 2. Arthritis, Gout and Rheumatism, 3. Chronic Nephritis and Nephritic Syndrome, 4. Diarrhoea and all type of Dysenteries including Gastroenteritis, 5. Diabetes Mellitus and Insupidus, 6. Epilepsy, 7. Hypertension, 8. Pyrexia of unknown Origin. |
| 1.7 Organ Donor Hospitalization | This policy 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 | <p>Specific Condition:</p> <p>Payment under this benefit will reduce the Base Sum Insured.</p> |

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| 1. BASIC COVERS | | |
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| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| ation Expenses | Hospitalization expenses or any other medical treatment consequent to the harvesting. | |
| 1.8 Emergency Ambulance Expenses | <p>This policy 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:</p> <p>a. The ambulance service is offered by a healthcare or an ambulance service provider.</p> <p>b. We have accepted the inpatient hospitalization claim under section 3.1.1 above.</p> | <p>Specific Condition:</p> <p>Payment under this benefit will reduce the Base Sum Insured.</p> |
| 1.9 New Born Baby Cover | <p>This policy will pay for the Inpatient hospitalization medical expenses incurred for the New Born Baby from Day one till policy expiry date mentioned in the policy schedule subject to a limit of 10% of Sum Insured subject to a maximum of Rs.50,000/- whichever is less within Mother's Sum Insured provided that</p> <ol style="list-style-type: none"> 1. The mother is covered under the policy for a period of 12 months continuously without break. 2. Intimation about the birth of the New Born Baby is given to us and the baby is included and endorsed under the policy for the cover to commence. 3. Routine Vaccinations for the baby are not admissible under this cover. | <p>Specific Condition:</p> <p>In case of Family Floater, the floater Sum Insured will be considered upto the limits stated above for New Born Baby cover.</p> <p>Payment under this benefit will reduce the Base Sum Insured.</p> |

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| 1. BASIC COVERS | | |
|------------------------|--|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | <p>4. 30 days waiting period shall not apply for the New Born Baby cover</p> <p>5. All other terms, conditions and exclusions shall apply for the New Born Baby cover.</p> | |

The total amount payable under the policy, per year for all sections under 1-Basic cover as above put together shall not exceed the Base sum insured for you shown in the policy schedule.

| 2 ADDITIONAL COVERS | | |
|--|---|--|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| <p>2.1</p> <p>Sum Insured Restoration</p> | <p>This policy will provide for automatic restoration of Base Sum Insured during the policy year, provided that:</p> <p>a. The Base Sum Insured and earned Cumulative Bonus is insufficient or exhausted as a result of payment of claims during the policy year.</p> <p>b. The maximum liability under a single claim under this benefit shall not be more than Base Sum Insured:</p> <p>c. The order of utilisation of the benefit will be as follows:</p> <ol style="list-style-type: none"> 1. Base Sum Insured followed by; 2. Earned Cumulative Bonus (if any) followed by; 3. Sum Insured restoration | <p>Specific Conditions:</p> <p>a. Sum Insured Restoration is applicable only for the current policy year and any unused Sum Insured cannot be carried forward to the next policy year. This policy does not cease on payment of claim under this benefit.</p> <p>b. Such restoration of Sum Insured will be available to each insured in case of an individual Sum Insured. If the Policy is issued on a floater basis, the Restored Sum Insured will be available on a floater basis.</p> <p>c. All Claims under this benefit can be made as per the process defined under Section 7.27.a.</p> |

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| 2 ADDITIONAL COVERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Benefits | | Coverage | | | | Specific Conditions / Exclusions / Definitions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | d. The Restored Sum Insured will be available subsequent to the first paid claim under basic Inpatient Hospitalisation Expenses cover. | | | | d. Sum Insured Restoration benefit will not be applicable for any claims arising out of Road Traffic Accident. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Benefit Illustration under the cover is as below: | | | | e. This cover shall be applicable for Sum Insured of Rs.3 Lakhs and above under Basic Plan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table><tr><th colspan="5">Claim Scenario 1</th></tr><tr><td colspan="2">Sum Insured (SI) – Rs.3 Lakhs</td><td colspan="3">Cumulative Bonus (CB) – Rs.1.5 Lakhs</td></tr><tr><th>Claim No.</th><th>Claim Amount</th><th>SI</th><th>CB</th><th>Restoration of Base SI</th></tr><tr><td>1</td><td>Rs.3.5L</td><td>Rs.3 L</td><td>Rs.50,000/-</td><td>-</td></tr><tr><td>2</td><td>Rs.2.5L</td><td>-</td><td>Rs.1L</td><td>Rs.1.5L</td></tr><tr><td>3</td><td>Rs.4.5L</td><td>-</td><td>-</td><td>Rs.3L (Restoration upto Base SI)</td></tr><tr><th colspan="5">Claim Scenario 2</th></tr><tr><td colspan="2">Sum Insured – Rs.3 Lakhs</td><td colspan="3">Cumulative Bonus –NIL</td></tr></table> | | | | | Claim Scenario 1 | | | | | Sum Insured (SI) – Rs.3 Lakhs | | Cumulative Bonus (CB) – Rs.1.5 Lakhs | | | Claim No. | Claim Amount | SI | CB | Restoration of Base SI | 1 | Rs.3.5L | Rs.3 L | Rs.50,000/- | - | 2 | Rs.2.5L | - | Rs.1L | Rs.1.5L | 3 | Rs.4.5L | - | - | Rs.3L (Restoration upto Base SI) | Claim Scenario 2 | | | | | Sum Insured – Rs.3 Lakhs | | Cumulative Bonus –NIL | | | |
| Claim Scenario 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sum Insured (SI) – Rs.3 Lakhs | | Cumulative Bonus (CB) – Rs.1.5 Lakhs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claim No. | Claim Amount | SI | CB | Restoration of Base SI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rs.3.5L | Rs.3 L | Rs.50,000/- | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rs.2.5L | - | Rs.1L | Rs.1.5L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Rs.4.5L | - | - | Rs.3L (Restoration upto Base SI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claim Scenario 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sum Insured – Rs.3 Lakhs | | Cumulative Bonus –NIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 2 ADDITIONAL COVERS | | | | | | |
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| Benefits | Coverage | | | | | Specific Conditions / Exclusions / Definitions |
| | Claim No. | Claim Amount | SI | CB | Restoration of Base SI | |
| | 1 | Rs.4.5L | Rs.3 L | - | Not applicable for first claim | |
| | 2 | Rs.3.5L | - | - | Rs.3L (Restoration upto Base SI) | |
| 2.2 Additional Sum Insured for claims due to Road Traffic Accident (RTA) | <p>In the event of Inpatient Hospitalization of the insured due to an Accident, the basic sum insured shall be increased upto the limit as mentioned in the schedule of benefits provided that:</p> <ul style="list-style-type: none"> The additional Sum Insured will be available on exhaustion of the Basic Sum Insured and Cumulative Bonus under the policy. This cover will be available only once during the policy year and can be utilized only for that particular hospitalisation due to RTA. Sum Insured Restoration will not be applicable for this benefit. | | | | | <p>Specific Condition:</p> <p>The unutilized amount under this benefit cannot be carried forward.</p> <p>This cover shall be applicable for Sum Insured of Rs.3 Lakhs and above under Basic Plan.</p> |
| 2.3 Daily Care Benefit | <p>This policy will pay daily cash benefit as mentioned in the Schedule of benefits towards accompanying person expenses, for each and every completed 24 hours of hospitalisation up to a maximum of 10 days per policy year.</p> | | | | | <p>Specific Condition:</p> <p>For a claim to be admissible under this benefit, we should have accepted an inpatient Hospitalisation claim under the policy. This benefit shall not be</p> |

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|-----------------------------------|---|--|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus. | payable for claims admitted under Home Care Expenses cover. |
| 2.4 Compassionate Visit | <p>In the event of the hospitalization of the insured for a Life threatening Medical Emergency at a place away from his usual place of residence as recorded in the policy, the policy will reimburse the transportation expenses incurred for air travel upto the maximum limit mentioned in the Schedule of Benefits for one of the immediate family member to travel to the hospital, provided the claim for Hospitalization is admissible under the policy.</p> <p>The benefit amount mentioned in the Schedule of Benefits will be maximum limit applicable per policy year (per annum in case of multi-year tenure).</p> <p>In relation to individual policy it is our maximum liability for each Insured Person per policy year (i.e., per annum for multi-year tenure) and in relation to a Family Floater it is our maximum liability for the all the Insured Persons covered under the policy per policy year (i.e., per annum for multi-year tenure).</p> <p>For the purpose of this cover, General exclusion no.6.19 shall stand deleted</p> | <p>Definitions for the purpose of this cover, Life Threatening Medical Emergency means a medical condition potentially fatal which could result in death of the life of the Insured.</p> <p>Immediate family member shall mean and include the Insured Person's Spouse, children (including adopted and step children) and parents.</p> <p>Specific Conditions:</p> <p>The scope of this cover is within the boundaries of India.</p> <p>This benefit will be available only on reimbursement basis.</p> <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> |

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|---|---|--|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| 2.5 Repatriation of Mortal Remains | This policy will reimburse the actual expenses subject to the maximum limit mentioned in the Schedule of Benefits incurred for transportation of mortal remains of the Insured Person from the hospital to the residence and/or cremation and/or burial ground subject to an admissible claim under basic Inpatient Hospitalization cover. | <p>Specific Conditions:</p> <p>This benefit will be available only on reimbursement basis.</p> <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> |
| 2.6 Specialist Consultation Charges | This policy will reimburse the cost of obtaining Medical Opinion from a Specialist Medical Practitioner for illness or injury upto a maximum limit as mentioned in the Schedule of Benefits subject to an admissible claim under basic Inpatient Hospitalization cover. 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). | <p>Specific Conditions:</p> <p>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.</p> <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> |
| 2.7 Global Hospitalization cover | <p>This Policy will indemnify the Reasonable and customary, medically necessary expenses as listed under Inpatient hospitalization cover, incurred outside India and anywhere across the World on the advice of the Medical Practitioner, during the policy period upto a maximum of the Base Sum Insured subject to</p> <ol style="list-style-type: none"> The diagnosis was made in India Medical expenses payable under this cover shall be limited to 4.1.1 In-patient Hospitalization Expenses and 4.1.4 Day care Expenses | <p>Specific Condition:</p> <ol style="list-style-type: none"> Claim payment under this cover will be based on the rate of exchange as on the Date of Loss published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of claims. If on the Insured Person's Date of Loss, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion. |

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| | <p>c. Pre-hospitalisation and Post hospitalisation expenses shall not be payable under the cover.</p> <p>d. Only Base Sum Insured and Cumulative Bonus will be applicable for this cover.</p> <p>e. Sum Insured Restoration shall not be applicable for Global Hospitalisation Cover</p> <p>f. This benefit will be available only on reimbursement basis.</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | <p>b. Claim payment under this cover shall form part of the Base sum insured and will impact Cumulative Bonus.</p> |
| <p>2.8</p> <p>Personal Accident (PA) Cover</p> | <p>This policy will pay a Fixed benefit equal to 100% of the Basic Health Sum Insured or Rs. 50 Lakhs, whichever is lower, on the death of the insured person, directly due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.</p> <p>In addition to Personal Accident Sum Insured, the Policy will also pay the cost incurred towards transporting the mortal remains from the place of death to the hospital and/or residence and/or cremation and/or burial ground upto a maximum of Rs.5,000/-.</p> <p>This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | <p>Specific Condition:</p> <ol style="list-style-type: none"> 1. This policy shall automatically terminate upon the Insured Person's death or payment of 100% of Sum Insured under Personal Accident Cover. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. 2. The Personal Accident cover shall be applicable to all Insured members on individual basis under Individual Sum Insured option. On Family floater basis, the Personal Accident shall be applicable only for SELF covered under the policy. <p>Territorial limits: Worldwide</p> |

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| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | | Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus. |
| 2.9 Child Education Benefit | <p>This policy will pay a one-time Education benefit as mentioned in the Schedule of Benefits to the dependent children, following an admissible Death claim of the Insured Person under the Personal Accident section of the policy, provided that,</p> <p>a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.</p> <p>b. Age of the child or children as the case shall not be more than 25 completed years</p> <p>c. This would be a onetime Lumpsum payment during the entire policy tenure with the Insurer, irrespective of the number of children.</p> <p>d. Deceased Insured should be an earning parent</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | <p>Specific Condition:</p> <p>The claim payable under this cover shall be over and above the benefit payable under Personal Accident section and Base Sum Insured.</p> |
| 2.10 Consumables cover | <p>This policy will indemnify the Reasonable and Customary expenses incurred towards purchase of items listed under 'Annexure 1 – List 1 – Items for which coverage is not available in the policy' during hospitalization, subject to an admissible In-Patient</p> | <p>Specific Exclusion:</p> <p>The following items shall be excluded from scope of this coverage:</p> |

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| | <p>Hospitalization or Day Care treatment claim under the policy during the policy period.</p> <p>For the purpose of this cover, General exclusion no. 6.30 shall stand deleted</p> <p>Claim payment under this cover shall form part of the Base sum insured and will impact Cumulative Bonus</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy</p> | <ol style="list-style-type: none"> Items of personal comfort, toiletries, cosmetics and convenience shall be excluded from scope of this coverage. External durable devices like Bilevel Positive Airway Pressure (BIPAP) machine, Continuous Positive Airway Pressure (CPAP) machine, Peritoneal Dialysis (PD) equipment and supplies, Nimbus/water/air bed, dialyzer and other medical equipments. Any item which is neither medical consumable nor medically necessary nor prescribed by Doctor |
| <p>2.11</p> <p>Home Care Expenses</p> | <p>This policy will reimburse the reasonable and customary medical expenses upto the daily limits mentioned in the schedule of benefits, per day towards Homecare Treatment for the following medical conditions, during the Policy Period upto a maximum of 15 days per policy year, subject to the specific conditions applicable for the cover.</p> <ol style="list-style-type: none"> Gastroenteritis Chemotherapy Pancreatitis Dengue Chronic obstructive pulmonary disease management Hepatitis COVID-19 | <p>Specific Conditions:</p> <ol style="list-style-type: none"> The treatment in normal course would require care and In-patient treatment at a hospital but is actually taken at home, provided that: <ol style="list-style-type: none"> The Medical Practitioner advises the Insured person in writing to undergo treatment at home There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained. This cover shall reimburse the following medical expenses incurred during Home care treatment subject to the terms, |

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|----------------------------|--|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | <p>Sum Insured Restoration shall not be applicable for Home care Treatment</p> <p>Claim payment under this cover shall form part of the Base sum insured and will impact Cumulative Bonus.</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> <p>Specific Definition:</p> <p>Homecare Treatment means treatment availed by the Insured Person at home which in normal course would require care and treatment at a hospital but is actually taken at home provided that:</p> <ol style="list-style-type: none"> The Medical Practitioner advises the Insured Person in writing to undergo treatment at home. There is continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained | <p>conditions, waiting periods and exclusions applicable under the policy,.</p> <ol style="list-style-type: none"> Diagnostic tests undergone at home or at diagnostics centre as prescribed by the Medical practitioner Medicines prescribed in writing Consultation charges of the medical practitioner Nursing charges related to medical staff Medical procedures limited to parenteral administration of medicines Consumables as listed in Annexure 1 of this cover <ol style="list-style-type: none"> Pre-hospitalisation and Post hospitalisation expenses shall not be payable under this cover. Claim under this cover shall be on Reimbursement basis. |
| 2.12 | This policy will reimburse the Reasonable and Customary charges incurred towards Vaccination charges for the New Born Baby during the policy | |

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| 2 ADDITIONAL COVERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---|---------------|-------------------------------|-----------|---------------------|------------------------|---|-----------------------|-------------------------|--------|-------------------|---|--------------------------|---|---------------------|-----------------------------|--------|---------------|---|-----------------------|---|---------------|---|-----------------|---------------------|---|------------------|-------------------------|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccination Charges | <p>period, as per the National Immunization Scheme (India) listed in the policy, till the baby completes 1 year (12 months) upto the limits mentioned in the Schedule of Benefits, subject to</p> <ol style="list-style-type: none"> 1. An admissible claim under Maternity cover of the policy 2. Intimation about the birth of the New Born Baby is given to us and the baby is included and endorsed under the policy for the cover to commence. 3. 30 days waiting period shall not apply for the New Born Baby cover 4. Sum Insured Restoration shall not be applicable for this cover 5. We will continue to provide Reasonable and Customary charges for vaccination of the New Born Baby until the baby completes 12 months, if the Policy ends before the New Born Baby has completed one year subject however to the Policy being renewed in the subsequent year. 6. Any Expenses related to the doctor, nurse or any incidental expenses are not payable. <p>For the purpose of this cover, General exclusion no.6.21 shall stand deleted</p> <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> | <table> <tr> <th>Time Interval</th><th>Vaccinations to be done (Age)</th><th>Frequency</th></tr> <tr> <td rowspan="5">0 – 3 Months</td><td>BCG (Birth to 2 Weeks)</td><td rowspan="2">1</td></tr> <tr> <td>OPV (0,6,10 weeks) OR</td></tr> <tr> <td>OPV + IPV1 (6,10 weeks)</td><td>3 or 4</td></tr> <tr> <td>DPT (6 & 10 week)</td><td>2</td></tr> <tr> <td>Hepatitis-B (0 & 6 week)</td><td>2</td></tr> <tr> <td rowspan="4">3 – 6 Months</td><td>OPV (14 week) OR OPV + IPV2</td><td>1 or 2</td></tr> <tr> <td>DPT (14 week)</td><td>1</td></tr> <tr> <td>Hepatitis-B (14 week)</td><td>1</td></tr> <tr> <td>Hib (14 week)</td><td>1</td></tr> <tr> <td>9 Months</td><td>Measles (+9 months)</td><td>1</td></tr> <tr> <td>12 Months</td><td>Chicken Pox (12 months)</td><td>1</td></tr> </table> | Time Interval | Vaccinations to be done (Age) | Frequency | 0 – 3 Months | BCG (Birth to 2 Weeks) | 1 | OPV (0,6,10 weeks) OR | OPV + IPV1 (6,10 weeks) | 3 or 4 | DPT (6 & 10 week) | 2 | Hepatitis-B (0 & 6 week) | 2 | 3 – 6 Months | OPV (14 week) OR OPV + IPV2 | 1 or 2 | DPT (14 week) | 1 | Hepatitis-B (14 week) | 1 | Hib (14 week) | 1 | 9 Months | Measles (+9 months) | 1 | 12 Months | Chicken Pox (12 months) | 1 |
| Time Interval | Vaccinations to be done (Age) | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 – 3 Months | BCG (Birth to 2 Weeks) | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OPV (0,6,10 weeks) OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OPV + IPV1 (6,10 weeks) | 3 or 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DPT (6 & 10 week) | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hepatitis-B (0 & 6 week) | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 – 6 Months | OPV (14 week) OR OPV + IPV2 | 1 or 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DPT (14 week) | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hepatitis-B (14 week) | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hib (14 week) | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Months | Measles (+9 months) | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Months | Chicken Pox (12 months) | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 2 ADDITIONAL COVERS | | |
|--------------------------------|---|--|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy. | |
| 2.13 Maternity Cover | <p>This policy will reimburse the Reasonable and Customary Medical expenses for delivery (including caesarean section) or the lawful medical termination of pregnancy (without threat to mother or child's life) while hospitalized, during the policy period excluding elective termination, limited to first two deliveries or termination or either one of each during the lifetime of the Insured, subject to a waiting period of 3 continuous years of coverage under this policy, subject to IRDAI portability guidelines.</p> <p>For the purpose of this cover, General exclusion no.6.15- Maternity: Code – Excl18, shall stand deleted</p> <p>Newborn Baby Cover: This policy will also pay for the Hospitalization expenses incurred for a new born baby, from the day of birth to 90 days, subject to</p> <ol style="list-style-type: none"> 1. a valid claim under maternity expenses for an insured mother 2. routine Vaccinations for the baby are not admissible under this cover. 3. 30 days waiting period shall not apply for the New Born Baby cover 4. All other terms, conditions and exclusions shall apply for the New Born Baby cover | <p>Specific Exclusion applicable to Maternity:</p> <p>Following Expenses shall be excluded from the scope of this coverage:</p> <ul style="list-style-type: none"> • Ectopic pregnancy (although it shall be covered under section Basic Inpatient Hospitalisation). • Expenses incurred for pre/post natal care • Pre/Post hospitalization benefit (Base Cover 4.1.2 and 4.1.3) <p>Specific condition applicable to Newborn Baby Cover:</p> <p>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.</p> |

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| 2 ADDITIONAL COVERS | | |
|---|--|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | <p>Sum Insured Restoration shall not be applicable for Maternity and New Born Baby Cover</p> <p>Claim payment under this cover shall form part of the Base sum insured and will impact Cumulative Bonus.</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | |
| <p>2.14</p> <p>Infertility Treatment</p> | <p>This Policy will indemnify the Reasonable and Customary medically necessary treatment expenses incurred on the advice of the Medical Practitioner for treatment of Infertility / Subfertility including but not limited to IVF, IUI, ZIFT, ICSI upto the maximum limit mentioned in the schedule of benefits during the policy period, subject to</p> <ol style="list-style-type: none"> A waiting period of 24 months from the date of first inception of this policy with Us, provided that the policy has been renewed continuously with this cover since inception, without a break For the purpose of claiming under this benefit, either in-patient hospitalisation or Day care procedure/treatment is mandatory. Sum Insured Restoration shall not be applicable for Infertility treatment Claim under this benefit shall be payable only upto the limit mentioned in the Schedule of Benefits during the entire lifetime of the policy with Us. | <p>Special Exclusions applicable to Infertility Treatment</p> <p>The Company shall not be liable to make any payment under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:</p> <ol style="list-style-type: none"> Pre and Post treatment expenses Sub-fertility services that are deemed to be unproven, experimental or investigational Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided. Reversal of voluntary sterilization Treatment undergone for second or subsequent pregnancies except where the child from the first delivery/ previous |

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| 2 ADDITIONAL COVERS | | |
|---|--|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | <p>e. Infertility treatment benefit shall be available only to female insured members under the policy.</p> <p>For the purpose of this cover, General exclusion no.6.14.ii shall stand deleted</p> <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | <p>deliveries is/are not alive at the time of treatment</p> <p>6. Payment for services rendered to a surrogate</p> <p>7. Costs associated with cryopreservation and storage of sperm, eggs and embryos</p> <p>8. Selective termination of an embryo.</p> <p>9. Services done at unrecognized centre</p> <p>10. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures</p> |
| <p>2.15</p> <p>Bariatric Surgery</p> | <p>This policy will indemnify the Reasonable and Customary medical expenses as listed under Inpatient hospitalization expenses, incurred by the Insured Person for undergoing Bariatric Surgery on Inpatient basis, during the policy period upto the maximum limit mentioned in the Schedule of Benefits, subject to the following:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The member has to be 18 years of age or older and</p> <p>iii. Body Mass Index (BMI) greater than or equal to 40</p> | <p>Specific Condition:</p> <p>Claim payment under this cover shall form part of the Base sum insured and will impact Cumulative Bonus.</p> |

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| 2 ADDITIONAL COVERS | | |
|--|---|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | <p>iv. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:</p> <ul style="list-style-type: none"> a. Obesity-related cardiomyopathy b. Coronary heart disease c. Severe sleep apnea d. Uncontrolled Type2 Diabetes <p>v. Sum Insured Restoration shall not be applicable for Bariatric Surgery Cover</p> <p>vi. Pre-hospitalisation and Post hospitalisation expenses shall not be payable under this cover.</p> <p>For the purpose of this cover, General exclusion no.6.3 shall stand deleted</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | |
| <p>2.16</p> <p>Recovery Benefit</p> | <p>This policy will pay a lumpsum equal to 0.5% of Base Sum Insured, in the event of hospitalization of the Insured Person for a continuous period of more than 10 days subject to admissibility of claim under Basic In-Patient Hospitalization cover.</p> | <p>Specific Condition:</p> <p>This benefit shall not be payable in case of Domiciliary Hospitalisation, Infertility Treatment, Global Hospitalization Cover, Bariatric Surgery and Home Care Expenses.</p> |

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| 2 ADDITIONAL COVERS | | |
|--|--|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| | This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy. | Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus. |
| 2.17 Specs/ Contact lens/hearin g aids | <p>This policy will reimburse the Reasonable and Customary cost incurred by the Insured, towards purchase of spectacles or contact lens or a hearing aid (excluding batteries) during the policy period, subject to a maximum limit as mentioned in the Schedule of benefits, provided that it should be prescribed by the Medical Practitioner.</p> <p>Sum Insured Restoration shall not be applicable for Specs/ Contact lens/hearing aids cover</p> <p>For the purpose of this cover, General exclusion no.6.25 shall stand deleted</p> <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | <p>Specific Condition:</p> <ol style="list-style-type: none"> 1. A waiting period of 24 months from the date of first inception of this policy with Us is applicable for availing the benefit under this cover, provided that the policy has been renewed continuously with this cover since inception, without a break 2. This benefit cannot be carried forward if unutilized in the eligible policy year. Cashless facility will not be available for such a claim. |

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| 2 ADDITIONAL COVERS | | |
|---|--|---|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| <p>2.18</p> <p>High End Diagnostic s</p> | <p>This policy will indemnify the reasonable charges incurred for the following diagnostic tests only on OPD basis during the policy period, if required as part of a medically necessary treatment subject to the maximum limit mentioned in the Schedule of Benefits:</p> <ol style="list-style-type: none"> 1. Brain Perfusion imaging 2. Computed Tomography (CT) guided Biopsy 3. Computed Tomography (CT) Urography 4. Digital Subtraction Angiography (DSA) 5. Liver Biopsy 6. Magnetic Resonance Cholangiography Scan 7. Positron Emission Tomography– Computed Tomography (PET/CT) 8. Positron emission tomography – Magnetic Resonance Imaging (PET/MRI) 9. Renogram <p>Sum Insured Restoration shall not be applicable for High End Diagnostics cover</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | <p>Specific Condition:</p> <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> |
| <p>2.19</p> <p>Emergency Air</p> | <p>This policy will indemnify for ambulance transportation of the Insured in an airplane or helicopter subject to the maximum limit mentioned in the Schedule of Benefits for emergency life threatening health condition which require immediate and rapid ambulance transportation to the hospital / medical centre within India, for further</p> | <p>Specific Condition:</p> <p>The Medical Evacuation should be prescribed by a Medical Practitioner and should be Medically Necessary. Cashless facility will not be available for such a claim.</p> |

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| 2 ADDITIONAL COVERS | | |
|----------------------------|--|--|
| Benefits | Coverage | Specific Conditions / Exclusions / Definitions |
| Ambulance Cover | <p>medical management subject to an admissible claim under Basic In-Patient hospitalization Expenses.</p> <p>This Cover is otherwise subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> | <p>Claim payment under this cover does not form part of the Base sum insured and will not impact Cumulative Bonus.</p> |

| 3 RENEWAL BENEFITS | |
|--|--|
| 3.1 Cumulative Bonus | <p>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 the 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 50% under Basic Plan and 100% under Plus and Premiere Plans of the policy Sum Insured.</p> <p>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.</p> <p>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.</p> <p>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.</p> |
| 3.2 Reduction in Cumulative Bonus | <p>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 Benefits.</p> <p>Such a reduction of cumulative bonus will not reduce the Sum Insured under the policy.</p> <p>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.</p> |
| 3.3 Health Check-up | <p>All Insured Persons under this policy will be eligible for a Health Check-up upto the limits defined below after two continuous claim free policy years under Basic and Plus Plan and after a block of every two continuous years, irrespective of claim status under Premiere plan.</p> <p>In case of family floater policy,</p> |

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- 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.
- iii. The limits mentioned below will be the maximum amount payable for any one or all the Insured Persons towards the Health Checkup.

The medical check-up can be availed on reimbursement basis only. The Insured should submit the copy of the reports and original payment receipt within 30 days from the last date of undergoing the Health Check-Up.

Payment under this benefit does not form part of the Sum Insured and will not impact the Bonus.

Note: Payment of expenses towards cost of health checkup will not prejudice the company's right to deal with a claim in case of non-disclosure of material fact and / or Pre-Existing Diseases in terms of the policy.

| Sum Insured | Benefit Limit |
|---|---------------|
| Rs.1 / 2 Lakhs | Rs.500/- |
| Rs.3 Lakhs | Rs.750/- |
| Rs.5 Lakhs | Rs.1000/- |
| Rs.7.5 / 10 Lakhs | Rs.2500/- |
| Rs.15 / 20 Lakhs | Rs.3000/- |
| Rs.25 Lakhs | Rs.3500/- |
| Rs.30 / 40 Lakhs | Rs.6000/- |
| Rs.50 / 75 Lakhs/ Rs.1 / 2 / 2.5 / 3 / 5 Crores | Rs.10,000/- |

4 WELLNESS ADVANTAGE

Following Wellness Program shall be available only to Insured Persons from 18 years of age covered under the policy and as mentioned in the Schedule of Benefits. This program is intended to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

Insured has to download the Chola MS app on their mobile to avail the wellness program/services. The Mobile app will enable Insured to track and monitor their progress against your personal health related goals and definitive actions towards improving your health using the below features.

Health Assessment:

As a first step towards Good Health, Insured can do a regular analysis of his/her health status by answering to various questionnaire covering aspects like Diet, Body profile, lifestyle, Mental Wellness

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and Medical History. Based on the response Health score will be generated on Insured's present health status and also highlight various risks which one should worry about on developing any lifestyle related disease.

This would be shared in personalized detailed analysis report with Immunity Score, Health Goals & suggestive actions to the Insured.

Weekly SMS with snapshot of weekly activity shall be sent to the Insured, which will give Trend & comparison with last week activity and highlighting specific days on which the change is noticeable.

Digital Health Coaching:

- i. Insured can enrol in the program basis specific goals in his /her mind from list of goals displayed on the screen of the application.
- ii. If Insured wants to set his/her own program and wants to follow that, he/she can quickly add the program and track his daily goal.
- iii. Once the program is activated, Insured can add his daily achieved goal in the various categories like exercise, calorie consumed, healthy habits just by clicking on 'Add button'.

Medicines Delivery :

Home delivery of the Medicines prescribed by a Registered Medical Practitioner from the nearby Network Pharmacy, subject to copy of prescription being shared as applicable and availability of the medication with the Pharmacy. The cost of the medication will have to be borne by the Insured.

Preventive Health Checks & Diagnostic Tests from network Labs:

Insured can use the Booking module of the App to book appoints for Health checkup packages at discounted price. The cost of the diagnostics will have to be borne by the Insured.

Emergency helpline connect:

Registered Insured can avail the emergency helpline no. for booking ambulance services.

Terms and Conditions applicable to Wellness Advantage

1. Any Information provided by the Insured shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services.

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3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilize the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

HEALTH DISCOUNT @ RENEWAL:

Insured Person from 18 years of age can avail discount on applicable Renewal Premium by accumulating Healthy Weeks as per table given below.

| Criteria of Health Week | |
|---|--|
| One Healthy week (tracked through Insured's wearable device linked to the Chola MS Mobile App and Your Policy number) | Recording minimum 50,000 steps in a week subject to maximum 10,000 steps per day |

| Healthy Week Discounts | |
|----------------------------------|-----------------------------|
| No. of Healthy Weeks Accumulated | Discount on Renewal Premium |
| 1 – 4 | 0.50% |
| 5 – 8 | 1.00% |
| 9 – 12 | 2.00% |
| 13 – 16 | 3.00% |

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| | |
|----------|--------|
| 17 – 26 | 5.00% |
| 27 – 36 | 7.50% |
| Above 36 | 10.00% |

Steps to accumulate Healthy Weeks

Step 1 – Chola MS Mobile App must be downloaded on the mobile.

Step 2 - Start accumulating Healthy Weeks by tracking the step count through the Wearable device linked to Chola MS Mobile App and Your Policy number

Application of Healthy Week discount @ Renewal:

| | |
|--|---|
| Annual Policy | <ul style="list-style-type: none"> Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring Policy Year will be applied on the Renewal Premium for expiring Policy Sum Insured and for Insured Person covered under expiring Policy |
| Multi Year Policy | <ul style="list-style-type: none"> Healthy weeks discount earned on yearly basis will be accumulated till Policy End date. On Renewal of the Policy, average of the Healthy weeks achieved will be considered to arrive at the discount % and will be applied on Renewal Premium of subsequent year and for Insured Person covered under expiring Policy. |
| Individual Sum Insured option | <ul style="list-style-type: none"> Healthy weeks for each Insured Person will be tracked and accrued. Discount % based on accumulated Healthy weeks will be applicable on Individual Renewal premium |
| Family Floater Sum Insured option | <ul style="list-style-type: none"> Healthy weeks for each Insured Person will be tracked and accrued. Each Insured Person from 18 years of age has to complete Healthy week to avail discount. Healthy weeks achieved by each Individual Insured under floater policy will be considered on average basis to arrive at the discount percentage applicable on the renewal premium |

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Illustration on application of Healthy Weeks discount for a term of ONE Year:

| Policy Period | Individual SI | Age of the Insured (in years) | Health Weeks Accumulated | Discount % on Renewal Premium | Illustrative Renewal Premium | Illustrative Renewal premium after Healthy Week Discount |
|---------------|---------------|-------------------------------|--------------------------|-------------------------------|------------------------------|--|
| Year 1 | Insured 1 | 37 | Not Applicable | Not Applicable | 8500 | Not Applicable |
| | Insured 2 | 33 | Not Applicable | Not Applicable | 7900 | Not Applicable |
| | Insured 3 | 68 | Not Applicable | Not Applicable | 15500 | Not Applicable |
| Year 2 | Insured 1 | 38 | 6 | 1% | 9200 | 9108 |
| | Insured 2 | 34 | 3 | 0.50% | 8800 | 8756 |
| | Insured 3 | 69 | 8 | 1% | 16950 | 16781 |
| Year 3 | Insured 1 | 39 | 10 | 2% | 10800 | 10584 |
| | Insured 2 | 35 | 7 | 1% | 9900 | 9801 |
| | Insured 3 | 70 | 5 | 1% | 18100 | 17919 |
| Policy Period | Floater SI | Age of the Insured (in years) | Health Weeks Accumulated | Discount % on Renewal Premium | Illustrative Renewal Premium | Illustrative Renewal premium after Healthy Week Discount |
| Year 1 | Insured 1 | 37 | Not Applicable | Not Applicable | 9800 | Not Applicable |
| | Insured 2 | 33 | Not Applicable | | | |
| | Insured 3 | 68 | Not Applicable | | | |
| Year 2 | Insured 1 | 38 | 6 | 1% | 11500 | 11385 |
| | Insured 2 | 34 | 3 | | | |
| | Insured 3 | 69 | 8 | | | |
| Year 3 | Insured 1 | 39 | 6 | NIL | 13980 | Discount Not Applicable |
| | Insured 2 | 35 | - | | | |
| | Insured 3 | 70 | 8 | | | |

Illustration on application of Healthy Weeks discount for a term of THREE Years:

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| Individual SI | Policy Year | Age of the Insured (in years) | Health Weeks Accumulated | Discount % on Renewal Premium | Illustrative Renewal Premium | Illustrative Renewal premium after Healthy Week Discount |
|-----------------------------------|-------------|-------------------------------|--------------------------|-------------------------------|------------------------------|--|
| Insured 1 | Year 1 | 37 | 2 | | | |
| | Year 2 | 38 | 4 | | | |
| | Year 3 | 39 | 3 | | | |
| Total | | | 9 | 0.50% | 23400 | 23283 |
| Average of 3 years for Insured 1 | | | 3 | | | |
| Insured 2 | Year 1 | 33 | 1 | | | |
| | Year 2 | 34 | 2 | | | |
| | Year 3 | 35 | 4 | | | |
| Total | | | 7 | 0.50% | 18500 | 18408 |
| Average of 3 years for Insured 2 | | | 2 | | | |
| Insured 3 | Year 1 | 68 | 1 | | | |
| | Year 2 | 69 | 3 | | | |
| | Year 3 | 70 | 1 | | | |
| Total | | | 5 | 0.50% | 42000 | 41790 |
| Average of 3 years for Insured 3 | | | 1 | | | |
| Floater SI | Policy Year | Age of the Insured (in years) | Health Weeks Accumulated | | | |
| Insured 1 | Year 1 | 37 | 2 | 2.00% | | |
| Insured 2 | | 33 | 1 | | | |
| Insured 3 | | 68 | 1 | | | |
| Insured 1 | Year 2 | 38 | 6 | | | |
| Insured 2 | | 34 | 3 | | | |
| Insured 3 | | 69 | 8 | | | |
| Insured 1 | Year 3 | 39 | 6 | | | |
| Insured 2 | | 35 | 3 | | | |
| Insured 3 | | 70 | 8 | | | |
| Total | | | 38 | | | |
| Average of 3 years for the family | | | 12 | | | |

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| | |
|--|--|
| | <p>Specific Conditions:</p> <ul style="list-style-type: none"> Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy. In case of Increase in Sum Insured at Renewal, discount amount will be applied on the premium corresponding to expiring Policy Sum Insured. Healthy weeks discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued. We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation |
| Add-on cover Medical Second Opinion | <p>In the event of any Insured Person, being diagnosed with any Medical Condition during the Policy Year, he or she can obtain the Medical Second Opinion from the World's Leading Medical Centers (WLMC) tied up with our Service Provider.</p> <p>The Add-on cover can be opted only at the time of inception or renewal of the policy. On opting for the same, the cover will be applicable for all the Insured members under the base policy. The proposer will not have an option to exclude the insured members from this cover.</p> |

7. WAITING PERIODS:

i. Pre-Existing Diseases – Code – Excl01:

- Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months under Basic and Plus plan and 24 months under Premiere plan, of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under **norms on portability stipulated by IRDAI**, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 36 months under Basic and Plus plan and 24 months under Premiere plan, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

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

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

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- e)** If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f)** List of specific diseases/procedures are as below

| Sl. No. | Organ / Organ System | Illness / Diagnosis / Surgeries / Procedures (irrespective of treatments medical or surgical) |
|---------|---|---|
| 1 | Ear, Nose, Throat (ENT) | <ul style="list-style-type: none"> • Adenoids • Deviated Nasal Septum • Paranasal sinuses • Treatment of diseases on ears • Tonsils • ENT disorders & Surgery |
| 2 | Eye | <ul style="list-style-type: none"> • Cataract |
| 3 | Gynaecological | <ul style="list-style-type: none"> • Hysterectomy unless because of malignancy • Myomectomy • Dilatation and curettage (D&C) |
| 4 | Gastrointestinal | <ul style="list-style-type: none"> • All types of Hernia • Fissure • Fistula in Anus • Piles • Cirrhosis (however alcoholic cirrhosis is permanently excluded) |
| 5 | General (applicable to all organ systems/organs whether or not described above) | <ul style="list-style-type: none"> • Any type of benign Cyst/ Nodules/ Polyps/ Tumors/ Breast Lumps unless malignant |
| 6 | Others | <ul style="list-style-type: none"> • Congenital Internal Anomaly (except for coverage under New born baby cover) • Varicose Veins • Varicose Ulcers • Genetic Disorders |
| 7 | Orthopaedic | <ul style="list-style-type: none"> • Rheumatism and arthritis of any kind • Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders • Joint replacement Surgery unless because of accident |

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| | | |
|---|------------|---|
| | | <ul style="list-style-type: none"> • Spondylosis / Spondylitis and other Degenerative Disc Disorders • Ligament, Tendon and Meniscal tear |
| 8 | Urogenital | <ul style="list-style-type: none"> • Benign Prostatic Hypertrophy • Hydrocele • Stones in the Urinary and Biliary Systems |

iii. 30-day waiting period – Code – Excl03

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

8. GENERAL EXCLUSIONS applicable to all sections of the policy:

The policy does not cover any losses caused directly due to the following:

1. Investigation & Evaluation – Code – Excl04:

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care – code – Excl05:

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/Weight Control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

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4. **Change-of-Gender treatments:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. **Code – Excl07**
5. **Cosmetic or plastic Surgery:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. **Code – Excl08**
6. **Hazardous or Adventure sports:** Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. **Code – Excl09**
7. **Breach of law:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. **Code – Excl 10**
8. **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.
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**
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**
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**
12. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. **Code – Excl15**
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**
14. **Sterility and Infertility: Code – Excl17:** Expenses related to Sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
15. **Maternity: Code – Excl18:**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
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.
17. intentional self-injury or attempted suicide whether sane or insane.
18. 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.
19. Any travel or transportation costs or expenses excluding ambulance charges.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



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20. Circumcisions (unless necessitated by illness or injury and forming part of treatment).
21. Vaccination or inoculation unless forming a part of post-animal bite treatment.
22. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of an Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.
23. Any external congenital diseases, defects or anomalies.
24. Expenses incurred for any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anaesthesia and is necessitated by Illness or Accidental Bodily Injury.
25. Any expenses incurred towards hearing aids, eyeglasses or contact lenses.
26. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.
27. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like spouse, daughter, son, father, mother, father in law, mother in law & siblings.
28. Treatment other than Allopathy and AYUSH.
29. Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency.
30. Non-medical Expenses incurred during Hospitalisation. The list of such Non-medical Expenses is placed at Annexure 1.

C. SPECIFIC EXCLUSIONS APPLICABLE TO PERSONAL ACCIDENT COVER:

In addition to the General Exclusions listed in the Policy, this policy does not provide benefits for any death benefit attributable directly to the following:

1. Any **Pre-existing** condition or any complication arising from the same.
2. Any kind of murder which was caused by pre-meditated and dominant intention to kill the person. Any murder caused by an act which was originally unintended to kill the person does not fall under this exclusion
3. Any loss arising out of any kind of insect bite
4. Any loss directly resulting due to Pregnancy or childbirth or in consequence thereof.
5. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kings, princes, and people of whatsoever nation condition or quality.
6. Nuclear, Chemical and biological terrorism Exclusion Clause:

The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological” agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

7. The **Insured Person**’s participation in naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy with foreign or domestic;
8. any Injury sustained whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying otherwise) in any duly licensed standard type of aircraft anywhere in the world;
9. any Injury sustained while the Insured is participating in contests of speed using a motorized vehicle or bicycle and/or hunting and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports;
10. Resulting in injury whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
11. Consequential losses of any kind or actual or alleged legal liability
12. Any Events/incidences that happened before the policy inception would not be covered. All events should fall under the policy duration.
13. While you are participating or training for any sport as a professional.
14. This Insurance does not cover any loss, damage, cost or expense directly arising out of or due to any **act of terrorism**. For the purpose of this Exclusion, an **act of terrorism** means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and / or to put the public, or any section of the public in fear.

9. CLAIM PROCEDURE

a. 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

| Type of hospitalization | Claim Intimation - Turn Around Time | |
|--|--|--|
| Cashless - Admission in Network Hospital | Planned Hospitalization: pre-authorization has to be obtained 72 hours prior to the date of planned admission | Emergency Hospitalization: within 48 hours of an emergency admission |
| Reimbursement - Admission in Non - Network Hospital | Planned Hospitalization - Claim intimation has to be given to us on email or at the Toll free Number | Emergency Hospitalization: Claim intimation has to be given to us on email or at the Toll free Number |

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| | | |
|---|---|---|
| (E mail: customercare@cholams.murugappa.com) or phone (@ Toll free no. 1800-208-9100) | within 48 hours for planned hospitalization | within 24 hours of an emergency hospitalization |
|---|---|---|

b. Procedure for Cashless claims: Obtain our pre-authorization for any medical treatment in any of our network hospitals. Obtain our pre-authorization for any medical treatment in any of our network hospitals as well as identified list of hospitals by GIC for common empanelment through anywhere cashless facility. Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com as well as Chola MS mobile application. In case of planned admission, pre-authorization has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorization request shall, if we are satisfied as to the validity of the claim, specify

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

c. Procedure for submission of Reimbursement Claims

1. Upon Hospitalization, the insured Person or his/her dependents shall provide us with fully particularized details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.
3. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The expenses towards doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.
4. We shall only make payment (unless already paid direct to the service provider/hospital) to You or your Nominee.
5. Insured hereby acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by You, it being agreed and recognized by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a Network Hospital) whether pre-authorized or not.

B. Claims Procedure applicable to PERSONAL ACCIDENT SECTION:

i. Claim Notification:

- a. It shall be a condition precedent for any claim to be made by the **Insured** under this policy or for liability attaching to us hereunder that claim intimation is provided to the Insurer within 30 days by telephone through toll free number (**1800-208-9100**) or in writing by email (customercare@cholams.murugappa.com) / letter). The intimation should contain the following information:
 - Insured details (Name /Age/Gender)

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- Contact no & E-Mail ID.
 - Certificate Number.
 - Date of Accident.
 - Injury Details.
- b. The insured / claimant shall provide the Insurer with details of the claim to be paid as listed below under claim documentation of the policy within 30 days from the date of occurrence of the Accident. Failure to furnish such details within such time as required shall not invalidate or reduce the claim, if the Insured person is able to satisfy the Company that it is was not reasonably possible to do so within such time.
- c. The Insurer 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 of the Insured Person's claim, and may for these purposes require the Insured Person to be examined by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary.
- d. The Insured/Policy Holder acknowledges and agrees that the payment of any claim by or on behalf of the Insurer shall not constitute on the part of the Insurer any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the Insured Person, it being agreed and recognised by the Insured that the Insurer is not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution.
- e. The insured shall obtain and furnish to the Company copy of all bills, receipts and 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'.

ii. Claim documentation:

Following documents are to be submitted for processing of the claim along with the duly filled & signed claim form by the insured / nominee in addition to the documents listed in the table:

- KYC of the nominee / legal heir in case of death claim and KYC of the Insured for other claim under the policy.
- Account details with proof for NEFT of the nominee / legal heir in case of death claim and of the insured for other claims under the policy i.e. cancelled cheque, passbook copy has to be submitted with the below listed claim documents.
- Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

| Covers | Documents |
|--|---|
| Hospitalization Expenses / Infertility Treatment / Bariatric Surgery / Global Hospitalization cover / Home Care Expenses / | <ul style="list-style-type: none"> - 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. |

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| | <ul style="list-style-type: none"> - 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. |
| Compassionate Travel | <ul style="list-style-type: none"> - Documents as stated above and - Original ticket issued by common carrier for travelling from the place of residence to the place where the insured is hospitalised. |
| Repatriation of Mortal Remains | <ul style="list-style-type: none"> - Receipt for expenses incurred in connection with transportation of Mortal Remains |
| Personal Accident Cover | <ul style="list-style-type: none"> - Copy of FIR / Police Report, wherever necessary - Copy of Post Mortem Report/Coroner's report (If postmortem is conducted) - Copy or Panchanama / Inquest report - Death Certificate - Original Policy Certificate for deletion of name of the Insured person from the list. |
| Global Hospitalization Cover | <ul style="list-style-type: none"> - Documents as stated above and - Proof of diagnosis in India - Insured's Passport and Visa |
| Specs/ Contact lens/hearing aids | <ul style="list-style-type: none"> - Original payment receipt (Receipt should have Serial No) with Dr. Prescriptions |
| High End Diagnostics | <ul style="list-style-type: none"> - Original payment receipt (Receipt should have Serial No) - Original investigation reports with relevant Dr. prescription |

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 contact details are as followed for any queries / grievances:

Toll Free Phone No : **1800-208-9100**

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,

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Chennai - 600001
Customer Care Toll Free No: 1800-208-9100
E-Mail: help@cholams.murugappa.com

10. DOCUMENTS TO BE SUBMITTED FOR PURCHASING THE POLICY:

Following list of documents have to be submitted by the proposer for purchasing the policy:

- Completed proposal form and
- Proof of Date of Birth

11. UNDERWRITING CONSIDERATIONS:

| Age Criteria | SI upto 10 L | SI 15 to 50 L | SI above 50L |
|--|---------------|---------------|---------------|
| Age upto 18 years | STP | STP | STP |
| Age 19 to 45 years | STP | Tele-UW | Package 1 |
| Age 46 to 60 years | STP | Package 1 | Package 2 |
| Age from 61 years | Package 1 | Package 2 | Package 2 |
| Any age and SI with Health disclosure and/or claim declaration | UW discretion | UW discretion | UW discretion |

12. PPMC PROCESS FLOW:

Our designated Service Provider will contact the persons falling within the above criteria for Pre-Policy Medical Checkup and arrange for the Medical Checkup at the Diagnostic Centres on Cashless basis. The various medical reports required are as under:

| Package 1 (upto Sum Insured 10 Lakhs) | Package 2 (For Sum Insured above 10 Lakhs) |
|---------------------------------------|--|
| MER | MER |
| CBC with ESR | CBC with ESR |
| ECG | RUA |
| HbA1C | HbA1C |
| T Cholesterol | Lipid profile |
| SGPT | LFT with GGT |
| Serum Creatinine | RFT |
| RUA | CXR |
| | USG-ABDOMEN |

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| | TMT |
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| Abbreviation | Medical test Name |
|---------------|-------------------------------------|
| MER | Medical Examination Report |
| CBC | Complete Blood Count |
| ESR | Erythrocyte Sedimentation rate |
| ECG | Electro Cardio Gram |
| LFT | Liver Function Test |
| RFT | Renal Function Test |
| CXR | Chest X-Ray |
| USG | Ultra Sono Gram |
| TMT | Treadmill Test |
| HbA1c | Haemoglobin A 1c |
| T Cholesterol | Total Cholesterol |
| SGPT | Serum Glutamic Pyruvic Transaminase |
| RUA | Routine Urine Analysis |
| GGT | Gamma Glutamyl Transferase Test |
| S Creatinine | Serum Creatinine |

Wherever the reports are normal, the proposal can be accepted as per normal rates and terms. In case the result in any of these tests are not normal, the same will be sent for medical opinion of the company doctor and based on the opinion, a suitable specific exclusion or permanent exclusion may be included in the policy or loading may be collected as per the Risk Loading listed in the Underwriting Guidelines.

These specific exclusions would be subject to the waiting period applicable to Pre-existing diseases or conditions of the policy.

Note:

1. Each medical examination report confirming the good health of the proposer shall necessarily contain the qualified practicing medical professional's name, signature, contact number (in case of an emergency) and registration number.
2. A qualified practicing medical professional (minimum qualification of MBBS required) shall perform the medical examination. For this purpose, practicing means practicing as a general medical practitioner or physician
3. Reports from unregistered diagnostic labs and other entities will not be admissible.
4. Any medical examination report and test report would only be valid for 30 days from date of report.

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13. COST OF PRE POLICY MEDICAL CHECK UP:

- Pre Policy Medical Check up for the proposed customers will be arranged by our Designated Service Provider on Cashless basis.
- No cost will be collected from the Customers towards the same.
- In case after undergoing the PPMC, the Proposal gets rejected by us or Insured decides not to take the policy, the expenses incurred by the Insurer for the purpose of PPMC may be deducted from the Insured's premium and the balance premium would be refunded.

14. 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

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

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

15. 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.

16. 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.

17. RENEWAL OF POLICY:

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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 endeavor 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

18. WITHDRAWAL OF POLICY:

- i. 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.
- ii. 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.

19. 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.

20. PREMIUM PAYMENT:

a. Premium Payment Modes available under the policy:

The proposer shall have the following options to pay the premium:

1. Single Premium payment prior to commencement of cover or
2. Payment of premium on Annual, Half-Yearly, Quarterly and Monthly modes

This option shall be made at the time of proposing for insurance and the opted mode will be shown on the policy schedule. Mode of Premium payment can be changed only at the time of renewal.

b. Specific Conditions applicable to other than single premium payment mode:

1. This mode is applicable for One, Two and Three year policy Terms.
2. In the event of proposer opting for other than single payment mode, the premium payable for the first 3 Months from the date of commencement of cover has to be paid upfront by way of Cheque/Direct Debit mode in favour of "Cholamandalam MS General Insurance Company Limited" and Debit Mandate to be submitted for the balance premium applicable for the policy period.
3. The following conditions will apply in the event of claims under the policy (notwithstanding any terms contrary elsewhere in the policy):

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- a. In case of any hospitalisation claim, an amount equivalent to the balance of the premium payable in the policy year (balance premium for the policy year in case of a long-term policy) would be recoverable from the admissible claim amount payable in respect of the Insured Person in case of Individual Policy or in respect of the family in case of Family floater policy.
- b. If the claim amount is less than the balance premium payable, then no claims will be payable till the applicable premium is recovered.

21. PREMIUM PAYMENT IN INSTALMENTS:

If the insured person has opted for Payment of Premium on an instalment basis i.e. Annually, Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy).

- i. Grace period of 15 days for Monthly and 30 days for Quarterly, Half-yearly and Annual mode would be given to pay the instalment premium due for the policy
- ii. The policy will be in force during such grace period and any claim arising during the grace period will be payable subject to policy terms and conditions.
- iii. The insured person will get the accrued continuity benefit in respect of the 'Waiting Periods', 'Specific Waiting Periods' in the event of payment of premium within the stipulated grace period
- iv. No interest will be charged if the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

22. 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.

23. 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

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24. NOMINATION:

The policyholder is required at the inception of the policy **and at the time of renewal** to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

25. SUM INSURED ENHANCEMENT:

Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, 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 Waiting periods applicable under the policy.

26. APPLICABILITY OF TAX EXEMPTION:

- The premium paid for covering Self, Spouse, Dependent Children and Dependent Parents is eligible for deduction under Section 80D of Income Tax Act.
- AML norms as per IRDA guidelines currently in force shall be insisted upon.

27. PREMIUM PAYMENT:

- In case of floater option, the premium chargeable is based on the highest of the ages of Self or Spouse and the scheme applicable based on number of persons covered.
- Taxes as applicable is to be charged on the premium.

28. RISK LOADING:

Risk loading may be applied on premium payable (excluding taxes and cess) based on the details of the Insured Persons, including the health status, habits and lifestyle, past medical records, declarations on the Proposal Form and results of the Pre-Policy medical check-up. The maximum risk loading for an individual shall not exceed 100%. These loadings are applicable from commencement date of policy including subsequent renewal(s).

These loadings may only be applied if the proposal is accepted with the declared illness/ with the deviated value of medical test report, at the time of underwriting and only if the proposed policyholder accepts these loadings being applied for the underlying illness/condition at the time of underwriting.

29. Multiple policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be treated as the Primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

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iii. If the amount to be claimed exceeds the sum insured under a single policy, the Primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions.

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

Benefit Based Covers:

i. On occurrence of the insured event, the Insured Person or his Nominee can claim from all Insurers under all policies.

PREMIUM (in Rs. Excluding GST) DETAILS:

Policy Tenure: One Year

Basic

Basic Plan - 1 Adult

| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
|------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 91 days - 17 | 1,492 | 1,772 | 2,046 | 2,362 | 2,807 | 3,458 | 3,755 | 4,323 | 4,703 | 5,117 |
| 18-25 | 2,163 | 2,561 | 3,028 | 3,535 | 4,174 | 4,992 | 5,424 | 6,205 | 6,756 | 7,316 |
| 26-35 | 3,022 | 3,535 | 4,170 | 4,843 | 5,725 | 6,771 | 7,385 | 8,457 | 9,241 | 9,997 |
| 36-45 | 4,175 | 4,842 | 5,703 | 6,600 | 7,812 | 9,164 | 10,025 | 11,488 | 12,585 | 13,608 |
| 46-50 | 5,680 | 6,519 | 7,615 | 8,745 | 10,384 | 12,147 | 13,337 | 15,324 | 16,842 | 18,221 |
| 51-55 | 7,726 | 8,840 | 10,341 | 11,877 | 14,103 | 16,413 | 18,041 | 20,729 | 22,807 | 24,661 |
| 56-60 | 9,699 | 11,915 | 13,953 | 16,036 | 19,037 | 22,073 | 24,282 | 27,898 | 30,720 | 33,206 |
| 61-65 | 12,089 | 15,972 | 18,722 | 21,546 | 25,565 | 29,555 | 32,532 | 37,375 | 41,181 | 44,501 |
| 66-70 | 15,069 | 21,310 | 24,998 | 28,835 | 34,182 | 39,421 | 43,403 | 49,862 | 54,963 | 59,383 |
| >70 | 18,783 | 28,313 | 33,234 | 38,489 | 45,543 | 52,402 | 57,693 | 66,269 | 73,069 | 78,933 |

Basic Plan - 1 Adult + 1 Child

| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
|------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |

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

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**CHOLA FLEXI HEALTH SUPREME****UIN: CHOHLIP22036V022122****PROSPECTUS**

| | | | | | | | | | | |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 18-25 | 3028 | 3548 | 4202 | 4894 | 5770 | 6803 | 7408 | 8465 | 9236 | 9983 |
| 26-35 | 3929 | 4568 | 5393 | 6254 | 7387 | 8663 | 9462 | 10827 | 11846 | 12802 |
| 36-45 | 5219 | 6029 | 7106 | 8215 | 9719 | 11339 | 12415 | 14221 | 15592 | 16848 |
| 46-50 | 6816 | 7804 | 9119 | 10466 | 12424 | 14484 | 15912 | 18278 | 20099 | 21736 |
| 51-55 | 8885 | 10152 | 11878 | 13638 | 16191 | 18806 | 20678 | 23755 | 26145 | 28263 |
| 56-60 | 10669 | 13097 | 15339 | 17626 | 20922 | 24234 | 26664 | 30632 | 33736 | 36462 |
| 61-65 | 13298 | 17560 | 20585 | 23687 | 28103 | 32464 | 35739 | 41057 | 45243 | 48886 |
| 66-70 | 16576 | 23432 | 27489 | 31705 | 37582 | 43317 | 47697 | 54793 | 60404 | 65256 |
| >70 | 20661 | 31135 | 36548 | 42324 | 50079 | 57596 | 63416 | 72840 | 80320 | 86761 |

Basic Plan - 1 Adult + 2 Child

| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
|------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 3893 | 4535 | 5376 | 6253 | 7366 | 8614 | 9392 | 10725 | 11716 | 12650 |
| 26-35 | 4836 | 5601 | 6616 | 7665 | 9049 | 10555 | 11539 | 13197 | 14451 | 15607 |
| 36-45 | 6263 | 7216 | 8509 | 9830 | 11626 | 13514 | 14805 | 16954 | 18599 | 20088 |
| 46-50 | 7952 | 9089 | 10623 | 12187 | 14464 | 16821 | 18487 | 21232 | 23356 | 25251 |
| 51-55 | 10044 | 11464 | 13415 | 15399 | 18279 | 21199 | 23315 | 26781 | 29483 | 31865 |
| 56-60 | 11639 | 14279 | 16725 | 19216 | 22807 | 26395 | 29046 | 33366 | 36752 | 39718 |
| 61-65 | 14507 | 19148 | 22448 | 25828 | 30641 | 35373 | 38946 | 44739 | 49305 | 53271 |
| 66-70 | 18083 | 25554 | 29980 | 34575 | 40982 | 47213 | 51991 | 59724 | 65845 | 71129 |
| >70 | 22539 | 33957 | 39862 | 46159 | 54615 | 62790 | 69139 | 79411 | 87571 | 94589 |

Basic Plan - 1 Adult + 3 Child

| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
|------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 4542 | 5276 | 6257 | 7272 | 8563 | 9973 | 10880 | 12420 | 13576 | 14650 |
| 26-35 | 5592 | 6461 | 7635 | 8841 | 10434 | 12132 | 13270 | 15172 | 16622 | 17944 |
| 36-45 | 7098 | 8166 | 9631 | 11122 | 13151 | 15254 | 16717 | 19140 | 21005 | 22680 |
| 46-50 | 8804 | 10053 | 11751 | 13478 | 15994 | 18574 | 20418 | 23447 | 25799 | 27887 |
| 51-55 | 10817 | 12339 | 14440 | 16573 | 19671 | 22794 | 25073 | 28798 | 31708 | 34266 |
| 56-60 | 12609 | 15461 | 18111 | 20806 | 24692 | 28556 | 31428 | 36100 | 39768 | 42974 |
| 61-65 | 15716 | 20736 | 24311 | 27969 | 33179 | 38282 | 42153 | 48421 | 53367 | 57656 |
| 66-70 | 19590 | 27676 | 32471 | 37445 | 44382 | 51109 | 56285 | 64655 | 71286 | 77002 |
| >70 | 24417 | 36779 | 43176 | 49994 | 59151 | 67984 | 74862 | 85982 | 94822 | 102417 |

Basic Plan - 1 Adult + 4 Child

CHOLA FLEXI HEALTH SUPREME
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PROSPECTUS

| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
|------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 5083 | 5893 | 6991 | 8121 | 9560 | 11105 | 12120 | 13832 | 15126 | 16317 |
| 26-35 | 6196 | 7149 | 8450 | 9782 | 11542 | 13394 | 14654 | 16752 | 18359 | 19814 |
| 36-45 | 7724 | 8878 | 10473 | 12091 | 14295 | 16559 | 18151 | 20780 | 22809 | 24624 |
| 46-50 | 9372 | 10696 | 12503 | 14339 | 17014 | 19742 | 21705 | 24924 | 27428 | 29644 |
| 51-55 | 11590 | 13214 | 15465 | 17747 | 21063 | 24389 | 26831 | 30815 | 33933 | 36667 |
| 56-60 | 13579 | 16643 | 19497 | 22396 | 26577 | 30717 | 33810 | 38834 | 42784 | 46230 |
| 61-65 | 16925 | 22324 | 26174 | 30110 | 35717 | 41191 | 45360 | 52103 | 57429 | 62041 |
| 66-70 | 21097 | 29798 | 34962 | 40315 | 47782 | 55005 | 60579 | 69586 | 76727 | 82875 |
| >70 | 26295 | 39601 | 46490 | 53829 | 63687 | 73178 | 80585 | 92553 | 102073 | 110245 |

| Basic Plan - 2 Adult | | | | | | | | | | |
|------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 3245 | 3795 | 4496 | 5233 | 6168 | 7256 | 7904 | 9030 | 9856 | 10650 |
| 26-35 | 4533 | 5256 | 6208 | 7195 | 8495 | 9925 | 10846 | 12407 | 13583 | 14672 |
| 36-45 | 6263 | 7216 | 8508 | 9831 | 11626 | 13515 | 14806 | 16954 | 18599 | 20088 |
| 46-50 | 8520 | 9732 | 11376 | 13048 | 15484 | 17989 | 19774 | 22708 | 24985 | 27008 |
| 51-55 | 11589 | 13214 | 15465 | 17746 | 21062 | 24388 | 26830 | 30815 | 33932 | 36668 |
| 56-60 | 14548 | 17826 | 20883 | 23985 | 28463 | 32878 | 36192 | 41569 | 45802 | 49485 |
| 61-65 | 18134 | 23912 | 28036 | 32249 | 38255 | 44101 | 48566 | 55785 | 61493 | 66428 |
| 66-70 | 22603 | 31919 | 37451 | 43183 | 51181 | 58900 | 64873 | 74515 | 82166 | 88750 |
| >70 | 28175 | 42423 | 49805 | 57664 | 68222 | 78372 | 86308 | 99126 | 109325 | 118075 |

| Basic Plan - 2 Adult + 1 Child | | | | | | | | | | |
|--------------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 4110 | 4782 | 5670 | 6592 | 7764 | 9067 | 9888 | 11290 | 12336 | 13317 |
| 26-35 | 5440 | 6289 | 7431 | 8606 | 10157 | 11817 | 12923 | 14777 | 16188 | 17477 |
| 36-45 | 7307 | 8403 | 9911 | 11446 | 13533 | 15690 | 17196 | 19687 | 21606 | 23328 |
| 46-50 | 9656 | 11017 | 12880 | 14769 | 17524 | 20326 | 22349 | 25662 | 28242 | 30523 |
| 51-55 | 12748 | 14526 | 17002 | 19507 | 23150 | 26781 | 29467 | 33841 | 37270 | 40270 |
| 56-60 | 15518 | 19008 | 22269 | 25575 | 30348 | 35039 | 38574 | 44303 | 48818 | 52741 |
| 61-65 | 19343 | 25500 | 29899 | 34390 | 40793 | 47010 | 51773 | 59467 | 65555 | 70813 |
| 66-70 | 24110 | 34041 | 39942 | 46053 | 54581 | 62796 | 69167 | 79446 | 87607 | 94623 |

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PROSPECTUS

| | | | | | | | | | | |
|-----|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| >70 | 30053 | 45245 | 53119 | 61499 | 72758 | 83566 | 92031 | 105697 | 116576 | 125903 |
|-----|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|

| Basic Plan - 2 Adult + 2 Child | | | | | | | | | | |
|--------------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 4975 | 5769 | 6844 | 7951 | 9360 | 10878 | 11872 | 13550 | 14816 | 15984 |
| 26-35 | 6347 | 7322 | 8654 | 10017 | 11819 | 13709 | 15000 | 17147 | 18793 | 20282 |
| 36-45 | 8351 | 9590 | 11314 | 13061 | 15440 | 17865 | 19586 | 22420 | 24613 | 26568 |
| 46-50 | 10792 | 12302 | 14384 | 16490 | 19564 | 22663 | 24924 | 28616 | 31499 | 34038 |
| 51-55 | 13907 | 15838 | 18539 | 21268 | 25238 | 29174 | 32104 | 36867 | 40608 | 43872 |
| 56-60 | 16488 | 20190 | 23655 | 27165 | 32233 | 37200 | 40956 | 47037 | 51834 | 55997 |
| 61-65 | 20552 | 27088 | 31762 | 36531 | 43331 | 49919 | 54980 | 63149 | 69617 | 75198 |
| 66-70 | 25617 | 36163 | 42433 | 48923 | 57981 | 66692 | 73461 | 84377 | 93048 | 100496 |
| >70 | 31931 | 48067 | 56433 | 65334 | 77294 | 88760 | 97754 | 112268 | 123827 | 133731 |

| Basic Plan - 2 Adult + 3 Child | | | | | | | | | | |
|--------------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 5624 | 6510 | 7725 | 8970 | 10557 | 12237 | 13360 | 15245 | 16676 | 17984 |
| 26-35 | 7103 | 8182 | 9673 | 11193 | 13204 | 15286 | 16731 | 19122 | 20964 | 22619 |
| 36-45 | 9186 | 10540 | 12436 | 14353 | 16965 | 19605 | 21498 | 24606 | 27019 | 29160 |
| 46-50 | 11644 | 13266 | 15512 | 17781 | 21094 | 24416 | 26855 | 30831 | 33942 | 36674 |
| 51-55 | 14680 | 16713 | 19564 | 22442 | 26630 | 30769 | 33862 | 38884 | 42833 | 46273 |
| 56-60 | 17458 | 21372 | 25041 | 28755 | 34118 | 39361 | 43338 | 49771 | 54850 | 59253 |
| 61-65 | 21761 | 28676 | 33625 | 38672 | 45869 | 52828 | 58187 | 66831 | 73679 | 79583 |
| 66-70 | 27124 | 38285 | 44924 | 51793 | 61381 | 70588 | 77755 | 89308 | 98489 | 106369 |
| >70 | 33809 | 50889 | 59747 | 69169 | 81830 | 93954 | 103477 | 118839 | 131078 | 141559 |

| Basic Plan - 2 Adult + 4 Child | | | | | | | | | | |
|--------------------------------|--------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | | |
| | 50,000 | 1,00,000 | 2,00,000 | 3,00,000 | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 6165 | 7127 | 8459 | 9819 | 11554 | 13369 | 14600 | 16657 | 18226 | 19651 |
| 26-35 | 7707 | 8870 | 10488 | 12134 | 14312 | 16548 | 18115 | 20702 | 22701 | 24489 |
| 36-45 | 9812 | 11252 | 13278 | 15322 | 18109 | 20910 | 22932 | 26246 | 28823 | 31104 |
| 46-50 | 12212 | 13909 | 16264 | 18642 | 22114 | 25584 | 28142 | 32308 | 35571 | 38431 |
| 51-55 | 15453 | 17588 | 20589 | 23616 | 28022 | 32364 | 35620 | 40901 | 45058 | 48674 |

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PROSPECTUS

| | | | | | | | | | | |
|---------------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|
| 56-60 | 18428 | 22554 | 26427 | 30345 | 36003 | 41522 | 45720 | 52505 | 57866 | 62509 |
| 61-65 | 22970 | 30264 | 35488 | 40813 | 48407 | 55737 | 61394 | 70513 | 77741 | 83968 |
| 66-70 | 28631 | 40407 | 47415 | 54663 | 64781 | 74484 | 82049 | 94239 | 103930 | 112242 |
| >70 | 35687 | 53711 | 63061 | 73004 | 86366 | 99148 | 109200 | 125410 | 138329 | 149387 |

Plus

| Plus Plan - 1 Adult | | | | | | |
|--------------------------------|---------------------------|-----------------|------------------|------------------|------------------|------------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 91 days - 17 | 3,516 | 4,384 | 4,891 | 5,862 | 6,634 | 7,424 |
| 18-25 | 5,728 | 6,786 | 7,445 | 8,658 | 9,625 | 10,580 |
| 26-35 | 7,488 | 8,802 | 9,668 | 11,211 | 12,442 | 13,619 |
| 36-45 | 9,841 | 11,501 | 12,644 | 14,631 | 16,218 | 17,694 |
| 46-50 | 12,569 | 14,693 | 16,208 | 18,788 | 20,853 | 22,730 |
| 51-55 | 16,755 | 19,496 | 21,507 | 24,878 | 27,579 | 29,991 |
| 56-60 | 22,297 | 25,856 | 28,523 | 32,944 | 36,488 | 39,610 |
| 61-65 | 29,637 | 34,271 | 37,804 | 43,613 | 48,270 | 52,332 |
| 66-70 | 39,317 | 45,361 | 50,029 | 57,663 | 63,787 | 69,085 |
| >70 | 52,071 | 59,945 | 66,092 | 76,118 | 84,164 | 91,086 |

| Plus Plan - 1 Adult + 1 Child | | | | | | |
|--------------------------------------|---------------------------|-----------------|------------------|------------------|------------------|------------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 7611 | 8914 | 9770 | 11298 | 12518 | 13685 |
| 26-35 | 9425 | 11000 | 12076 | 13954 | 15454 | 16856 |
| 36-45 | 12043 | 14007 | 15395 | 17772 | 19672 | 21411 |
| 46-50 | 14877 | 17336 | 19121 | 22132 | 24543 | 26711 |
| 51-55 | 19114 | 22199 | 24487 | 28299 | 31356 | 34066 |
| 56-60 | 24425 | 28295 | 31212 | 36033 | 39898 | 43289 |
| 61-65 | 32498 | 37552 | 41421 | 47768 | 52858 | 57283 |
| 66-70 | 43147 | 49751 | 54869 | 63223 | 69926 | 75712 |
| >70 | 57176 | 65793 | 72538 | 83524 | 92341 | 99913 |

| Plus Plan - 1 Adult + 2 Child | | | | | | |
|--------------------------------------|---------------------------|-----------------|------------------|------------------|------------------|------------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| Age-Band (in years) | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
|------------------------|----------|----------|-----------|-----------|-----------|-----------|
| 18-25 | 9494 | 11042 | 12095 | 13938 | 15411 | 16790 |
| 26-35 | 11362 | 13198 | 14484 | 16697 | 18466 | 20093 |
| 36-45 | 14245 | 16513 | 18146 | 20913 | 23126 | 25128 |
| 46-50 | 17185 | 19979 | 22034 | 25476 | 28233 | 30692 |
| 51-55 | 21473 | 24902 | 27467 | 31720 | 35133 | 38141 |
| 56-60 | 26553 | 30734 | 33901 | 39122 | 43308 | 46968 |
| 61-65 | 35359 | 40833 | 45038 | 51923 | 57446 | 62234 |
| 66-70 | 46977 | 54141 | 59709 | 68783 | 76065 | 82339 |
| >70 | 62281 | 71641 | 78984 | 90930 | 100518 | 108740 |

| Plus Plan - 1 Adult + 3 Child | | | | | | |
|-------------------------------|--------------------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 10906 | 12638 | 13838 | 15918 | 17581 | 19118 |
| 26-35 | 12976 | 15030 | 16490 | 18983 | 20976 | 22791 |
| 36-45 | 16007 | 18518 | 20346 | 23425 | 25889 | 28101 |
| 46-50 | 18916 | 21962 | 24219 | 27984 | 31001 | 33677 |
| 51-55 | 23045 | 26704 | 29453 | 34001 | 37651 | 40857 |
| 56-60 | 28681 | 33173 | 36590 | 42211 | 46718 | 50647 |
| 61-65 | 38220 | 44114 | 48655 | 56078 | 62034 | 67185 |
| 66-70 | 50807 | 58531 | 64549 | 74343 | 82204 | 88966 |
| >70 | 67386 | 77489 | 85430 | 98336 | 108695 | 117567 |

| Plus Plan - 1 Adult + 4 Child | | | | | | |
|-------------------------------|--------------------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 12083 | 13968 | 15291 | 17568 | 19389 | 21058 |
| 26-35 | 14267 | 16495 | 18095 | 20811 | 22984 | 24949 |
| 36-45 | 17328 | 20022 | 21996 | 25309 | 27961 | 30331 |
| 46-50 | 20070 | 23284 | 25676 | 29656 | 32846 | 35667 |
| 51-55 | 24617 | 28506 | 31439 | 36282 | 40169 | 43573 |
| 56-60 | 30809 | 35612 | 39279 | 45300 | 50128 | 54326 |
| 61-65 | 41081 | 47395 | 52272 | 60233 | 66622 | 72136 |
| 66-70 | 54637 | 62921 | 69389 | 79903 | 88343 | 95593 |
| >70 | 72491 | 83337 | 91876 | 105742 | 116872 | 126394 |

| Plus Plan - 2 Adult |
|---------------------|
|---------------------|

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
|------------------------|--------------------|----------|-----------|-----------|-----------|-----------|
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 8581 | 9946 | 10851 | 12457 | 13741 | 14961 |
| 26-35 | 11217 | 12965 | 14181 | 16282 | 17962 | 19515 |
| 36-45 | 14746 | 17014 | 18645 | 21412 | 23626 | 25628 |
| 46-50 | 18838 | 21802 | 23991 | 27648 | 30579 | 33182 |
| 51-55 | 25117 | 29006 | 31939 | 36783 | 40667 | 44073 |
| 56-60 | 33435 | 38551 | 42468 | 48887 | 54036 | 58506 |
| 61-65 | 44444 | 51174 | 56389 | 64890 | 71709 | 77589 |
| 66-70 | 58965 | 67809 | 74727 | 85965 | 94984 | 102719 |
| >70 | 78095 | 89684 | 98821 | 113647 | 125550 | 135720 |

| Plus Plan - 2 Adult + 1 Child | | | | | | |
|-------------------------------|--------------------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 10464 | 12074 | 13176 | 15097 | 16634 | 18066 |
| 26-35 | 13154 | 15163 | 16589 | 19025 | 20974 | 22752 |
| 36-45 | 16948 | 19520 | 21396 | 24553 | 27080 | 29345 |
| 46-50 | 21146 | 24445 | 26904 | 30992 | 34269 | 37163 |
| 51-55 | 27476 | 31709 | 34919 | 40204 | 44444 | 48148 |
| 56-60 | 35563 | 40990 | 45157 | 51976 | 57446 | 62185 |
| 61-65 | 47305 | 54455 | 60006 | 69045 | 76297 | 82540 |
| 66-70 | 62795 | 72199 | 79567 | 91525 | 101123 | 109346 |
| >70 | 83200 | 95532 | 105267 | 121053 | 133727 | 144547 |

| Plus Plan - 2 Adult + 2 Child | | | | | | |
|-------------------------------|--------------------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 12347 | 14202 | 15501 | 17737 | 19527 | 21171 |
| 26-35 | 15091 | 17361 | 18997 | 21768 | 23986 | 25989 |
| 36-45 | 19150 | 22026 | 24147 | 27694 | 30534 | 33062 |
| 46-50 | 23454 | 27088 | 29817 | 34336 | 37959 | 41144 |
| 51-55 | 29835 | 34412 | 37899 | 43625 | 48221 | 52223 |
| 56-60 | 37691 | 43429 | 47846 | 55065 | 60856 | 65864 |
| 61-65 | 50166 | 57736 | 63623 | 73200 | 80885 | 87491 |
| 66-70 | 66625 | 76589 | 84407 | 97085 | 107262 | 115973 |
| >70 | 88305 | 101380 | 111713 | 128459 | 141904 | 153374 |

| Plus Plan - 2 Adult + 3 Child | | | | | | |
|-------------------------------|--|--|--|--|--|--|
|-------------------------------|--|--|--|--|--|--|

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
|------------------------|--------------------|----------|-----------|-----------|-----------|-----------|
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 13759 | 15798 | 17244 | 19717 | 21697 | 23499 |
| 26-35 | 16705 | 19193 | 21003 | 24054 | 26496 | 28687 |
| 36-45 | 20912 | 24031 | 26347 | 30206 | 33297 | 36035 |
| 46-50 | 25185 | 29071 | 32002 | 36844 | 40727 | 44129 |
| 51-55 | 31407 | 36214 | 39885 | 45906 | 50739 | 54939 |
| 56-60 | 39819 | 45868 | 50535 | 58154 | 64266 | 69543 |
| 61-65 | 53027 | 61017 | 67240 | 77355 | 85473 | 92442 |
| 66-70 | 70455 | 80979 | 89247 | 102645 | 113401 | 122600 |
| >70 | 93410 | 107228 | 118159 | 135865 | 150081 | 162201 |

| Plus Plan - 2 Adult + 4 Child | | | | | | |
|-------------------------------|--------------------|----------|-----------|-----------|-----------|-----------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | |
| | 5,00,000 | 7,50,000 | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |
| 18-25 | 14936 | 17128 | 18697 | 21367 | 23505 | 25439 |
| 26-35 | 17996 | 20658 | 22608 | 25882 | 28504 | 30845 |
| 36-45 | 22233 | 25535 | 27997 | 32090 | 35369 | 38265 |
| 46-50 | 26339 | 30393 | 33459 | 38516 | 42572 | 46119 |
| 51-55 | 32979 | 38016 | 41871 | 48187 | 53257 | 57655 |
| 56-60 | 41947 | 48307 | 53224 | 61243 | 67676 | 73222 |
| 61-65 | 55888 | 64298 | 70857 | 81510 | 90061 | 97393 |
| 66-70 | 74285 | 85369 | 94087 | 108205 | 119540 | 129227 |
| >70 | 98515 | 113076 | 124605 | 143271 | 158258 | 171028 |

Premiere

| Premier Plan - 1 Adult | | | | | | | | | |
|------------------------|--------------------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 91 days - 17 | 9,374 | 10,597 | 12,536 | 13,497 | 14,268 | 16,487 | 17,328 | 18,067 | 20,421 |
| 18-25 | 13,581 | 15,054 | 17,205 | 18,595 | 19,710 | 22,918 | 24,133 | 25,201 | 28,598 |
| 26-35 | 16,938 | 18,749 | 21,186 | 23,159 | 24,742 | 29,291 | 31,013 | 32,526 | 37,337 |
| 36-45 | 21,422 | 23,688 | 26,512 | 29,269 | 31,481 | 37,837 | 40,242 | 42,355 | 49,070 |

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 46-50 | 26,307 | 29,183 | 32,525 | 36,334 | 39,388 | 48,165 | 51,484 | 54,400 | 63,666 |
| 51-55 | 34,271 | 37,961 | 41,993 | 47,204 | 51,382 | 63,385 | 67,923 | 71,909 | 84,573 |
| 56-60 | 44,802 | 49,571 | 54,519 | 61,591 | 67,261 | 83,546 | 89,702 | 95,109 | 1,12,280 |
| 61-65 | 58,725 | 64,922 | 71,082 | 80,615 | 88,256 | 1,10,204 | 1,18,499 | 1,25,783 | 1,48,914 |
| 66-70 | 77,044 | 85,123 | 92,880 | 1,05,656 | 1,15,896 | 1,45,305 | 1,56,419 | 1,66,178 | 1,97,159 |
| >70 | 1,01,079 | 1,11,631 | 1,21,486 | 1,38,524 | 1,52,179 | 1,91,392 | 2,06,208 | 2,19,218 | 2,60,513 |

| Premier Plan - 1 Adult + 1 Child | | | | | | | | | |
|---|---------------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 17532 | 19328 | 21752 | 23698 | 25259 | 29751 | 31452 | 32947 | 37702 |
| 26-35 | 20903 | 23057 | 25785 | 28350 | 30408 | 36322 | 38560 | 40527 | 46782 |
| 36-45 | 25847 | 28513 | 31676 | 35123 | 37887 | 45833 | 48839 | 51480 | 59874 |
| 46-50 | 30824 | 34142 | 37859 | 42430 | 46095 | 56627 | 60610 | 64109 | 75228 |
| 51-55 | 38853 | 42997 | 47414 | 53406 | 58211 | 72014 | 77233 | 81817 | 96381 |
| 56-60 | 48912 | 54091 | 59387 | 67166 | 73403 | 91317 | 98089 | 104036 | 122924 |
| 61-65 | 64227 | 70977 | 77607 | 88093 | 96498 | 120641 | 129765 | 137778 | 163222 |
| 66-70 | 84378 | 93198 | 101584 | 115638 | 126902 | 159252 | 171477 | 182212 | 216291 |
| >70 | 110817 | 122357 | 133051 | 151793 | 166813 | 209948 | 226245 | 240556 | 285981 |

| Premier Plan - 1 Adult + 2 Child | | | | | | | | | |
|---|---------------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 21483 | 23602 | 26299 | 28801 | 30808 | 36584 | 38771 | 40693 | 46806 |
| 26-35 | 24868 | 27365 | 30384 | 33541 | 36074 | 43353 | 46107 | 48528 | 56227 |
| 36-45 | 30272 | 33338 | 36840 | 40977 | 44293 | 53829 | 57436 | 60605 | 70678 |
| 46-50 | 35341 | 39101 | 43193 | 48526 | 52802 | 65089 | 69736 | 73818 | 86790 |
| 51-55 | 43435 | 48033 | 52835 | 59608 | 65040 | 80643 | 86543 | 91725 | 108189 |
| 56-60 | 53022 | 58611 | 64255 | 72741 | 79545 | 99088 | 106476 | 112963 | 133568 |
| 61-65 | 69729 | 77032 | 84132 | 95571 | 104740 | 131078 | 141031 | 149773 | 177530 |
| 66-70 | 91712 | 101273 | 110288 | 125620 | 137908 | 173199 | 186535 | 198246 | 235423 |
| >70 | 120555 | 133083 | 144616 | 165062 | 181447 | 228504 | 246282 | 261894 | 311449 |

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| Premier Plan - 1 Adult + 3 Child | | | | | | | | | |
|----------------------------------|--------------------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 24446 | 26807 | 29709 | 32629 | 34970 | 41709 | 44260 | 46502 | 53634 |
| 26-35 | 28172 | 30955 | 34217 | 37867 | 40796 | 49212 | 52396 | 55196 | 64098 |
| 36-45 | 33812 | 37198 | 40971 | 45660 | 49418 | 60225 | 64313 | 67905 | 79321 |
| 46-50 | 38729 | 42820 | 47193 | 53098 | 57832 | 71436 | 76580 | 81100 | 95462 |
| 51-55 | 46490 | 51390 | 56449 | 63743 | 69593 | 86396 | 92750 | 98330 | 116061 |
| 56-60 | 57132 | 63131 | 69123 | 78316 | 85687 | 106859 | 114863 | 121890 | 144212 |
| 61-65 | 75231 | 83087 | 90657 | 103049 | 112982 | 141515 | 152297 | 161768 | 191838 |
| 66-70 | 99046 | 109348 | 118992 | 135602 | 148914 | 187146 | 201593 | 214280 | 254555 |
| >70 | 130293 | 143809 | 156181 | 178331 | 196081 | 247060 | 266319 | 283232 | 336917 |

| Premier Plan - 1 Adult + 4 Child | | | | | | | | | |
|----------------------------------|--------------------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 26916 | 29478 | 32551 | 35819 | 38438 | 45979 | 48834 | 51343 | 59324 |
| 26-35 | 30815 | 33827 | 37283 | 41328 | 44573 | 53899 | 57428 | 60530 | 70394 |
| 36-45 | 36467 | 40093 | 44069 | 49172 | 53262 | 65022 | 69471 | 73380 | 85803 |
| 46-50 | 40988 | 45299 | 49860 | 56146 | 61185 | 75667 | 81143 | 85955 | 101243 |
| 51-55 | 49545 | 54747 | 60063 | 67878 | 74146 | 92149 | 98957 | 104935 | 123933 |
| 56-60 | 61242 | 67651 | 73991 | 83891 | 91829 | 114630 | 123250 | 130817 | 154856 |
| 61-65 | 80733 | 89142 | 97182 | 110527 | 121224 | 151952 | 163563 | 173763 | 206146 |
| 66-70 | 106380 | 117423 | 127696 | 145584 | 159920 | 201093 | 216651 | 230314 | 273687 |
| >70 | 140031 | 154535 | 167746 | 191600 | 210715 | 265616 | 286356 | 304570 | 362385 |

| Premier Plan - 2 Adult | | | | | | | | | |
|------------------------|--------------------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 19020 | 20896 | 23389 | 25474 | 27147 | 31959 | 33781 | 35383 | 40479 |
| 26-35 | 24046 | 26429 | 29352 | 32311 | 34685 | 41509 | 44092 | 46361 | 53578 |
| 36-45 | 30772 | 33838 | 37340 | 41476 | 44794 | 54328 | 57935 | 61105 | 71178 |
| 46-50 | 38100 | 42080 | 46360 | 52073 | 56655 | 69820 | 74799 | 79173 | 93071 |
| 51-55 | 50046 | 55247 | 60562 | 68378 | 74645 | 92650 | 99457 | 105436 | 124432 |
| 56-60 | 65851 | 72672 | 79360 | 89968 | 98473 | 122901 | 132135 | 140245 | 166002 |
| 61-65 | 86736 | 95698 | 104205 | 118504 | 129966 | 162888 | 175330 | 186256 | 220952 |

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| | | | | | | | | | |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 66-70 | 114214 | 126000 | 136902 | 156066 | 171426 | 215539 | 232210 | 246849 | 293320 |
| >70 | 150267 | 165762 | 179811 | 205368 | 225850 | 284670 | 306894 | 326409 | 388351 |

| Premier Plan - 2 Adult + 1 Child | | | | | | | | | |
|----------------------------------|--------------------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 22971 | 25170 | 27936 | 30577 | 32696 | 38792 | 41100 | 43129 | 49583 |
| 26-35 | 28011 | 30737 | 33951 | 37502 | 40351 | 48540 | 51639 | 54362 | 63023 |
| 36-45 | 35197 | 38663 | 42504 | 47330 | 51200 | 62324 | 66532 | 70230 | 81982 |
| 46-50 | 42617 | 47039 | 51694 | 58169 | 63362 | 78282 | 83925 | 88882 | 104633 |
| 51-55 | 54628 | 60283 | 65983 | 74580 | 81474 | 101279 | 108767 | 115344 | 136240 |
| 56-60 | 69961 | 77192 | 84228 | 95543 | 104615 | 130672 | 140522 | 149172 | 176646 |
| 61-65 | 92238 | 101753 | 110730 | 125982 | 138208 | 173325 | 186596 | 198251 | 235260 |
| 66-70 | 121548 | 134075 | 145606 | 166048 | 182432 | 229486 | 247268 | 262883 | 312452 |
| >70 | 160005 | 176488 | 191376 | 218637 | 240484 | 303226 | 326931 | 347747 | 413819 |

| Premier Plan - 2 Adult + 2 Child | | | | | | | | | |
|----------------------------------|--------------------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 26922 | 29444 | 32483 | 35680 | 38245 | 45625 | 48419 | 50875 | 58687 |
| 26-35 | 31976 | 35045 | 38550 | 42693 | 46017 | 55571 | 59186 | 62363 | 72468 |
| 36-45 | 39622 | 43488 | 47668 | 53184 | 57606 | 70320 | 75129 | 79355 | 92786 |
| 46-50 | 47134 | 51998 | 57028 | 64265 | 70069 | 86744 | 93051 | 98591 | 116195 |
| 51-55 | 59210 | 65319 | 71404 | 80782 | 88303 | 109908 | 118077 | 125252 | 148048 |
| 56-60 | 74071 | 81712 | 89096 | 101118 | 110757 | 138443 | 148909 | 158099 | 187290 |
| 61-65 | 97740 | 107808 | 117255 | 133460 | 146450 | 183762 | 197862 | 210246 | 249568 |
| 66-70 | 128882 | 142150 | 154310 | 176030 | 193438 | 243433 | 262326 | 278917 | 331584 |
| >70 | 169743 | 187214 | 202941 | 231906 | 255118 | 321782 | 346968 | 369085 | 439287 |

| Premier Plan - 2 Adult + 3 Child | | | | | | | | | |
|----------------------------------|--------------------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 29885 | 32649 | 35893 | 39508 | 42407 | 50750 | 53908 | 56684 | 65515 |
| 26-35 | 35280 | 38635 | 42383 | 47019 | 50739 | 61430 | 65475 | 69031 | 80339 |
| 36-45 | 43162 | 47348 | 51799 | 57867 | 62731 | 76716 | 82006 | 86655 | 101429 |
| 46-50 | 50522 | 55717 | 61028 | 68837 | 75099 | 93091 | 99895 | 105873 | 124867 |

CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| | | | | | | | | | |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 51-55 | 62265 | 68676 | 75018 | 84917 | 92856 | 115661 | 124284 | 131857 | 155920 |
| 56-60 | 78181 | 86232 | 93964 | 106693 | 116899 | 146214 | 157296 | 167026 | 197934 |
| 61-65 | 103242 | 113863 | 123780 | 140938 | 154692 | 194199 | 209128 | 222241 | 263876 |
| 66-70 | 136216 | 150225 | 163014 | 186012 | 204444 | 257380 | 277384 | 294951 | 350716 |
| >70 | 179481 | 197940 | 214506 | 245175 | 269752 | 340338 | 367005 | 390423 | 464755 |

| Premier Plan - 2 Adult + 4 Child | | | | | | | | | |
|---|---------------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Age-Band (in years) | Sum Insured (in ₹) | | | | | | | | |
| | 30,00,000 | 40,00,000 | 50,00,000 | 75,00,000 | 1,00,00,000 | 2,00,00,000 | 2,50,00,000 | 3,00,00,000 | 5,00,00,000 |
| 18-25 | 32355 | 35320 | 38735 | 42698 | 45875 | 55020 | 58482 | 61525 | 71205 |
| 26-35 | 37923 | 41507 | 45449 | 50480 | 54516 | 66117 | 70507 | 74365 | 86635 |
| 36-45 | 45817 | 50243 | 54897 | 61379 | 66575 | 81513 | 87164 | 92130 | 107911 |
| 46-50 | 52781 | 58196 | 63695 | 71885 | 78452 | 97322 | 104458 | 110728 | 130648 |
| 51-55 | 65320 | 72033 | 78632 | 89052 | 97409 | 121414 | 130491 | 138462 | 163792 |
| 56-60 | 82291 | 90752 | 98832 | 112268 | 123041 | 153985 | 165683 | 175953 | 208578 |
| 61-65 | 108744 | 119918 | 130305 | 148416 | 162934 | 204636 | 220394 | 234236 | 278184 |
| 66-70 | 143550 | 158300 | 171718 | 195994 | 215450 | 271327 | 292442 | 310985 | 369848 |
| >70 | 189219 | 208666 | 226071 | 258444 | 284386 | 358894 | 387042 | 411761 | 490223 |

LOADINGS AND DISCOUNTS:

| Family Discount for Individual Policy | |
|--|---------------------|
| Size of the Family | Discount (%) |
| 1 | - |
| 2 | 5.00% |
| 3 - 5 | 7.50% |
| >5 | 10.00% |

| Long Term Discount applicable on Single Premium Payment | |
|--|------------------------------|
| Term | Discount % on Premium |
| 1 | No Discount |
| 2 | 5.00% |
| 3 | 10.00% |

| Discount in Lieu of Intermediation | |
|---|--------------------------------|
| Intermediation Channel | Discount (%) on Premium |

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| | |
|--------|--------|
| Direct | 15.00% |
|--------|--------|

| Premium Payment | |
|-----------------|-----------|
| Option | Loading % |
| Annual | - |
| Half | 2.00% |
| Quarterly | 3.00% |
| Monthly | 4.00% |

ILLUSTRATION :

Illustration 1

| Policy Details | | | | | |
|---------------------------------|------------------------------|------------|------------|------------------|----------------|
| Policy Type | Individual Sum Insured Basis | | | | |
| Plan Name | Premiere plan | | | | |
| Fresh/Renewal | Fresh | | | | |
| Term | 3 years | | | | |
| Mode of Premium Payment | Half-Yearly payments | | | | |
| Number of Members in the Family | 7 members | | | | |
| Business Channel | Direct | | | | |
| Member | Year 1 Age | Year 2 Age | Year 3 Age | Base Sum Insured | PA Sum Insured |
| Self | 34 | 35 | 36 | 75,00,000 | 50,00,000 |
| Spouse | 28 | 29 | 30 | 40,00,000 | 40,00,000 |
| Child 1 | 2 | 3 | 4 | 30,00,000 | 30,00,000 |
| Child 2 | 4 | 5 | 6 | 30,00,000 | 30,00,000 |
| Parent 1 | 56 | 57 | 58 | 30,00,000 | 30,00,000 |
| Parent 2 | 59 | 60 | 61 | 30,00,000 | 30,00,000 |
| Sibling | 21 | 22 | 23 | 30,00,000 | 30,00,000 |

| Office Premium Calculation | | | |
|----------------------------|--------|--------|--------|
| Year | Year 1 | Year 2 | Year 3 |
| Self | 23,159 | 23,159 | 29,269 |
| Spouse | 18,749 | 18,749 | 18,749 |
| Child 1 | 9,374 | 9,374 | 9,374 |
| Child 2 | 9,374 | 9,374 | 9,374 |

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| | | | |
|---|--|----------|----------|
| Parent 1 | 44,802 | 44,802 | 44,802 |
| Parent 2 | 44,802 | 44,802 | 58,725 |
| Sibling | 13,581 | 13,581 | 13,581 |
| Total Office Premium Per-Year | 1,63,841 | 1,63,841 | 1,83,874 |
| Total Office Premium (T1) | 1,63,841 + 1,63,841 + 1,83,874 = 5,11,556 | | |
| Discount for Family Size | 5,11,556 x -10.0% = -51,156 | | |
| Total Office Premium (T2) | 5,11,556 - 51,156 = 4,60,400 | | |
| Long Term Discount | Long Term Discount is only applicable for Single Premium Payment at Policy Inception | | |
| Loading for Mode of Premium Payment | 4,60,400 x 2.0% = 9,208 | | |
| Total Office Premium (T3) | 4,60,400 + 9,208 = 4,69,608 | | |
| Discount in-lieu-of Intermediation | 4,69,608 x -15.0% = -70,441 | | |
| Final Office Premium for 7 members for 3 years on Individual Sum Insured Basis | 4,69,608 - 70,441 = 3,99,167 | | |

Illustration 2

| Policy Details | | | | | |
|--|---------------------------|------------|------------|------------------|---|
| Policy Type | Floater Sum Insured Basis | | | | |
| Plan Name | Premiere plan | | | | |
| Fresh/Renewal | Fresh | | | | |
| Term | 3 years | | | | |
| Mode of Premium Payment | Single payment | | | | |
| Number of Members in the Family | 6 members | | | | |
| Business Channel | Direct | | | | |
| Member | Year 1 Age | Year 2 Age | Year 3 Age | Base Sum Insured | PA Sum Insured |
| Self | 34 | 35 | 36 | 75,00,000 | 50,00,000 |
| Spouse | 37 | 38 | 39 | | NA - PA coverage only for "Self" under Family Floater |
| Child 1 | 2 | 3 | 4 | | |
| Child 2 | 4 | 5 | 6 | | |
| Child 3 | 56 | 57 | 58 | | |
| Child 4 | 21 | 22 | 23 | | |

| Office Premium Calculation | | | |
|----------------------------|--------|--------|--------|
| Year | Year 1 | Year 2 | Year 3 |

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| | | | |
|--|--|--------|--------|
| Office Premium based on the age of Spouse (oldest member) | 61,379 | 61,379 | 61,379 |
| Total Office Premium (T1) | $61,379 + 61,379 + 61,379 = 1,84,137$ | | |
| Discount for Family Size | Not applicable under Floater Sum Insured Basis | | |
| Total Office Premium (T2) | 1,84,137 | | |
| Long Term Discount | $1,84,137 \times -10.0\% = -18,414$ | | |
| Loading for Mode of Premium Payment | NA | | |
| Total Office Premium (T3) | $1,84,137 - 18,414 = 1,65,723$ | | |
| Discount in-lieu-of Intermediation | $1,65,723 \times -15.0\% = -24,858$ | | |
| Final Office Premium for 6 members for 3 years on Floater Sum Insured Basis | $1,65,723 - 24,858 = 1,40,865$ | | |

Illustration 3

| Policy Details | | | | | |
|---------------------------------|------------------------------|------------|------------|------------------|----------------|
| Policy Type | Individual Sum Insured Basis | | | | |
| Plan Name | Premiere plan | | | | |
| Fresh/Renewal | Renewal | | | | |
| Term | 3 years | | | | |
| Mode of Premium Payment | Half-Yearly payments | | | | |
| Number of Members in the Family | 3 members | | | | |
| Business Channel | Direct | | | | |
| Member | Year 1 Age | Year 2 Age | Year 3 Age | Base Sum Insured | PA Sum Insured |
| Self | 34 | 35 | 36 | 75,00,000 | 50,00,000 |
| Spouse | 28 | 29 | 30 | 40,00,000 | 40,00,000 |
| Parent 1 | 56 | 57 | 58 | 30,00,000 | 30,00,000 |

| Computation of Health Weeks Discount | | | |
|--|-------------------------------|---------------------------|-------------------------------|
| Member | Policy Year of Expired Policy | Healthy Weeks Accumulated | Discount % on Renewal Premium |
| Self | Year 1 | 5 | |
| | Year 2 | 5 | |
| | Year 3 | 5 | |
| Total | | 15 | |
| Average Healthy Weeks over 3 years for Self | | 5.00 | 1.00% |

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



CHOLA FLEXI HEALTH SUPREME
UIN: CHOHLIP22036V022122
PROSPECTUS

| | | | |
|--|--------|-------------|--------------|
| Spouse | Year 1 | 10 | |
| | Year 2 | 12 | |
| | Year 3 | 6 | |
| Total | | 28 | |
| Average Healthy Weeks over 3 years for Spouse | | 9.00 | 2.00% |
| Parent 1 | Year 1 | 3 | |
| | Year 2 | 3 | |
| | Year 3 | 3 | |
| Total | | 9 | |
| Average Healthy Weeks over 3 years for Parent 1 | | 3.00 | 0.50% |

CHOLA FLEXI HEALTH SUPREME
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| Office Premium Calculation | | | |
|---|--|----------------------------|----------------------------|
| Year | Year 1 | Year 2 | Year 3 |
| Self | 23,159 x (1-1.0%) = 22,927 | 23,159 x (1-1.0%) = 22,927 | 29,269 x (1-1.0%) = 28,976 |
| Spouse | 18,749 x (1-2.0%) = 18,374 | 18,749 x (1-2.0%) = 18,374 | 18,749 x (1-2.0%) = 18,374 |
| Parent 1 | 44,802 x (1-0.5%) = 44,578 | 44,802 x (1-0.5%) = 44,578 | 44,802 x (1-0.5%) = 44,578 |
| Total Office Premium Per-Year | 85,879 | 85,879 | 91,928 |
| Total Office Premium (T1) | 85,879 + 85,879 + 91,928 = 2,63,687 | | |
| Discount for Family Size | 2,63,687 x -7.5% = -19,777 | | |
| Total Office Premium (T2) | 2,63,687 - 19,777 = 2,43,911 | | |
| Long Term Discount | Long Term Discount is only applicable for Single Premium Payment at Policy Inception | | |
| Loading for Mode of Premium Payment | 2,43,911 x 2.0% = 4,878 | | |
| Total Office Premium (T3) | 2,43,911 + 4,878 = 2,48,789 | | |
| Discount in-lieu-of Intermediation | 2,48,789 x -15.0% = -37,318 | | |
| Final Office Premium for 3 members for 3 years on Individual Sum Insured Basis | 2,48,789 - 37,318 = 2,11,471 | | |

Illustration 4

| Policy Details | | | | | |
|---------------------------------|---------------------------|------------|------------|------------------|---|
| Policy Type | Floater Sum Insured Basis | | | | |
| Plan Name | Premiere plan | | | | |
| Fresh/Renewal | Renewal | | | | |
| Term | 3 years | | | | |
| Mode of Premium Payment | Single payment | | | | |
| Number of Members in the Family | 2 members | | | | |
| Business Channel | Direct | | | | |
| Member | Year 1 Age | Year 2 Age | Year 3 Age | Base Sum Insured | PA Sum Insured |
| Self | 34 | 35 | 36 | 75,00,000 | 50,00,000 |
| Spouse | 35 | 36 | 37 | | NA - PA coverage only for "Self" under Family Floater |

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| Computation of Health Weeks Discount | | | |
|--|-------------------------------|---------------------------|-------------------------------|
| Member | Policy Year of Expired Policy | Healthy Weeks Accumulated | Discount % on Renewal Premium |
| Self | Year 1 | 2 | |
| Spouse | | 1 | |
| Self | Year 2 | 6 | |
| Spouse | | 3 | |
| Self | Year 3 | 6 | |
| Spouse | | 5 | |
| Total | | 23 | |
| Average Healthy Weeks over 3 years for Self and Spouse | | 7.00 | 1% |

| Office Premium Calculation | | | |
|--|--|--------------------------------------|--------------------------------------|
| Year | Year 1 | Year 2 | Year 3 |
| Office Premium based on the age of Spouse (oldest member) | $32,311 \times (1 - 1.0\%) = 31,988$ | $41,476 \times (1 - 1.0\%) = 41,061$ | $41,476 \times (1 - 1.0\%) = 41,061$ |
| Total Office Premium (T1) | $31,988 + 41,061 + 41,061 = 1,14,110$ | | |
| Discount for Family Size | Not applicable under Floater Sum Insured Basis | | |
| Total Office Premium (T2) | 1,14,110 | | |
| Long Term Discount | $1,14,110 \times -10.0\% = -11,411$ | | |
| Loading for Mode of Premium Payment | NA | | |
| Total Office Premium (T3) | $1,14,110 - 11,411 = 1,02,699$ | | |
| Discount in-lieu-of Intermediation | $1,02,699 \times -15.0\% = -15,405$ | | |
| Final Office Premium for 2 members for 3 years on Floater Sum Insured Basis | $1,02,699 - 15,405 = 87,294$ | | |

CHOLA FLEXI HEALTH SUPREME
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PROSPECTUS

| Benefit Illustration in respect of policies offered on individual and family floater basis | | | | | | | | | | |
|--|--|-------------------|---|------------------|------------------------------|-------------------|---|--------------------------|------------------------------|-------------------|
| Chola Flexi Health Supreme - Plus Plan, Policy Period - ONE Year | | | | | | | | | | |
| Age of the members insured | Coverage opted on individual basis covering each member of the family separately (at a single point in time) | | Coverage opted on individual basis covering multiple members of the family under a single policy (sum insured is available for each member of the family) | | | | Coverage opted on family floater basis with overall sum insured (Only one sum insured is available for the entire family) | | | |
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount, if any | Premium after discount (Rs.) | Sum Insured (Rs.) | Premium or consolidated premium for all members of family (Rs.) | Floater discount, if any | Premium after discount (Rs.) | Sum Insured (Rs.) |
| 18 | 5,728 | Rs. 5 Lakhs | 5,728 | 7.5% | 5298 | Rs. 5 Lakhs | 29835 | NIL | 29835 | Rs. 5 Lakhs |
| 23 | 5,728 | Rs. 5 Lakhs | 5,728 | 7.5% | 5298 | Rs. 5 Lakhs | | | | |
| 48 | 12,569 | Rs. 5 Lakhs | 12,569 | 7.5% | 11626 | Rs. 5 Lakhs | | | | |
| 54 | 16,755 | Rs. 5 Lakhs | 16,755 | 7.5% | 15498 | Rs. 5 Lakhs | | | | |
| Total premium for all members of the family is Rs.40,780/-, when each member is covered separately. | | | Total premium for all members of the family is Rs.37,722/-, when they are covered under a single policy. | | | | Total premium when policy is opted on floater basis is Rs.29,835/- | | | |
| Sum Insured for each individual is Rs.5 Lakhs | | | Sum Insured available for each family member is Rs.5 Lakhs | | | | Sum Insured of Rs.5 Lakhs is available for the entire family. | | | |
| Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable. | | | | | | | | | | |

CHOLA FLEXI HEALTH SUPREME
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PROSPECTUS

Medical Second Opinion-Add-on Cover
(on payment of additional premium)
CHOHLIA19048V011920

The Proposer shall have an option to avail Medical Second Opinion-Add-on Cover, on payment of additional premium.

Medical Second Opinion is defined as a review of diagnosis and / or treatment plan requested by the patient from a healthcare provider, other than his primary physician or institution.

Medical Second Opinion cover helps the Insured to remove the geographic barriers to care and benefit from the recommendations and advice provided to improve their health and their health care from the World Leading Medical Centers.

Second opinions are frequently recommended by the medical community and can offer patients peace of mind, especially when dealing with serious medical conditions or new treatments. Also, those who live in remote areas can receive expert second opinions in spite of distance or mobility. Medical second opinions can be a life-saving tool to help patients:

- Confirm a medical diagnosis and treatment options
- Consider a different diagnosis
- Discuss preventive measures
- Learn about the best treatment options

It is often in a patient's best interest to seek a second opinion, particularly when faced with a serious or complex diagnosis that will affect quality of life. It is every patient's right to be as informed as possible about their health, diagnosis and treatment options.

1. GENERAL CONDITIONS

1. It is agreed and understood that this Add On Cover can only be bought along with the Underlying Plan and cannot be bought in isolation or as a separate product.
2. The Add On Cover is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Underlying Plan.
3. The Add On Cover shall be available under your policy only if the same is specifically opted on payment of applicable premium and specified in the Policy Schedule.
4. All applicable Terms and Conditions of the Underlying Policy shall apply to the Add on Cover.

2. APPLICABILITY

On opting for the Medical Second Opinion cover by paying applicable premium, the same will be applicable for all the Individual Insured members under the base policy. The proposer will not have an option to exclude the insured members from this cover.

3. COVERAGE

In the event of any Insured Person, being diagnosed with any Medical Condition during the Policy Year, he or she can obtain the Medical Second Opinion from the World's Leading Medical Centers (WLMC) tied up with our Service Provider.

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PROSPECTUS

On the basis of the Diagnosis, a choice of 3 world leading medical centers will be provided to the Insured, from which the Insured will have an option to select one center.

All the medical records pertaining to the Insured's diagnosis will be collected by the Service Provider from the Insured and will be submitted to the Clinical Team of the WLMC selected by him/her. The clinical team will review the medical records received by them and provide a detailed Medical Second Opinion to the Insured with recommendations.

3. a. Specific Conditions:

The coverage under this policy is subject to the following special conditions

1. This policy shall not provide medical second opinion in respect of illnesses for which the Insured member is undergoing treatment at the time of taking the policy.
2. Medical Second Opinion should be specifically requested for by the Insured.
3. The Insured is free to choose whether or not to obtain the Second Opinion and, if obtained under this cover, then whether or not to act on it.
4. This opinion is given based only on the medical records submitted without examining the patient, who is covered under the policy.
5. This benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured's visit or consultation to an independent Medical Practitioner.
6. Any Medical Second Opinion provided hereunder shall not be valid for any medico-legal purposes or any insurance claim purposes.
7. Medical Second Opinion under this cover is facilitated by the Service Provider from the WLMC and not provided by the Company.
8. The Company does not make any representation as to the adequacy or accuracy of the Medical Second Opinion or the Insured's or any other person's reliance on the same or the use to which the Second Opinion is put.
9. The Company is not liable for any claims due to any errors or omission or consequences of any action taken or not taken in reliance of the Medical Second Opinion provided under this cover.
10. Utilizing this facility alone will not amount to making a claim under any health insurance policy.
11. No medical Second Opinion can be availed during the break in insurance

3. b. Specific Exclusions

The Service Provider will not facilitate Medical Second Opinion with the WLMC in the following circumstances where the

1. Insured has not received a diagnosis.
2. Insured has not been evaluated by an attending physician within the last 12 months.
3. Physical Evaluation of the Insured is required.
4. Condition of the Insured is acute or emergency in nature. Medical Second Opinion for the Insured in such cases can be initiated or the process can be continued after the patient is stabilised.

4. GENERAL CONDITIONS

4.1 Procedure to obtain Medical Second Opinion

In order to obtain the Medical Second opinion,

- Insured has to contact the Service Provider through the Toll Free number mentioned on the Policy Schedule and provide the

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**CHOLA FLEXI HEALTH SUPREME****UIN: CHOHLIP22036V022122****PROSPECTUS**

- Clinical information details,
- Authorisation to collect medical records from the hospital or attending physician or health care provider and
- Consent to share the medical records with the WLMC for review and provide Medical Second Opinion by email.
- Based on the Clinical information shared by the Insured, Service Provider will give a choice of 3 World Leading Medical Centers to the Insured, from which the Insured will have an option to choose one WLMC to obtain the Medical Second Opinion.
- WLMC selected by the Insured will review the medical records and write a detailed report with recommendations (Medical Second Opinion).
- Medical Second Opinion received from the WLMC will be sent through secured email to the Insured by the Service Provider with translated version, if required.

In addition to the Medical Second Opinion, the Service Provider will also arrange to send a casebook by courier to the Insured Person's address within 10 days from the date of providing medical second opinion by email.

The casebook will consist of the following documents

- The Insured's Medical Second Opinion (Original and translated Version if necessary)
- Medical Records shared by the Insured with the Service Provider
- WLMC and expert physician biographies
- Related journal articles referenced by the expert physician(s)

On the request of the Insured, the Service Provider will organize for a follow up session and a communication bridge between local attending physician of the Insured and WLMC team where questions/ clarifications can be raised or sought by the Insured or the attending physician of the Insured. This service will be paid for by the Service Provider.

4.2 Territorial Limits

The Insured can avail Medical Second Opinion from the World Leading Medical Centers under this policy.

4.3. Service Provider

The Service under this Add-on cover is provided by MediGuide International, an independent Company not affiliated to us. Cholamandalam MS General Insurance Company has entered into an agreement with 'MediGuide International, LLC' and 'MediGuide India Services Private Limited' to provide Medical Second Opinion program through the WLMC empanelled with MediGuide International, LLC. 'MediGuide India' provides local administrative support in India for MediGuide Medical Second Opinion program and necessary assistance to the members who have availed the Add-on cover to obtain the Medical Second Opinion on payment of applicable premium.

4.4 Disclaimer

The Insured hereby understands and agrees that the Services provided under the Medical Second Opinion cover is not independent treatment or diagnosis and should not be solely relied upon as such by the Insured and those Physicians who provide the medical services contemplated by this Policy do not have the benefit of information that would be obtained by examining the Insured in person and observing his or her physical condition. Therefore, the Physician may not be aware of facts or information that would affect his or her opinion of the diagnosis or treatment alternatives or options. The Insured further understands that no warranty or guarantee has been made concerning any particular result or cure of the disease, medical condition, or incapacity.

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It is also hereby agreed and recognized by the **Insured**, that the selection of the WLMC is at the sole discretion of the Insured and that the Insurer is not responsible in any way or liable for the availability or quality of any Medical Second Opinion rendered by any World's Leading Medical Centers.

Premium applicable for Medical Second Opinion-Add-on Cover (Excluding GST):

UIN: CHOHLIA19048V011920

Premium per person per annum

| Age | Gross Premium per person |
|-----------------|--------------------------|
| 0-17 | 211 |
| 18-25 | 174 |
| 26-30 | 188 |
| 31-35 | 202 |
| 36-40 | 218 |
| 41-45 | 249 |
| 46-50 | 316 |
| 51-55 | 414 |
| 56-60 | 718 |
| 61-65 | 1031 |
| 66-70 | 1508 |
| 71-75 | 1546 |
| 76-80 | 1585 |
| 81-85 | 1625 |
| 86-90 | 1666 |
| 91-95 | 1708 |
| 95 Above | 1751 |

- a. If a policyholder aged 45 chooses "**Medical Second Opinion**" policy, his premium would be equal to Rs. 249
- b. If a policyholder aged 45 chooses "**Medical Second Opinion**" with 2 year term policy the premium to be paid would be calculated as follows

Premium for 1st year (age 45) =249
Premium for 2nd year (age 46) =316
Number of Years =2
Premium to the customer = (249+316) =565

- c. If a policyholder aged 45 chooses "**Medical Second Opinion**" with 3 year term policy the premium to be paid would be calculated as follows

Premium for 1st year (age 45) =249
Premium for 2nd year (age 46) =316

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Premium for 3rd year (age 47) =316
Number of Years =3
Premium to the customer = (249+316+316) =881

Long Term Discount:

| Policy Term | Discount % |
|-------------|------------|
| 1 Year | 0.00% |
| 2 Year | 3.5% |
| 3 Year | 6.5% |

FLEXI OP CARE ADD ON COVER
(UIN: CHOHLIA23045V012223)

(In case you opt for the Flexi OP Care Add On Cover, to avail the benefits please download the digital platform from the link <https://vsyt.me/o/d>)

The Proposer shall have an option to avail Flexi OP Care-Add-on Cover, on payment of additional premium along with Flexi Health

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 a Medical Practitioner. The Insured is not admitted as a day care or in-patient. Minor illness or injuries require you to visit the doctor, buy medicines or diagnose through a lab test and these costs may seem lower than cost of major illness or admission in hospital. But as a matter of fact, Outpatient (OP) costs account for more than half of the healthcare costs in India. OP costs are frequent and can significantly impact your savings accumulated over a long time.

To address this issue, Chola MS has designed an add-on cover that gives you a seamless experience with

- Unlimited In person and Teleconsultations from Network Facility
- Prescribed Diagnostics
- Dental OPD
- Discounted health check-ups
- Discounted pharmacy
- Cashless claim process
- Integrated Network of OP service providers

1. Suitability

- a. It is hereby agreed and understood that this Add on Cover can be bought only along with the Base Policy and cannot be bought in isolation or as a separate product.
- b. The Add on Cover is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Base Policy.

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- c. The Add on Cover shall be available under your policy only if the same is specifically opted on payment of applicable premium and specified in the Policy Schedule.
- d. The coverage under the Add-on cover will be on Individual basis
- e. The Add-on cover cannot be opted during mid-term of Base Policy
- f. Lifelong renewal along with the Base Policy
- g. Any discount and loading applicable, if any on Base Policy will not be applicable on this Add-on cover
- h. The list of Health Insurance Products for which the Add-on cover benefit option is available, is placed at Annexure 1.

2. Persons Covered:

Insured persons who have opted for the Company's Base Policy as defined, can buy this Add-on for insured himself/herself and or his/her family members as listed below and covered under the Base Policy.

- i. Legally wedded spouse
- ii. Children upto 4 (i.e. natural or legally adopted) and
- iii. Parents/ Parents in law

3. Entry Age:

The Add-on cover shall follow the Entry age as applicable under the Base Product

4. Tenure:

This Add-on cover shall be issued for a term of 1 or 2 or 3 years as per the tenure of the Base Policy. ie. If Base Policy is for one year, then the Add-on shall be for 1 year and if Base policy is for two years, then the Add-on shall be for 2 years etc.

5. Specific condition:

This add-on cover can be only availed during the first policy purchase and not allowed during renewal of the Base Health Policy, already held by the Policyholder.

6. Applicability:

On opting for the 'Flexi OP Care' by paying applicable premium, the same will be applicable for all the Insured members covered under the Base Individual or Family Floater policy.

7. Coverage

During every Policy Year under the Add-on, Insured Person will be eligible for coverage as per the plan selected from the below table. Plan opted at policy level shall be applicable separately for each Insured Person covered under this Add on, even if the Base Policy is Individual Sum Insured plan or floater plan. This cover will be applicable each year for Add-on cover period, more than one year.

Benefits applicable for Individual Insured will be based on the Plan opted under the Add-on cover.

| Coverage / Plan | | | Flexi OP Care 1 | Flexi OP Care 2 | Flexi OP Care 3 | Flexi OP Care 4 |
|--------------------|--------------------------|--------------------------|-----------------|-----------------|--|--|
| BASE COVERS | Out-Patient (OPD) | Tele-consultation | Not Available | Not Available | Unlimited no. of Tele-consultations with General | Unlimited no. of Tele-consultations with General Practitioner from |

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| | | | | | |
|-----------------------------|-----------------------------------|---|--|---|--|
| | Consultation | | | Practitioner from Network Facility | Network Facility including Dental consultations |
| | In-person consultation | Unlimited no. of in-person consultations from Network Facility upto a maximum of Rs. 600/- per consultation on cashless basis | Unlimited no. of in-person consultations from Network Facility upto a maximum of Rs. 600/- per consultation on cashless basis including Dental | Unlimited no. of in-person consultations from Network Facility upto a maximum of Rs. 600/- per consultation on cashless basis | Unlimited no. of in-person consultations from Network Facility upto a maximum of Rs. 600/- per consultation on cashless basis including Dental |
| | Prescription Diagnostics | Upto a Maximum of Rs.600/- followed by each consultation from Network Facility on cashless basis | Upto a Maximum of Rs.600/- followed by each consultation from Network Facility on cashless basis | Upto a Maximum of Rs.600/- followed by each consultation from Network Facility on cashless basis | Upto a Maximum of Rs.600/- followed by each consultation from Network Facility on cashless basis |
| | | | | | |
| VALUE ADDED SERVICES | Discounted Pharmacy | Not Available | Not Available | Discount as applicable on every purchase of pharmacy from the Network Facility on the Digital platform | Discount as applicable on every purchase of pharmacy from the Network Facility on the Digital platform |
| | Discounted Health Checkups | Not Available | Not Available | Discount on Health Check up's as applicable from the | Discount on Health Check up's as applicable from the Network Facility on the Digital platform |

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| | | | | |
|--------------------------|---|--|--|--|
| | | | Network Facility on the Digital platform | |
| Dental Benefits | Not Available | 1. Dental cleaning from the Network facility 2. One IOPA X-ray (if prescribed) from the Network Facility 3. Discount as applicable on all treatment procedures from the Network facility on the Digital platform | Not Available | 1. Dental cleaning from the Network facility 2. One IOPA X-ray (if prescribed) from the Network Facility 3. Discount as applicable on all treatment procedures from the Network facility on the Digital platform |
| Vision Benefits | Not Available | Lenskart Gold Membership | Not Available | Lenskart Gold Membership |
| WELLNESS SERVICES | Daily Health Management & Fitness programs | Step Tracking, Calorie Counter, Sleep Tracking, Personalized Fitness programs; Mental Health Podcasts across an array of topics such as Yoga, Meditation, Mindfulness, Dance Fitness, Specialist Medical Sessions etc. | | |

- Note:**
1. Tele-consultations also include Covid Risk assessment.
 2. The Benefits and services availed under this availed Add on Cover is purely based on the Insured Person's own discretion and at own risk. The services provided under the various covers are via third party health service providers/ network providers/ and the Insurer is not responsible for liability arising out of the services provided by these third parties.

COVERAGE

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Out-Patient services (OPD) listed under Base Cover of this Add-on, can be availed only on cashless basis on the digital platform subject to waiting periods, exclusions, terms and conditions of the Add-on cover.

The listed covers, Value Added Services and Wellness Services shall be provided through our Service Provider subject to availability at the time of appointment.

A. BASE COVERS:

- 1. OPD Consultation:** If at any time during the policy period, the Insured Person suffers from any illness/injury, he or she can avail Out-Patient Tele-consultation or In-Person Consultation upto the limit as mentioned under this Add-on, from a General Medical Practitioner in the network, listed on the Digital Platform of the respective service provider's application.

The scope of cover under this benefit shall be restricted to charges incurred towards Doctor Consultation. No other charges shall be covered.

- 2. Prescribed Diagnostics:** If at any time during the policy period, the Insured Person suffers from any illness / injury, he or she can avail Outpatient diagnostic tests on cashless basis upto the limit as mentioned under this Add-on, from the Network facility on the Digital platform of the respective service provider's application.

Specific Conditions applicable to Prescribed Diagnostics:

Insured Person has to upload the Prescription of the Medical Practitioner for the respective diagnostic tests to avail this service.

The cost of only those diagnostic test prescribed by doctors from the Network Facility on the Digital Platform shall be admissible following Tele-consultation/In-Person Consultation availed through the app. No other charges shall be admissible under the cover.

Specific Exclusions applicable to Prescribed Diagnostics:

Genetic studies shall be excluded from the scope of this cover.

B. VALUE ADDED SERVICES:

The Insured shall be eligible to avail the Value Added Services as listed below on the Digital platform, during the policy period:

- 3. Discounted Pharmacy:** Purchase of Medicines at his/her own expense from the Network facility on the Digital platform and avail discount as applicable on every purchase.
Prescription from the Medical Practitioner is mandatory for every Pharmacy Purchase under the cover.
- 4. Discounted health check-ups:** Avail Health check-ups from the Network Facility on the Digital platform at his/her own expense with a discount as applicable at the time of the Health Checkup.
- 5. Dental Benefits:** Following services relating to dental can be availed on cashless basis from the network facility on the Digital platform, during the policy period:

- Dental cleaning (prophylactic teeth cleaning) once in a policy year from the Network facility

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- IOPA X-ray- which shows the entire root and a dentist can look for infections, widened pdl space, bone loss (horizontal/ vertical) or bony defect can be availed (if prescribed) once in a policy year from the Network Facility as prescribed by the dentist
- Discounts can be availed on all treatment procedures as prescribed by the dentist from the Network facility on the Digital platform

C. WELLNESS SERVICES:

The Insured Person shall be eligible to avail the following wellness services on the Digital platform of the respective service provider's application, during the policy period:

6. Daily Health Management:

- Step Tracking
- Calorie Counter
- Sleep Tracking

7. Fitness Program: Personalized Fitness programs & Mental Health Podcasts across an array of topics such as Yoga, Meditation, Mindfulness, Dance Fitness, Specialist Medical Sessions etc.

Specific Conditions applicable to the Add-on Cover:

1. All the consultations, diagnostic tests & pharmacy expenses are covered only if they are scheduled via the Digital Platform.
2. Any consultation done outside of the portal, will not be covered
3. Any amount over and above the limits as mentioned in the Schedule of Benefits has to be borne by the Insured.
4. Only those persons named as insured Persons in the Add-on cover shall be covered.
5. Utilizing this facility alone will not amount to making a claim under any health insurance policy
6. No OP Services under the Add-on can be availed during the break in insurance

WAITING PERIOD & GENERAL EXCLUSIONS:

A. WAITING PERIOD:

15-day waiting period- Code- Excl03:

- a) Expenses related to the treatment of any illness within 15 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

B. GENERAL EXCLUSIONS:

The add-on does not cover any expenses incurred directly, caused by, arising from or in any way attributable to any of the following:

i. STANDARD EXCLUSIONS:

1. 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.

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- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

ii. SPECIFIC EXCLUSIONS:

- a. Tele-consultation, In person consultation and Prescription Diagnostics taken outside the Digital platform is not covered under the Add-on cover
- b. If the Tele-consultation, In Person Consultation and Prescription Diagnostics is not availed in the policy year during the Policy Period, the benefit cannot be carried forward to the subsequent policy year during the policy period.
- c. Disease arising out of involvement in illegal activities or substance abuse.
- d. Treatment other than Allopathy and AYUSH
- e. Inpatient treatments & day-care procedures are not covered under the policy.
- f. No medical equipment and associated consumables will be covered under the policy (Example – BP Machine, Thermometer, Syringes, Nebulizer, Hot Water Bags, etc.)
- g. Vitamins and tonics used for the treatment of injury or disease will not be covered
- h. Food, Food Supplements or Dietary Pills (Example – Horlicks, Glucose, Whey Protein, etc.).
- i. Non-Medical Expenses - Registration Fee, Admission Fee, Telephone Charges, Cafeteria Charges, etc.
- j. Consultation with Nutritionists - Available only online through the digital platform
- k. Physiotherapy and any other therapies are not covered

GENERAL CONDITIONS:

The Add on Cover is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Base Policy.

1. 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 Policy 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 Policy Schedule.

2. Claims procedure:

- a. Cashless facility is available only at Network facility on the Digital platform. The Service Provider reserves the right to modify, add or restrict any Network Provider Cashless facility at their sole discretion.
- b. Claims under the Add-on will be adjudicated only on cashless basis via the Digital platform and are subject to the terms, conditions, waiting periods and exclusions of the Add-on cover.
- c. Wherever the services availed exceed the eligibility as applicable under the Add-on for the respective Insured, the difference shall have to be paid directly to the Network Provider by the Insured person/claimant.
- d. The diagnostics and Pharmacy services shall only be covered for prescriptions by a Network Medical Practitioner through the Digital Platform.

Steps to avail the cashless cover:

Step 1: Insured person shall receive an activation SMS or WhatsApp message with the link to download the Digital Platform

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Step 1: Start downloading the Digital platform of the Service Provider as per the link shared or as mentioned in the Policy Schedule

Step 2: Insured person has to sign up from his/her registered mobile number and verify with One Time Password (OTP).

Step 3: The app will display the details of benefits available for the insured and his/her family and then they can choose the service such as Teleconsultation, Physical Consultation, Diagnostics, Pharmacy purchase as required. Insured Person shall have to raise a request through Digital platform and the appointment details shall be available on the platform.

3. Territorial Limits:

The Add-on cover is applicable within the territorial boundaries of India.

4. Transfer:

Benefits under this Add-on cover is not transferrable to anyone else.

5. Validity of the Cover:

The Add-on cover for the Insured will terminate at the earliest of the following occurrence

- The expiry date mentioned in the Policy schedule
- In case of death of the Insured
- The date of cancellation of this Add-on cover by either Policy holder or Insurer in accordance with the terms and conditions of the Base policy.

6. Disclaimer:

The Service under this add-on is provided by Visit Health Private Limited (Visit Health), an independent Company not affiliated to us. Cholamandalam MS General Insurance Company has entered into an agreement with Visit Health Private Limited, to provide OP services through the Network Facility with Visit Health. Visit Health provides the digital platform and connect the Network Facilities such as hospitals, day, diagnostic centers, Pharmacies and provide necessary services to the Insured Persons who have availed this add-on on payment of applicable premium

In the event of any change in the Service Provider or inclusion of a new Service Provider in future, the same shall be disclosed in the policy to the Policyholders.

Premium applicable for Flexi OP Care Add On Cover (Excluding GST):

Premium per person per annum

Policy Period: One Year

| Premium in Rs. (per member, per year) – excluding GST | | | |
|---|-----------------|-----------------|-----------------|
| Flexi OP Care 1 | Flexi OP Care 2 | Flexi OP Care 3 | Flexi OP Care 4 |
| ₹ 265 | ₹ 399 | ₹ 1,199 | ₹ 1,332 |

Discounts:

| Discount in Lieu of Intermediation | |
|------------------------------------|-------------------------|
| Intermediation Channel | Discount (%) on Premium |
| Direct | 15.00% |

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| Long Term Discount | |
|--------------------|--------------|
| Term | Discount (%) |
| 1 year | 0.00% |
| 2 years | 5.00% |
| 3 years | 10.00% |

ILLUSTRATION

| Plan | Flexi OP Care 2 |
|---|--|
| Premium per member | ₹ 399 |
| Number of Members Covered | 4 |
| Policy Term | 3 |
| Total Premium for 3 years for 4 members | $3 \times 4 \times 399 = ₹ 4,788.00$ |
| Long Term Discount | $₹ 4,788.00 \times 10.00\% = ₹ 478.80$ |
| Total Premium after Long-Term Discount | $4,788.00 - 478.80 = ₹ 4,309.20$ |
| Direct Sale Discount | $15.00\% \times 4,309.20 = ₹ 646.38$ |
| Final Premium | $4,309.20 - 646.38 = ₹ 3,662.82$ |

GRIEVANCES REDRESSAL MECHANISM

Mechanism for Grievance Redressal:-

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

Website : www.cholainsurance.com
Toll free : 1800 208 9100
E-Mail : customercare@cholams.murugappa.com
Courier : Manager , Customer Care, Chola MS General Insurance Company Limited, Hari Nivas Towers First Floor
#163, Thambu Chetty Street, Parry's Corner, Chennai -600001

Procedure of Grievance Redressal

- 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)

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- 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.

| Office Details | Jurisdiction of Office |
|--|---|
| AHMEDABAD - Shri Kuldip Singh, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| BENGALURU – Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 I 26652049 Email: bimalokpal.bengaluru@ecoi.co.in | Karnataka. |
| BHOPAL – Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in | Madhya Pradesh, Chhattisgarh. |
| BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in | Orissa. |

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

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

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|---|---|
| CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in | Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh. |
| CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI -600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in | Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry). |
| DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in | Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh. |
| GUWAHATI- Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| 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. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in | Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry |

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

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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| JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in | Rajasthan. |
| ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in | Kerala, Lakshadweep, Mahe-a part of Pondicherry. |
| KOLKATA- Shri P.K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands. |
| LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |

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

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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**CHOLA FLEXI HEALTH SUPREME****UIN: CHOHLIP22036V022122****PROSPECTUS**

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| <p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 I 2514253 Email: bimalokpal.noida@ecoi.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p> |
| <p>PATNA- Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> | <p>Bihar, Jharkhand.</p> |
| <p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune- 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p> | <p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p> |