

Chola Healthline
CHOHLIP24153V052425
Prospectus

Chola Healthline is a comprehensive health insurance policy which provides coverage for medical expenses for families on a floating sum insured basis or on individual sum insured basis.

1. Suitability

This policy will reimburse you upto the Sum insured either on Individual Sum Insured basis or on floater Sum Insured basis in respect of medically necessary costs as detailed in the policy. The benefits will be available on Cashless or Reimbursement basis as applicable.

Benefits under this policy are available under 4 different plans to suit

- Value Healthline
- Freedom Healthline
- Enrich Healthline
- Privilege Healthline

2. Applicability

The covers in this policy can be provided for Individuals or Families comprising of individual members, Spouse, Dependent children, dependant parents, Parents-in-Law, Siblings.

Cover under this policy is available in three different types

1. Individual - Individual Sum insured for each members covered under the policy
2. Family Floater – Single Sum insured floats among the family members covered under the policy

Policy Term: This policy can be bought for a policy term of 1 Year / 2 Years / 3 Years

3. Age Limits and Coverage Types

- Any person aged between 18 years and 65 years can take the policy for the first time.
 - Children who are between age of 90 days and 26 years and not employed and are primarily dependent on the proposer can be covered.
 - Maximum Renewal age for dependent children is 26 years. On renewal, such insured person shall be ported into a separate Health policy with continuity benefits.
1. You can cover all your family members (Self, Spouse, Children, Parents, Parents-in-Law, and Siblings) on Individual Sum Insured Basis. Each covered person will have an independent Sum Insured limit with the same policy.
 2. You can cover yourself, spouse and Children also on floater Sum Insured basis. The Floater Sum insured will float over all the covered family members.
- This policy can be renewed lifelong subject to payment of renewal premium and Policy Terms and conditions.

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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4. Summary of Benefits

	Plans	Value Healthline	Freedom Healthline	Enrich Healthline	Privilege Healthline
	Sum Insured (In Lakhs)	1/2/3/5/7.5/10	2/3/5/7.5/10/15	3/5/7.5/10/15/20/25	5/7.5/10/15/20/25
	Benefits forming part of Sum Insured opted				
a	In –Patient Hospitalization Expenses	Covered	Covered	Covered	Covered
b	Day Care Procedures /Treatment Expenses	Covered	Covered	Covered	Covered
c	Pre Hospitalization Expenses	30 days	60 days	60 days	60 days
d	Post Hospitalization Expenses	60 days	90 days	90 days	90 days
e	Domiciliary Hospitalization Expenses per insured person per policy year	Max 7 days	Max 7 days	Max 7 days	Max 7 days
f	AYUSH Coverage Expenses	Covered	Covered	Covered	Covered
g	Organ Donor Hospitalization Expenses	Covered	Covered	Covered	Covered
h	Emergency Ambulance Expenses per Hospitalization	Rs 1000	Rs 2000	Rs 2000	Rs 5000
i	Maternity Expenses (Upto 2 deliveries , after 3 consecutive renewals)	NO	NO	NO	Upto Rs 1 Lakh Per delivery
j	New Born Baby Hospitalization Expenses	NO	NO	NO	Covered upto Sum Insured of Mother / Floater Sum Insured
k	Co-payment for age above 55 years	10% on all claims	NO	NO	NO
l	Co-payment	A Co-payment of 10% shall be applied on each and every admissible claim in case of treatment taken in a hospital from Tier 1 location and the premium has been paid for Tier 2 location This Co-payment shall not be applicable to any claim under Child Hospitalisation Allowance per Hospitalisation ,Outpatient Dental/Specs/Contact lens /hearing aids, 3 Extended Hospitalization Allowance, Specialist Opinion for Critical Illness			
	Additional Benefits over the Sum Insured				
a	Child Hospitalization Allowance per hospitalization	NO	NO	Rs 500 per day for 7 days	NO
b	Outpatient Dental/ Specs/ Contact lens/hearing aids	NO	NO	NO	Rs 10000 every 2 yrs

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	Plans	Value Healthline	Freedom Healthline	Enrich Healthline	Privilege Healthline
c	Extended Hospitalization Allowance (Minimum 10 days Hospitalization)	NO	NO	Rs 10,000	Rs 10,000
d	Double Sum Insured	NO	NO	For Critical illness and Accidents	For Critical illness and Accidents
e	Specialist Opinion for Critical illness	NO	NO	NO	Rs 25000/-
Renewal Benefits					
a	Health Checkup Expenses	NO	Once after 3 claim free years	Once after 2 claim free years	Once after 2 claim free years
b	Cumulative Bonus	5% of Sum Insured every claim free year subject to maximum of 25% of Sum Insured	5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured	50% of Sum Insured every claim free year subject to maximum of 100% of Sum Insured	5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured
c	Reduction in Cumulative Bonus	5% of Sum Insured	5% of Sum Insured	50 % of Sum Insured	5% of Sum Insured

- Single occupancy AC room is allowed for all Sum Insured except for Rs 1 Lakh/2 Lakhs. For Rs 1 Lakh and Rs 2 Lakhs Sum Insured the maximum room rent limit per day is Rs 1500 and Rs 3000 respectively.
- In the event of Insured occupying a higher room category than the eligibility under the plan opted, differential room rent would be deducted from the claim amount.
- In the case of Family floater policy, the benefits shown in the table above will represent our maximum liability for any and all claims made by Insured person(s) during the policy period.
- Under Value Healthline Plan, a co-payment of 10% on all claims will be applicable for Insured Persons above 55 years of age.
- A Co-payment of 10% shall be applied on each and every admissible claim in case of treatment taken in a hospital from Tier 1 location and the premium has been paid for Tier 2 location
- Expenses incurred in a Day Care Procedure/ Treatment that requires less than 24 hours of hospitalisation, upto Sum Insured mentioned in the policy schedule, if it is performed in a network hospital. In case the procedure is performed in a non network hospital, the same must be pre-authorised by us. Pre-authorisation has to be obtained 72 hours prior to the date of admission in case of planned admission and within 24 hours in case of emergency admission.
- Maximum Renewal age for dependent children is 26 years. On renewal, such insured person shall be ported into a separate Health policy with continuity benefits
- Please refer policy wordings for detailed benefits.

5. Renewal of policy

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.

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- 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.

6. 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.

7. Withdrawal of the Product

- 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.

8. 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, subject to our acceptance, then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 30 day, 2 years and 4 years waiting periods as per exclusions 12.a(iii), 12.a(ii) and 12.a(i).

9. Cancellation

- 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.

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10. 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.

11. Claim Procedure**A. 1 HOSPITALISATION CLAIM:****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 Intimation 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 (E mail: customercare@cholams.murugappa.com) or phone (@ Toll free no. 1800-208-9100)	Planned Hospitalization - Claim intimation has to be given to us on email or at the Toll free Number within 48 hours for planned hospitalization	Emergency Hospitalization: Claim intimation has to be given to us on email or at the Toll free Number within 24 hours of an emergency hospitalization

b. Procedure for Cashless claims:

Obtain our pre-authorisation 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-authorisation has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorisation request shall, if we are satisfied as to the validity of the claim, specify:

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

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c. Procedure for submission of Reimbursement Claims

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

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	<p>supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.</p> <ul style="list-style-type: none"> - All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital. - Implant stickers or invoice where ever applicable - In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.
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d. Claim Settlement (provision for Penal Interest):

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

e. TPA:

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

f. Chola MS Excluded Hospitals:

Please refer our website www.cholainsurance.com or Chola MS app for latest list of excluded hospitals of Chola MS, as we will not consider / pay any claim from these hospitals. However, in case of life-threatening situations or following an accident, expenses incurred for the treatment up to the stage of stabilization are payable but not the complete claim. For more details call us at 1800-208-9100 or Mail: customercare@cholams.murugappa.com

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: customercare@cholams.murugappa.com

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Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

New No.2, Old No. 234, Parry House,

3rd Floor, N. S. C. Bose Road

Chennai - 600001

Customer Care Toll Free No: 1800-208-9100

E-Mail: customercare@cholams.murugappa.com

12. Exclusions

a. Waiting Periods:

i. Pre-Existing Diseases – Code – Excl01:

- a) Expenses related to the treatment of a Pre-Existing Disease(PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months 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:

- a) 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.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) 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.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- 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
 - a. Congenital Internal Diseases ,(except for the coverage extended under New Born Baby Cover)
 - b. Varicose veins and Varicose Ulcers
 - c. Rheumatism and arthritis of any kind
 - d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
 - e. Stones in the Urinary and Biliary systems
 - f. Gastric or Duodenal Ulcer

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- g. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps
- h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
- i. Cataract
- j. Benign Prostatic Hypertrophy
- k. Myomectomy, Hysterectomy unless because of malignancy
- l. Dilatation and curettage (D&C)
- m. Anal Fistula, Fissure and Piles
- n. All types of Hernia
- o. Hydrocele
- p. Chronic Renal Failure
- q. Joint replacement Surgery unless because of accident

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.

b. Exclusions

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

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- iii. Severe sleep Apnea
- iv. Uncontrolled Type2 Diabetes
- 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 or 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:** (Except to the extent provided in the Privilege Healthline plan)
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) 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 are be declared or not, civil war, revolution, insurrection, mutiny, martial law
- 17. Intentional self-injury or attempted suicide whether sane or insane.

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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
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. Sexually transmitted disease or illness
23. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury. The Items as mentioned above may be amended as per the schedule of benefits being attached to the policy
24. Any external congenital diseases, defects or anomalies.
25. Except to the extent provided in the Schedule of Benefit, any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury
26. Except to the extent provided in the Schedule of Benefit, any expenses towards hearing aids, eyeglasses or contact lenses
27. 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.
28. 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
29. Any condition after the point at which it is certified by the attending doctor to be of such a nature that further medical treatment may serve to stabilize or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
30. Treatment other than Allopathy and AYUSH.
31. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 2.

13. 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

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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

14. 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.

15. Specific and Permanent Exclusions

- a. A specific exclusion with waiting period may be applied on a medical condition/disease depending on the medical test done based on the Proposed Insured person's medical history and declarations as part of special conditions on the Policy with due consent from the policyholder.

16. 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.

17. Proposal Stage Requirements and Medical Check-up

For proposer & eligible dependants who are below 45 years and with no past history of illness, completed proposal form will be sufficient. In the event of adverse history of illness medical examination report may be sought.

Where proposers &/eligible dependants are aged above 45 years, medical examination report will be required along with the proposal form.

The medical Examination report is required to contain the following test reports as per grid below

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

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Ser. Creatinine	Ser. Creatinine
	CXR
	USG-ABDOMEN
	S. Creatinine
	TMT

MER	Medical Examination Report
CBC	Complete Blood Count
ECG	Electro Cardio Gram
CUE	Complete Urine Examination
FBS	Fasting Blood Sugar
LFT	Liver Function Test
RFT	Renal Function Test
TMT	Treadmill Test
CXR	Chest X-Ray
USG	Ultra Sono Gram

Important aspects regarding Medical Examination

1. Each medical examination report confirming the 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 60 days from date of report.

All the proposals which require medical reports based on the above criteria will require medical underwriter's opinion at Head Office (HO)

Proposal acceptance criteria: For cases where the pre-existing conditions suffered were moderate to severe while the overall health condition of the person is still insurable, depending on the severity, proposal will be accepted subject to exclusion in the policy. The given exclusion is payable after 48 months of continuous coverage with us.

18. Territorial Limits

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

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19. Cost of Pre Insurance Health Check up

Pre Policy Health 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 Pre Policy Health Check up, the Proposal gets rejected by us or Insured decides not to take the policy, the expenses incurred by the Insurer for the purpose of Pre Policy Health Check up may be deducted from the Insured's premium and the balance premium would be refunded.

20. 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.
- 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.

This clause is not applicable for fixed benefit sections of the policy – Additional Benefit (A), (B), (C) and (E) and Renewal Benefit (A).

21. Nomination

The policyholder is required at the inception and at the time of renewal of the policy 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.

22. Pricing

The premium shown in tables below is for Single Year Policy.

- **For 2 Years Policy:** 5 % Discount on premium if Insured opts for Two Year term Policy
- **For 3 years policy:** 10% Discount on premium if Insured opts for Three Year term policy

Notes: Examples for calculating Three years premium Individual / Floater

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Illustration 1

Policy Details				
Policy Type	Individual			
Tier	Tier II			
Term	3 years			
Plan	Value Healthline			
Number of Members in the Family	6 members			
Business Channel	Direct			
Member	Year 1 Age	Year 2 Age	Year 3 Age	Base Sum Insured
Self	40	41	42	3,00,000
Spouse	35	36	37	3,00,000
Father	65	66	67	5,00,000
Mother	60	61	62	5,00,000
Child 1	12	13	14	3,00,000
Child 2	10	11	12	3,00,000

Office Premium Calculation - Individual Basis			
Year	Year 1	Year 2	Year 3
Self	5,845	7,307	7,307
Spouse	4,676	5,845	5,845
Father	24,092	30,117	30,117
Mother	19,272	24,092	24,092
Child 1	3,577	3,577	3,577
Child 2	3,577	3,577	3,577
Total Office Premium Per-Year	61,039	74,515	74,515
Total Office Premium (T1)	61039 + 74515 + 74515 = 2,10,069		
Long Term Discount	10%		
Total Office Premium (T3)	2,10,069 x (1 - 10%) = 1,89,062		
Discount in-lieu-of Intermediation	15%		
Final Office Premium	1,89,062 x (1 - 15%) = 1,60,703		

Illustration 2

Policy Details		
Policy Type	Floater	
Sum Insured	25,00,000	
Tier	Tier I	
Number of Members in the Family	6	
Term	1 year	
Plan	Privilege Healthline	
Number of Members in the Family	6	
Business Channel	Intermediary	

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Member	Age - Year 1	Age - Year 2	Age - Year 3
Self	40	-	-
Spouse	35	-	-
Child 1	15	-	-
Child 2	12	-	-
Child 3	10	-	-
Child 4	8	-	-

Office Premium Calculation - Floater Basis	
Year	Year 1
Premium of Oldest Member	46,827
Floater factor for Spouse	50%
Floater factor for Child 1	25%
Floater factor for Child 2	25%
Floater factor for Child 3	20%
Floater factor for Child 4	15%
Total Office Premium Per-Year	1,10,044
Total Office Premium (T1)	1,10,044 + 00 + 00 = 1,10,044
Long Term Discount	0%
Total Office Premium (T3)	1,10,044 x (1 - 0%) = 1,10,044
Discount in-lieu-of Intermediation	0%
Final Office Premium	1,10,044 x (1 - 0%) = 1,10,044

Discount based on location:

Based on Insured's location, discount in the premium is allowed as below.

A discount of 10% on the premium for Insured from Tier 2 locations

Tier 1 Locations: Mumbai, Chennai, Bengaluru, Kolkotta, New Delhi, Gurgaon, Hyderabad, Ahmedabad**Tier 2 Locations:** Rest of India excluding Tier 1 Locations**Discount in Lieu of Intermediation**

In the event of direct business to the Company, a discount of 15% will be given to the policyholder.

Premium Table in Rs. (excluding Tax):

CHOLA HEALTHLINE						
PREMIUM IN RS. (Excl. GST)						
POLICY TERM: ONE YEAR						
TIER I						
Age/SI	100000	200000	300000	500000	750000	1000000
VALUE HEALTHLINE						
1 ADULT						
LTE 18	1,987	2,839	3,974	5,366	6,170	6,787

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19-25	2,078	2,969	4,156	5,611	6,452	7,097
26-35	2,598	3,711	5,195	7,014	8,066	8,872
36-40	3,114	4,448	6,495	8,768	10,083	11,091
41-45	4,060	5,799	8,119	10,961	12,605	13,865
46-50	5,075	7,250	10,150	13,702	15,757	17,333
51-55	6,344	9,063	12,688	17,129	19,698	21,668
56-60	7,931	11,330	15,862	21,413	24,625	27,088
61-65	9,914	14,163	19,829	26,769	30,784	33,862
66-70	12,394	17,706	24,788	33,463	38,483	42,331
71-75	13,857	19,796	27,715	37,415	43,027	47,330
GT 75	15,494	22,134	30,987	41,833	48,108	52,918
2 ADULTS						
LTE 18	2,981	4,258	5,962	8,048	9,256	10,181
19-25	3,117	4,453	6,234	8,416	9,678	10,646
26-35	3,897	5,566	7,793	10,521	12,099	13,309
36-40	4,670	6,672	9,742	13,152	15,125	16,637
41-45	6,089	8,699	12,179	16,441	18,907	20,798
46-50	7,612	10,875	15,225	20,553	23,636	26,000
51-55	9,516	13,594	19,032	25,694	29,548	32,502
56-60	11,896	16,994	23,792	32,120	36,938	40,631
61-65	14,871	21,245	29,743	40,153	46,176	50,793
66-70	18,591	26,558	37,182	50,195	57,724	63,497
71-75	20,786	29,694	41,572	56,122	64,540	70,995
GT 75	23,240	33,201	46,481	62,749	72,161	79,378
1 ADULT + 1 CHILD						
LTE 18	2,782	3,974	5,564	7,512	8,639	9,502
19-25	2,909	4,156	5,818	7,855	9,033	9,936
26-35	3,377	4,824	6,754	9,118	10,486	11,534
36-40	3,892	5,560	8,118	10,960	12,604	13,864
41-45	5,074	7,249	10,149	13,701	15,756	17,332
46-50	6,090	8,700	12,180	16,443	18,909	20,800
51-55	7,296	10,422	14,591	19,698	22,653	24,918
56-60	8,724	12,463	17,448	23,554	27,088	29,796
61-65	10,906	15,580	21,811	29,445	33,862	37,248
66-70	13,633	19,476	27,266	36,810	42,331	46,564
71-75	15,243	21,776	30,486	41,156	47,330	52,063
GT 75	17,043	24,347	34,086	46,016	52,918	58,210
1 ADULT + 2 CHILDREN						
LTE 18	3,577	5,110	7,154	9,658	11,107	12,217
19-25	3,740	5,343	7,481	10,099	11,614	12,775

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26-35	4,156	5,938	8,313	11,222	12,905	14,196
36-40	4,670	6,672	9,742	13,152	15,125	16,637
41-45	6,089	8,699	12,179	16,441	18,907	20,798
46-50	7,105	10,150	14,210	19,183	22,060	24,266
51-55	8,247	11,782	16,495	22,268	25,608	28,169
56-60	9,517	13,596	19,034	25,696	29,550	32,505
61-65	11,897	16,996	23,794	32,122	36,941	40,635
66-70	14,873	21,247	29,745	40,156	46,180	50,797
71-75	16,629	23,755	33,258	44,898	51,632	56,796
GT 75	18,592	26,560	37,185	50,199	57,729	63,502
1 ADULT + 3 CHILDREN						
LTE 18	4,173	5,962	8,346	11,268	12,958	14,254
19-25	4,364	6,234	8,727	11,782	13,549	14,904
26-35	4,806	6,865	9,611	12,975	14,922	16,414
36-40	5,293	7,562	11,041	14,905	17,141	18,855
41-45	6,901	9,859	13,802	18,633	21,428	23,571
46-50	7,866	11,237	15,732	21,238	24,424	26,866
51-55	8,882	12,688	17,763	23,981	27,578	30,336
56-60	10,310	14,729	20,620	27,837	32,013	35,214
61-65	12,889	18,412	25,777	34,799	40,019	44,021
66-70	16,112	23,017	32,224	43,502	50,028	55,031
71-75	18,015	25,735	36,029	48,639	55,935	61,529
GT 75	20,142	28,774	40,283	54,383	62,540	68,794
1 ADULT + 4 CHILDREN						
LTE 18	4,670	6,671	9,340	12,609	14,500	15,950
19-25	4,883	6,976	9,766	13,185	15,162	16,679
26-35	5,325	7,607	10,650	14,378	16,535	18,188
36-40	5,760	8,229	12,015	16,221	18,654	20,519
41-45	7,510	10,729	15,020	20,277	23,319	25,651
46-50	8,374	11,962	16,747	22,608	26,000	28,600
51-55	9,516	13,594	19,032	25,694	29,548	32,502
56-60	11,103	15,862	22,206	29,978	34,475	37,923
61-65	13,880	19,829	27,760	37,476	43,097	47,407
66-70	17,351	24,788	34,703	46,849	53,876	59,264
71-75	19,400	27,715	38,801	52,381	60,238	66,262
GT 75	21,691	30,987	43,382	58,566	67,351	74,086
2 ADULT + 1 CHILD						
LTE 18	3,776	5,394	7,552	10,195	11,724	12,896
19-25	3,948	5,640	7,896	10,660	12,259	13,485
26-35	4,676	6,680	9,352	12,625	14,518	15,970

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36-40	5,449	7,784	11,366	15,344	17,645	19,410
41-45	7,104	10,149	14,208	19,181	22,059	24,264
46-50	8,627	12,325	17,254	23,294	26,788	29,466
51-55	10,468	14,954	20,935	28,263	32,502	35,753
56-60	12,689	18,127	25,378	34,261	39,400	43,340
61-65	15,863	22,661	31,726	42,830	49,254	54,179
66-70	19,830	28,329	39,660	53,541	61,573	67,730
71-75	22,172	31,674	44,343	59,864	68,843	75,728
GT 75	24,790	35,414	49,580	66,932	76,972	84,669
2 ADULT + 2 CHILDREN						
LTE 18	4,571	6,530	9,141	12,341	14,192	15,611
19-25	4,779	6,828	9,559	12,904	14,840	16,324
26-35	5,455	7,793	10,910	14,729	16,938	18,632
36-40	6,227	8,896	12,989	17,536	20,166	22,183
41-45	8,119	11,599	16,238	21,922	25,210	27,731
46-50	9,642	13,775	19,284	26,034	29,939	32,933
51-55	11,419	16,313	22,839	30,832	35,457	39,003
56-60	13,482	19,260	26,965	36,402	41,863	46,049
61-65	16,854	24,078	33,709	45,506	52,332	57,566
66-70	21,070	30,099	42,139	56,888	65,421	71,963
71-75	23,557	33,654	47,115	63,605	73,146	80,460
GT 75	26,339	37,627	52,678	71,116	81,783	89,961
2 ADULT + 3 CHILDREN						
LTE 18	5,167	7,381	10,334	13,950	16,043	17,647
19-25	5,403	7,718	10,805	14,587	16,775	18,453
26-35	6,105	8,721	12,209	16,482	18,955	20,850
36-40	6,850	9,786	14,288	19,289	22,183	24,401
41-45	8,931	12,759	17,862	24,114	27,731	30,504
46-50	10,403	14,862	20,807	28,089	32,303	35,533
51-55	12,054	17,220	24,108	32,545	37,427	41,170
56-60	14,275	20,393	28,551	38,543	44,325	48,758
61-65	17,846	25,494	35,691	48,183	55,411	60,952
66-70	22,309	31,870	44,618	60,234	69,269	76,196
71-75	24,943	35,633	49,886	67,347	77,449	85,193
GT 75	27,888	39,841	55,777	75,299	86,594	95,253
2 ADULT + 4 CHILDREN						
LTE 18	5,664	8,091	11,327	15,292	17,586	19,344
19-25	5,922	8,460	11,844	15,990	18,389	20,227
26-35	6,624	9,463	13,248	17,885	20,568	22,625
36-40	7,317	10,453	15,263	20,605	23,695	26,065

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41-45	9,540	13,628	19,080	25,758	29,621	32,584
46-50	10,911	15,587	21,822	29,460	33,878	37,266
51-55	12,688	18,126	25,376	34,258	39,397	43,336
56-60	15,068	21,526	30,137	40,685	46,788	51,466
61-65	18,837	26,910	37,674	50,860	58,489	64,338
66-70	23,548	33,640	47,097	63,580	73,118	80,429
71-75	26,329	37,613	52,658	71,088	81,751	89,926
GT 75	29,438	42,054	58,876	79,482	91,404	1,00,545

CHOLA HEALTHLINE						
PREMIUM IN RS. (Excl. GST)						
POLICY TERM: ONE YEAR						
TIER I						
Age/SI	200000	300000	500000	750000	1000000	1500000
FREEDOM HEALTHLINE						
1 ADULT						
LTE 18	3,549	5,366	7,243	8,330	9,163	9,621
19-25	3,711	5,611	7,574	8,710	9,581	10,060
26-35	4,639	7,014	9,469	10,889	11,978	12,577
36-40	5,560	8,474	11,445	13,612	14,973	15,722
41-45	7,243	10,667	14,797	17,017	18,718	19,654
46-50	9,062	13,702	18,498	21,273	23,400	24,570
51-55	11,278	15,634	23,124	26,593	29,252	30,715
56-60	14,162	21,413	28,908	33,244	36,568	38,397
61-65	17,704	26,769	36,138	41,558	45,714	48,000
66-70	22,132	33,463	45,176	51,952	57,147	60,005
71-75	24,745	37,415	50,510	58,086	63,895	67,090
GT 75	27,667	41,833	56,474	64,945	71,440	75,012
2 ADULTS						
LTE 18	5,323	8,048	10,865	12,495	13,745	14,432
19-25	5,566	8,416	11,361	13,066	14,372	15,091
26-35	6,958	10,521	14,203	16,333	17,967	18,865
36-40	8,340	12,710	17,167	20,418	22,460	23,583
41-45	10,865	16,001	22,196	25,525	28,077	29,481
46-50	13,593	20,553	27,747	31,909	35,100	36,855
51-55	16,918	23,450	34,686	39,889	43,878	46,072
56-60	21,243	32,120	43,361	49,866	54,852	57,595
61-65	26,556	40,153	54,206	62,337	68,571	71,999

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66-70	33,198	50,195	67,763	77,928	85,721	90,007
71-75	37,118	56,122	75,765	87,130	95,843	1,00,635
GT 75	41,501	62,749	84,711	97,418	1,07,160	1,12,518
1 ADULT + 1 CHILD						
LTE 18	4,968	7,512	10,141	11,662	12,828	13,470
19-25	5,195	7,855	10,604	12,194	13,414	14,085
26-35	6,030	9,118	12,309	14,155	15,571	16,350
36-40	6,950	10,592	14,306	17,015	18,717	19,653
41-45	9,054	13,334	18,496	21,271	23,398	24,568
46-50	10,875	16,443	22,197	25,527	28,080	29,484
51-55	12,970	17,979	26,593	30,582	33,640	35,322
56-60	15,578	23,554	31,798	36,568	40,225	42,236
61-65	19,474	29,445	39,751	45,714	50,285	52,800
66-70	24,345	36,810	49,693	57,147	62,862	66,005
71-75	27,220	41,156	55,561	63,895	70,285	73,799
GT 75	30,434	46,016	62,122	71,440	78,584	82,513
1 ADULT + 2 CHILDREN						
LTE 18	6,388	9,658	13,038	14,994	16,493	17,318
19-25	6,679	10,099	13,634	15,679	17,246	18,109
26-35	7,422	11,222	15,150	17,422	19,164	20,123
36-40	8,340	12,710	17,167	20,418	22,460	23,583
41-45	10,865	16,001	22,196	25,525	28,077	29,481
46-50	12,687	19,183	25,897	29,782	32,760	34,398
51-55	14,662	20,324	30,061	34,571	38,028	39,929
56-60	16,994	25,696	34,689	39,893	43,882	46,076
61-65	21,245	32,122	43,365	49,870	54,857	57,600
66-70	26,558	40,156	54,211	62,342	68,577	72,005
71-75	29,694	44,898	60,612	69,704	76,674	80,508
GT 75	33,201	50,199	67,769	77,934	85,728	90,014
1 ADULT + 3 CHILDREN						
LTE 18	7,452	11,268	15,211	17,493	19,242	20,204
19-25	7,792	11,782	15,906	18,292	20,121	21,127
26-35	8,582	12,975	17,517	20,144	22,159	23,267
36-40	9,452	14,405	19,456	23,141	25,455	26,727
41-45	12,313	18,134	25,155	28,928	31,821	33,412
46-50	14,046	21,238	28,672	32,972	36,270	38,083
51-55	15,790	21,887	32,374	37,230	40,953	43,001
56-60	18,411	27,837	37,580	43,217	47,539	49,916
61-65	23,015	34,799	46,979	54,026	59,428	62,400

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Healthline
CHOHLIP24153V052425
 Prospectus

66-70	28,771	43,502	58,728	67,538	74,291	78,006
71-75	32,169	48,639	65,663	75,512	83,064	87,217
GT 75	35,967	54,383	73,416	84,429	92,872	97,515
1 ADULT + 4 CHILDREN						
LTE 18	8,339	12,609	17,022	19,576	21,533	22,610
19-25	8,720	13,185	17,799	20,469	22,516	23,642
26-35	9,509	14,378	19,411	22,322	24,554	25,782
36-40	10,286	15,676	21,173	25,182	27,701	29,086
41-45	13,400	19,734	27,375	31,481	34,629	36,360
46-50	14,953	22,608	30,521	35,100	38,610	40,540
51-55	16,918	23,450	34,686	39,889	43,878	46,072
56-60	19,827	29,978	40,471	46,541	51,195	53,755
61-65	24,786	37,476	50,593	58,181	64,000	67,200
66-70	30,985	46,849	63,246	72,733	80,006	84,006
71-75	34,643	52,381	70,714	81,321	89,453	93,926
GT 75	38,734	58,566	79,064	90,923	1,00,016	1,05,017
2 ADULT + 1 CHILD						
LTE 18	6,742	10,195	13,763	15,827	17,410	18,280
19-25	7,050	10,660	14,391	16,550	18,205	19,115
26-35	8,350	12,625	17,043	19,600	21,560	22,638
36-40	9,730	14,829	20,028	23,821	26,203	27,514
41-45	12,676	18,668	25,895	29,779	32,757	34,395
46-50	15,406	23,294	31,446	36,163	39,780	41,769
51-55	18,609	25,795	38,155	43,878	48,266	50,679
56-60	22,659	34,261	46,252	53,190	58,509	61,434
61-65	28,326	42,830	57,820	66,493	73,142	76,799
66-70	35,411	53,541	72,281	83,123	91,435	96,007
71-75	39,592	59,864	80,816	92,938	1,02,232	1,07,344
GT 75	44,267	66,932	90,359	1,03,912	1,14,304	1,20,019
2 ADULT + 2 CHILDREN						
LTE 18	8,162	12,341	16,660	19,159	21,075	22,129
19-25	8,535	12,904	17,421	20,034	22,037	23,139
26-35	9,741	14,729	19,884	22,867	25,153	26,411
36-40	11,120	16,947	22,890	27,224	29,947	31,444
41-45	14,486	21,334	29,594	34,033	37,437	39,308
46-50	17,218	26,034	35,146	40,418	44,460	46,683
51-55	20,301	28,140	41,624	47,867	52,654	55,286
56-60	24,076	36,402	49,143	56,514	62,166	65,274
61-65	30,097	45,506	61,434	70,649	77,714	81,599

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Chola Healthline
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 Prospectus

66-70	37,624	56,888	76,799	88,318	97,150	1,02,008
71-75	42,067	63,605	85,867	98,747	1,08,622	1,14,053
GT 75	47,034	71,116	96,006	1,10,407	1,21,448	1,27,520
2 ADULT + 3 CHILDREN						
LTE 18	9,226	13,950	18,833	21,658	23,824	25,015
19-25	9,648	14,587	19,693	22,647	24,912	26,157
26-35	10,901	16,482	22,251	25,589	28,148	29,555
36-40	12,232	18,642	25,179	29,947	32,941	34,588
41-45	15,935	23,468	32,553	37,437	41,180	43,239
46-50	18,578	28,089	37,921	43,609	47,969	50,368
51-55	21,429	29,704	43,936	50,526	55,579	58,358
56-60	25,492	38,543	52,034	59,839	65,823	69,114
61-65	31,867	48,183	65,048	74,805	82,285	86,399
66-70	39,837	60,234	81,316	93,514	1,02,865	1,08,008
71-75	44,541	67,347	90,918	1,04,556	1,15,011	1,20,762
GT 75	49,801	75,299	1,01,654	1,16,902	1,28,592	1,35,021
2 ADULT + 4 CHILDREN						
LTE 18	10,114	15,292	20,644	23,741	26,115	27,420
19-25	10,575	15,990	21,587	24,824	27,307	28,672
26-35	11,829	17,885	24,145	27,767	30,543	32,070
36-40	13,066	19,913	26,895	31,989	35,187	36,947
41-45	17,022	25,068	34,773	39,989	43,988	46,187
46-50	19,484	29,460	39,770	45,736	50,309	52,825
51-55	22,557	31,267	46,248	53,186	58,504	61,429
56-60	26,908	40,685	54,924	63,163	69,479	72,953
61-65	33,638	50,860	68,661	78,960	86,856	91,199
66-70	42,051	63,580	85,834	98,709	1,08,580	1,14,009
71-75	47,016	71,088	95,969	1,10,364	1,21,401	1,27,471
GT 75	52,568	79,482	1,07,301	1,23,396	1,35,736	1,42,522

CHOLA HEALTHLINE							
PREMIUM IN RS. (Excl. GST)							
POLICY TERM: ONE YEAR							
TIER I							
Age/SI	300000	500000	750000	1000000	1500000	2000000	2500000
ENRICH HEALTHLINE							
1 ADULT							
LTE 18	6,213	9,170	11,623	14,341	18,189	22,352	26,515

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19-25	6,361	9,405	11,889	14,672	18,615	22,880	27,147
26-35	7,974	10,815	15,037	18,619	23,706	29,210	34,714
36-40	8,264	11,009	15,198	18,820	23,966	29,532	35,100
41-45	10,320	15,817	19,826	24,666	31,515	38,925	46,337
46-50	14,372	24,092	30,245	37,819	48,504	60,061	71,621
51-55	14,910	24,835	32,070	40,127	51,487	63,774	76,065
56-60	21,688	31,940	39,858	49,518	63,623	78,881	94,143
61-65	26,020	38,250	47,311	58,832	75,646	93,831	1,12,023
66-70	35,164	48,735	62,968	78,426	1,00,898	1,25,200	1,49,512
71-75	42,357	61,484	80,612	1,00,492	1,29,394	1,60,650	1,91,919
GT 75	50,829	73,781	96,734	1,20,591	1,55,273	1,92,780	2,30,302
2 ADULTS							
LTE 18	9,319	13,755	17,435	21,511	27,283	33,527	39,772
19-25	9,542	14,107	17,833	22,008	27,922	34,320	40,721
26-35	11,962	16,222	22,555	27,929	35,559	43,815	52,072
36-40	12,395	16,514	22,798	28,230	35,949	44,298	52,650
41-45	15,480	23,725	29,740	36,998	47,273	58,387	69,506
46-50	21,559	36,138	45,367	56,729	72,756	90,091	1,07,432
51-55	22,366	37,253	48,105	60,191	77,230	95,661	1,14,098
56-60	32,533	47,910	59,787	74,276	95,435	1,18,321	1,41,214
61-65	39,030	57,375	70,966	88,249	1,13,469	1,40,747	1,68,035
66-70	52,746	73,103	94,453	1,17,640	1,51,347	1,87,801	2,24,268
71-75	63,536	92,226	1,20,918	1,50,739	1,94,091	2,40,975	2,87,878
GT 75	76,243	1,10,671	1,45,101	1,80,886	2,32,909	2,89,170	3,45,454
1 ADULT + 1 CHILD							
LTE 18	8,698	12,838	16,272	20,077	25,464	31,292	37,120
19-25	8,906	13,166	16,644	20,541	26,060	32,032	38,006
26-35	10,367	14,059	19,548	24,205	30,818	37,973	45,129
36-40	10,329	13,762	18,998	23,525	29,957	36,915	43,875
41-45	12,900	19,771	24,783	30,832	39,394	48,656	57,922
46-50	17,247	28,910	36,293	45,383	58,205	72,073	85,946
51-55	17,147	28,561	36,881	46,146	59,210	73,340	87,475
56-60	23,857	35,134	43,844	54,469	69,986	86,769	1,03,557
61-65	28,622	42,075	52,042	64,716	83,211	1,03,214	1,23,226
66-70	38,680	53,609	69,265	86,269	1,10,988	1,37,720	1,64,463
71-75	46,593	67,632	88,673	1,10,542	1,42,333	1,76,715	2,11,111
GT 75	55,912	81,159	1,06,407	1,32,650	1,70,800	2,12,058	2,53,333

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Chola Healthline
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 Prospectus

1 ADULT + 2 CHILDREN							
LTE 18	11,183	16,506	20,921	25,813	32,739	40,233	47,726
19-25	11,450	16,928	21,399	26,410	33,506	41,184	48,865
26-35	12,759	17,304	24,059	29,791	37,930	46,736	55,543
36-40	12,395	16,514	22,798	28,230	35,949	44,298	52,650
41-45	15,480	23,725	29,740	36,998	47,273	58,387	69,506
46-50	20,121	33,729	42,342	52,947	67,905	84,085	1,00,270
51-55	19,384	32,286	41,691	52,165	66,933	82,907	98,885
56-60	26,026	38,328	47,830	59,421	76,348	94,657	1,12,971
61-65	31,224	45,900	56,773	70,599	90,776	1,12,597	1,34,428
66-70	42,197	58,482	75,562	94,112	1,21,078	1,50,240	1,79,414
71-75	50,829	73,781	96,734	1,20,591	1,55,273	1,92,780	2,30,302
GT 75	60,994	88,537	1,16,081	1,44,709	1,86,327	2,31,336	2,76,363
1 ADULT + 3 CHILDREN							
LTE 18	13,047	19,257	24,408	30,115	38,196	46,938	55,681
19-25	13,359	19,750	24,966	30,811	39,090	48,048	57,009
26-35	14,753	20,007	27,818	34,446	43,856	54,038	64,222
36-40	14,048	18,716	25,837	31,994	40,742	50,204	59,670
41-45	17,544	26,888	33,705	41,931	53,576	66,172	78,774
46-50	22,277	37,343	46,879	58,619	75,181	93,094	1,11,013
51-55	20,875	34,770	44,898	56,178	72,082	89,284	1,06,491
56-60	28,195	41,522	51,815	64,373	82,710	1,02,545	1,22,386
61-65	33,826	49,725	61,504	76,482	98,340	1,21,981	1,45,630
66-70	45,713	63,356	81,859	1,01,954	1,31,168	1,62,760	1,94,365
71-75	55,064	79,929	1,04,795	1,30,640	1,68,212	2,08,845	2,49,494
GT 75	66,077	95,915	1,25,754	1,56,768	2,01,855	2,50,614	2,99,393
1 ADULT + 4 CHILDREN							
LTE 18	14,600	21,549	27,314	33,700	42,743	52,526	62,309
19-25	14,949	22,101	27,938	34,479	43,744	53,768	63,796
26-35	16,348	22,170	30,825	38,169	48,598	59,880	71,165
36-40	15,288	20,367	28,117	34,817	44,337	54,634	64,936
41-45	19,093	29,261	36,679	45,631	58,304	72,011	85,724
46-50	23,714	39,752	49,904	62,401	80,031	99,100	1,18,175
51-55	22,366	37,253	48,105	60,191	77,230	95,661	1,14,098
56-60	30,364	44,716	55,801	69,325	89,073	1,10,433	1,31,800
61-65	36,428	53,550	66,235	82,365	1,05,905	1,31,364	1,56,833
66-70	49,230	68,229	88,156	1,09,797	1,41,258	1,75,281	2,09,317

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 Prospectus

71-75	59,300	86,077	1,12,856	1,40,689	1,81,152	2,24,910	2,68,686
GT 75	71,160	1,03,293	1,35,428	1,68,827	2,17,382	2,69,892	3,22,423
2 ADULT + 1 CHILD							
LTE 18	11,804	17,423	22,084	27,247	34,558	42,468	50,378
19-25	12,087	17,869	22,588	27,877	35,368	43,472	51,579
26-35	14,354	19,466	27,066	33,515	42,671	52,577	62,486
36-40	14,461	19,266	26,597	32,935	41,940	51,681	61,425
41-45	18,060	27,679	34,696	43,165	55,152	68,118	81,090
46-50	24,433	40,957	51,416	64,292	82,457	1,02,103	1,21,756
51-55	24,602	40,979	52,916	66,210	84,953	1,05,228	1,25,508
56-60	34,701	51,104	63,773	79,228	1,01,797	1,26,209	1,50,628
61-65	41,632	61,200	75,697	94,132	1,21,034	1,50,130	1,79,237
66-70	56,262	77,976	1,00,749	1,25,482	1,61,437	2,00,321	2,39,219
71-75	67,772	98,374	1,28,979	1,60,788	2,07,031	2,57,040	3,07,070
GT 75	81,326	1,18,049	1,54,774	1,92,945	2,48,437	3,08,448	3,68,484
2 ADULT + 2 CHILDREN							
LTE 18	14,289	21,090	26,733	32,983	41,834	51,409	60,984
19-25	14,631	21,631	27,344	33,746	42,813	52,624	62,438
26-35	16,746	22,711	31,577	39,100	49,783	61,340	72,900
36-40	16,527	22,019	30,397	37,640	47,932	59,064	70,201
41-45	20,641	31,633	39,653	49,331	63,031	77,849	92,675
46-50	27,308	45,775	57,465	71,856	92,157	1,14,116	1,36,080
51-55	26,839	44,704	57,726	72,229	92,676	1,14,794	1,36,917
56-60	36,870	54,298	67,759	84,180	1,08,160	1,34,097	1,60,043
61-65	44,234	65,024	80,429	1,00,015	1,28,599	1,59,513	1,90,440
66-70	59,779	82,850	1,07,046	1,33,325	1,71,527	2,12,841	2,54,170
71-75	72,007	1,04,523	1,37,040	1,70,837	2,19,970	2,73,105	3,26,262
GT 75	86,409	1,25,427	1,64,448	2,05,004	2,63,964	3,27,726	3,91,514
2 ADULT + 3 CHILDREN							
LTE 18	16,153	23,841	30,220	37,285	47,290	58,114	68,938
19-25	16,540	24,452	30,910	38,148	48,398	59,489	70,582
26-35	18,740	25,415	35,336	43,755	55,710	68,643	81,579
36-40	18,180	24,221	33,436	41,404	52,725	64,970	77,221
41-45	22,705	34,797	43,618	54,264	69,334	85,634	1,01,942
46-50	29,463	49,389	62,001	77,529	99,433	1,23,125	1,46,824
51-55	28,330	47,187	60,933	76,241	97,825	1,21,171	1,44,524
56-60	39,039	57,492	71,744	89,132	1,14,522	1,41,985	1,69,457

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Prospectus

61-65	46,836	68,849	85,160	1,05,898	1,36,163	1,68,896	2,01,642
66-70	63,295	87,723	1,13,343	1,41,167	1,81,617	2,25,361	2,69,121
71-75	76,243	1,10,671	1,45,101	1,80,886	2,32,909	2,89,170	3,45,454
GT 75	91,492	1,32,805	1,74,121	2,17,063	2,79,491	3,47,004	4,14,544
2 ADULT + 4 CHILDREN							
LTE 18	17,706	26,134	33,126	40,871	51,837	63,702	75,567
19-25	18,130	26,803	33,882	41,816	53,051	65,209	77,369
26-35	20,335	27,577	38,344	47,479	60,451	74,485	88,522
36-40	19,419	25,872	35,716	44,227	56,320	69,400	82,486
41-45	24,253	37,169	46,592	57,964	74,061	91,473	1,08,893
46-50	30,901	51,798	65,026	81,311	1,04,283	1,29,131	1,53,986
51-55	29,821	49,671	64,140	80,254	1,02,974	1,27,549	1,52,130
56-60	41,208	60,686	75,730	94,083	1,20,884	1,49,873	1,78,871
61-65	49,438	72,674	89,891	1,11,782	1,43,728	1,78,279	2,12,844
66-70	66,812	92,597	1,19,640	1,49,010	1,91,707	2,37,881	2,84,073
71-75	80,479	1,16,819	1,53,162	1,90,935	2,45,849	3,05,235	3,64,646
GT 75	96,575	1,40,183	1,83,795	2,29,123	2,95,019	3,66,282	4,37,575

CHOLA HEALTHLINE						
PREMIUM IN RS. (Excl. GST)						
POLICY TERM: ONE YEAR						
TIER I						
Age/SI	500000	750000	1000000	1500000	2000000	2500000
PRIVILEGE HEALTHLINE						
1 ADULT						
LTE 18	13,533	16,016	18,773	22,766	27,092	31,418
19-25	20,376	22,884	25,706	29,797	34,229	38,662
26-35	21,844	26,106	29,735	35,014	40,732	46,450
36-40	22,035	26,261	29,930	35,265	41,046	46,827
41-45	26,946	31,007	35,916	43,024	50,725	58,425
46-50	28,773	35,000	42,679	53,763	65,771	77,777
51-55	29,539	36,854	45,024	56,810	69,576	82,343
56-60	36,808	44,872	54,653	69,299	85,165	1,01,032

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61-65	43,223	52,412	64,066	81,510	1,00,407	1,19,305
66-70	53,441	67,736	83,264	1,06,469	1,31,607	1,56,744
71-75	66,269	85,477	1,05,447	1,35,291	1,67,620	1,99,950
GT 75	79,523	1,02,572	1,26,537	1,62,349	2,01,144	2,39,940
2 ADULTS						
LTE 18	20,300	24,024	28,159	34,149	40,637	47,126
19-25	30,564	34,326	38,559	44,696	51,344	57,992
26-35	32,766	39,159	44,602	52,521	61,099	69,674
36-40	33,053	39,391	44,894	52,898	61,569	70,241
41-45	40,420	46,510	53,873	64,536	76,087	87,638
46-50	43,160	52,500	64,019	80,645	98,656	1,16,666
51-55	44,308	55,281	67,536	85,215	1,04,365	1,23,514
56-60	55,212	67,308	81,979	1,03,949	1,27,748	1,51,547
61-65	64,835	78,618	96,099	1,22,265	1,50,611	1,78,958
66-70	80,162	1,01,603	1,24,897	1,59,704	1,97,410	2,35,116
71-75	99,403	1,28,215	1,58,171	2,02,936	2,51,430	2,99,925
GT 75	1,19,284	1,53,858	1,89,805	2,43,523	3,01,716	3,59,910
1 ADULT + 1 CHILD						
LTE 18	18,947	22,423	26,282	31,872	37,928	43,985
19-25	28,527	32,037	35,989	41,716	47,921	54,126
26-35	28,397	33,938	38,655	45,518	52,952	60,384
36-40	27,544	32,826	37,412	44,082	51,308	58,534
41-45	33,683	38,759	44,895	53,780	63,406	73,032
46-50	34,528	42,000	51,215	64,516	78,925	93,333
51-55	33,970	42,382	51,778	65,331	80,013	94,694
56-60	40,489	49,359	60,118	76,229	93,682	1,11,135
61-65	47,546	57,653	70,472	89,661	1,10,448	1,31,236
66-70	58,785	74,509	91,591	1,17,116	1,44,767	1,72,419
71-75	72,896	94,025	1,15,992	1,48,820	1,84,382	2,19,945
GT 75	87,475	1,12,829	1,39,190	1,78,584	2,21,259	2,63,934
1 ADULT + 2 CHILDREN						
LTE 18	24,360	28,829	33,791	40,978	48,765	56,552
19-25	36,677	41,191	46,271	53,635	61,613	69,591
26-35	34,951	41,770	47,576	56,023	65,172	74,319
36-40	33,053	39,391	44,894	52,898	61,569	70,241
41-45	40,420	46,510	53,873	64,536	76,087	87,638

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46-50	40,282	49,000	59,751	75,268	92,079	1,08,888
51-55	38,401	47,910	58,531	73,853	90,449	1,07,046
56-60	44,169	53,846	65,583	83,159	1,02,198	1,21,238
61-65	51,868	62,894	76,879	97,812	1,20,489	1,43,166
66-70	64,129	81,283	99,917	1,27,763	1,57,928	1,88,093
71-75	79,523	1,02,572	1,26,537	1,62,349	2,01,144	2,39,940
GT 75	95,427	1,23,087	1,51,844	1,94,818	2,41,373	2,87,928
1 ADULT + 3 CHILDREN						
LTE 18	28,420	33,634	39,423	47,808	56,892	65,977
19-25	42,790	48,056	53,983	62,574	71,882	81,189
26-35	40,412	48,297	55,009	64,776	75,355	85,932
36-40	37,460	44,644	50,880	59,951	69,779	79,606
41-45	45,809	52,712	61,057	73,141	86,232	99,323
46-50	44,598	54,250	66,153	83,333	1,01,945	1,20,555
51-55	41,355	51,595	63,034	79,534	97,407	1,15,280
56-60	47,850	58,333	71,049	90,089	1,10,715	1,31,341
61-65	56,190	68,136	83,285	1,05,963	1,30,530	1,55,097
66-70	69,473	88,056	1,08,244	1,38,410	1,71,089	2,03,767
71-75	86,149	1,11,120	1,37,081	1,75,878	2,17,906	2,59,935
GT 75	1,03,379	1,33,344	1,64,498	2,11,053	2,61,487	3,11,922
1 ADULT + 4 CHILDREN						
LTE 18	31,804	37,638	44,116	53,499	63,665	73,831
19-25	47,884	53,777	60,410	70,024	80,439	90,855
26-35	44,781	53,518	60,956	71,779	83,501	95,222
36-40	40,765	48,583	55,370	65,241	75,936	86,630
41-45	49,851	57,363	66,444	79,594	93,841	1,08,087
46-50	47,476	57,750	70,421	88,709	1,08,522	1,28,333
51-55	44,308	55,281	67,536	85,215	1,04,365	1,23,514
56-60	51,531	62,821	76,514	97,019	1,19,231	1,41,444
61-65	60,513	73,377	89,692	1,14,114	1,40,570	1,67,027
66-70	74,817	94,830	1,16,570	1,49,057	1,84,249	2,19,442
71-75	92,776	1,19,668	1,47,626	1,89,407	2,34,668	2,79,930
GT 75	1,11,332	1,43,601	1,77,151	2,27,288	2,81,602	3,35,916
2 ADULT + 1 CHILD						
LTE 18	25,713	30,431	35,668	43,255	51,474	59,693
19-25	38,715	43,479	48,842	56,615	65,036	73,457

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26-35	39,319	46,991	53,523	63,025	73,318	83,609
36-40	38,562	45,957	52,377	61,715	71,831	81,947
41-45	47,156	54,262	62,852	75,292	88,768	1,02,244
46-50	48,914	59,500	72,555	91,397	1,11,810	1,32,221
51-55	48,739	60,809	74,290	93,736	1,14,801	1,35,866
56-60	58,892	71,795	87,445	1,10,878	1,36,265	1,61,651
61-65	69,157	83,859	1,02,505	1,30,415	1,60,652	1,90,888
66-70	85,506	1,08,377	1,33,223	1,70,350	2,10,571	2,50,791
71-75	1,06,030	1,36,763	1,68,715	2,16,465	2,68,192	3,19,920
GT 75	1,27,236	1,64,116	2,02,459	2,59,758	3,21,831	3,83,904
2 ADULT + 2 CHILDREN						
LTE 18	31,127	36,837	43,177	52,361	62,311	72,260
19-25	46,865	52,633	59,124	68,534	78,728	88,921
26-35	45,873	54,823	62,443	73,530	85,538	97,544
36-40	44,071	52,522	59,859	70,531	82,093	93,654
41-45	53,893	62,014	71,831	86,048	1,01,449	1,16,851
46-50	54,669	66,500	81,091	1,02,150	1,24,965	1,47,777
51-55	53,170	66,337	81,043	1,02,258	1,25,237	1,48,217
56-60	62,573	76,282	92,910	1,17,808	1,44,781	1,71,754
61-65	73,480	89,101	1,08,912	1,38,566	1,70,693	2,02,819
66-70	90,850	1,15,150	1,41,549	1,80,997	2,23,731	2,66,465
71-75	1,12,657	1,45,311	1,79,260	2,29,994	2,84,954	3,39,915
GT 75	1,35,188	1,74,373	2,15,112	2,75,993	3,41,945	4,07,898
2 ADULT + 3 CHILDREN						
LTE 18	35,187	41,642	48,809	59,191	70,438	81,686
19-25	52,978	59,498	66,836	77,473	88,997	1,00,520
26-35	51,334	61,350	69,877	82,283	95,721	1,09,156
36-40	48,478	57,774	65,845	77,584	90,302	1,03,020
41-45	59,282	68,215	79,014	94,653	1,11,594	1,28,536
46-50	58,985	71,750	87,493	1,10,214	1,34,830	1,59,444
51-55	56,124	70,022	85,546	1,07,939	1,32,195	1,56,451
56-60	66,254	80,769	98,375	1,24,738	1,53,298	1,81,857
61-65	77,802	94,342	1,15,318	1,46,717	1,80,733	2,14,749
66-70	96,194	1,21,924	1,49,876	1,91,644	2,36,892	2,82,139
71-75	1,19,284	1,53,858	1,89,805	2,43,523	3,01,716	3,59,910
GT 75	1,43,141	1,84,630	2,27,766	2,92,228	3,62,060	4,31,892

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2 ADULT + 4 CHILDREN						
LTE 18	38,570	45,646	53,502	64,882	77,211	89,540
19-25	58,072	65,219	73,263	84,922	97,554	1,10,185
26-35	55,703	66,571	75,824	89,286	1,03,868	1,18,446
36-40	51,783	61,713	70,334	82,874	96,459	1,10,044
41-45	63,324	72,866	84,402	1,01,106	1,19,203	1,37,300
46-50	61,862	75,250	91,761	1,15,591	1,41,407	1,67,221
51-55	59,078	73,708	90,048	1,13,620	1,39,153	1,64,686
56-60	69,935	85,257	1,03,840	1,31,668	1,61,814	1,91,960
61-65	82,124	99,583	1,21,725	1,54,868	1,90,774	2,26,680
66-70	1,01,538	1,28,698	1,58,202	2,02,291	2,50,053	2,97,814
71-75	1,25,911	1,62,406	2,00,350	2,57,052	3,18,478	3,79,905
GT 75	1,51,093	1,94,887	2,40,420	3,08,462	3,82,174	4,55,886

Benefit Illustration:

Benefit Illustration in respect of policies offered on individual and family floater basis										
CHOLA HEALTHLINE-VALUE PLAN, Policy Period - ONE Year, Tier -1										
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	5366	5 Lakhs	5366	NIL	5366	5 Lakhs	30832	NIL	30832	5 Lakhs
23	5611	5 Lakhs	5611	NIL	5611	5 Lakhs				
48	13702	5 Lakhs	13702	NIL	13702	5 Lakhs				
54	17129	5 Lakhs	17129	NIL	17129	5 Lakhs				

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Total premium for all members of the family is Rs. 41,808/-, when each member is covered separately.	Total premium for all members of the family is Rs.41,808/-, when they are covered under a single policy.	Total premium when policy is opted on floater basis is Rs.30,832/-
Sum Insured available 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.		

List of Day care procedures***Operations on the ears*****Sl no Microsurgical operations on the middle ear**

- 1 Stapedotomy
- 2 Stapedectomy
- 3 Revision of a Stapedectomy
- 4 Other operations on the auditory ossicles
- 5 Myringoplasty (Type I tympanoplasty)
- 6 Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
- 7 Revision of a tympanoplasty
- 8 Other microsurgical operations on the middle ear

Other operations on the middle and internal ear

- 9 Paracentesis (myringotomy)
- 10 Removal of a tympanic drain
- 11 Incision of the mastoid process and middle ear
- 12 Mastoidectomy
- 13 Reconstruction of the middle ear
- 14 Other excisions of the middle and inner ear
- 15 Fenestration of the inner ear
- 16 Revision of a fenestration of the inner ear
- 17 Incision (opening) and destruction (elimination) of the inner ear
- 18 Other operations on the middle and inner ear

Operations on the nose and the nasal sinuses

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

Operations on the eyes

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- 23 *Incision of tear glands*
- 24 *Other operations on the tear ducts*
- 25 *Incision of diseased eyelids*
- 26 *Excision and destruction of diseased tissue of the eyelid*
- 27 *Operations on the canthus and epicanthus*
- 28 *Corrective surgery for entropion and ectropion*
- 29 *Corrective surgery for blepharoptosis*
- 30 *Removal of a foreign body from the conjunctiva*
- 31 *Removal of a foreign body from the cornea*
- 32 *Incision of the cornea*
- 33 *Operations for pterygium*
- 34 *Other operations on the cornea*
- 35 *Removal of a foreign body from the lens of the eye*
- 36 *Removal of a foreign body from the posterior chamber of the eye*
- 37 *Removal of a foreign body from the orbit and eyeball*
- 38 *Operation of cataract*

Operations on the skin and subcutaneous tissues

- 39 *Incision of a pilonidal sinus*
- 40 *Other incisions of the skin and subcutaneous tissues*
- 41 *Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin*
- 42 *Removal of subcutaneous tissues*
- 43 *Local excision of diseased tissue of the skin and subcutaneous tissues*
- 44 *Other excisions of the skin and subcutaneous tissues*
- 45 *Simple restoration of surface continuity of the skin and subcutaneous tissues*
- 46 *Free skin transplantation, donor site*
- 47 *Free skin transplantation, recipient site*
- 48 *Revision of skin plasty*
- 49 *Other restoration and reconstruction of the skin and subcutaneous tissues*
- 50 *Chemosurgery to the skin*
- 51 *Destruction of diseased tissue in the skin and subcutaneous tissues*

Operations on the mouth and face

Operations on the tongue

- 52 *Incision, excision and destruction of diseased tissue of the tongue*
- 53 *Partial glossectomy*
- 54 *Glossectomy*
- 55 *Reconstruction of the tongue*
- 56 *Other operations on the tongue*

Operations on the salivary glands and salivary ducts

- 57 *Incision and lancing of a salivary gland and a salivary duct*
- 58 *Excision of diseased tissue of a salivary gland and a salivary duct*
- 59 *Resection of a salivary gland*
- 60 *Reconstruction of a salivary gland and a salivary duct*
- 61 *Other operations on the salivary glands and salivary ducts*

Other operations on the mouth and face

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- 62 *External incision and drainage in the region of the mouth, jaw and face*
- 63 *Incision of the hard and soft palate*
- 64 *Excision and destruction of diseased hard and soft palate*
- 65 *Incision, excision and destruction in the mouth*
- 66 *Plastic surgery to the floor of the mouth*
- 67 *Palatoplasty*
- 68 *Other operations in the mouth*
- Operations on the tonsils and adenoids**
- 69 *Transoral incision and drainage of a pharyngeal abscess*
- 70 *Tonsillectomy without adenoidectomy*
- 71 *Tonsillectomy with adenoidectomy*
- 72 *Excision and destruction of a lingual tonsil*
- 73 *Other operations on the tonsils and adenoids*

Traumatological surgery and orthopaedics

- 74 *Incision on bone, septic and aseptic*
- 75 *Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis*
- 76 *Suture and other operations on tendons and tendon sheath*
- 77 *Reduction of dislocation under GA*
- 78 *Arthroscopic knee aspiration*

Operations on the breast

- 79 *Incision of the breast*
- 80 *Operations on the nipple*

Operations on the digestive tract

- 81 *Incision and excision of tissue in the perianal region*
- 82 *Surgical treatment of anal fistulas*
- 83 *Surgical treatment of haemorrhoids*
- 84 *Division of the anal sphincter (sphincterotomy)*
- 85 *Other operations on the anus*
- 86 *Ultrasound guided aspirations*
- 87 *Sclerotherapy etc.*

Operations on the female sexual organs

- 88 *Incision of the ovary*
- 89 *Insufflation of the Fallopian tubes*
- 90 *Other operations on the Fallopian tube*
- 91 *Dilatation of the cervical canal*
- 92 *Conisation of the uterine cervix*
- 93 *Other operations on the uterine cervix*
- 94 *Incision of the uterus (hysterotomy)*
- 95 *Therapeutic curettage*
- 96 *Culdotomy*
- 97 *Incision of the vagina*

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- 98 *Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas*
- 99 *Incision of the vulva*
- 100 *Operations on Bartholin's glands (cyst)*

Operations on the male sexual organs

Operations on the prostate and seminal vesicles

- 101 *Incision of the prostate*
- 102 *Transurethral excision and destruction of prostate tissue*
- 103 *Transurethral and percutaneous destruction of prostate tissue*
- 104 *Open surgical excision and destruction of prostate tissue*
- 105 *Radical prostatovesiculectomy*
- 106 *Other excision and destruction of prostate tissue*
- 107 *Operations on the seminal vesicles*
- 108 *Incision and excision of periprostatic tissue*
- 109 *Other operations on the prostate*

Operations on the scrotum and tunica vaginalis testis

- 110 *Incision of the scrotum and tunica vaginalis testis*
- 111 *Operation on a testicular hydrocele*
- 112 *Excision and destruction of diseased scrotal tissue*
- 113 *Plastic reconstruction of the scrotum and tunica vaginalis testis*
- 114 *Other operations on the scrotum and tunica vaginalis testis*

Operations on the testes

- 115 *Incision of the testes*
- 116 *Excision and destruction of diseased tissue of the testes*
- 117 *Unilateral orchidectomy*
- 118 *Bilateral orchidectomy*
- 119 *Orchidopexy*
- 120 *Abdominal exploration in cryptorchidism*
- 121 *Surgical repositioning of an abdominal testis*
- 122 *Reconstruction of the testis*
- 123 *Implantation, exchange and removal of a testicular prosthesis*
- 124 *Other operations on the testis*

Operations on the spermatic cord, epididymis und ductus deferens

- 125 *Surgical treatment of a varicocele and a hydrocele of the spermatic cord*
- 126 *Excision in the area of the epididymis*
- 127 *Epididymectomy*
- 128 *Reconstruction of the spermatic cord*
- 129 *Reconstruction of the ductus deferens and epididymis*
- 130 *Other operations on the spermatic cord, epididymis and ductus deferens*

Operations on the penis

- 131 *Operations on the foreskin*
- 132 *Local excision and destruction of diseased tissue of the penis*
- 133 *Amputation of the penis*
- 134 *Plastic reconstruction of the penis*
- 135 *Other operations on the penis*

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Operations on the urinary system

136 *Cystoscopic removal of stones*

Other Operations

137 *Lithotripsy*

138 *Coronary angiography*

139 *Haemodialysis*

140 *Cancer Chemotherapy*

141 *Radiotherapy for Cancer*

Medical Second Opinion-Add-on Cover

UIN: CHOHLIA19048V011920

(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

1. Suitability

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.
5. Entry Age for this cover will be the age limit applicable for the Base Health Insurance Policy.
6. Lifelong renewal along with the underlying policy.

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7. This Add-on cover will be issued for the policy term applicable for the Base Health Insurance Policy.

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 Individual or Family Floater 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.

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

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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. 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
 - 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.

5. Territorial Limits

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

6. 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.

7. 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.

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.

8. Premium (Excluding GST):

Premium per person per annum

Age	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

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

Discounts**Long Term Discount:**

Policy Term	Long term discount
1 Year	0.00%
2 Year	3.5%
3 Year	6.5%

FLEXI OP CARE ADD ON COVER
(UIN: CHOHLIA23045V012223)

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(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.
- 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

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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) Consultation	Tele-consultation	Not Available	Not Available	Unlimited no. of Tele-consultations with General Practitioner from Network Facility	Unlimited no. of Tele-consultations with General Practitioner from Network Facility including Dental consultations
		In-person consultation	Unlimited no. of in-person consultations from Network Facility upto a maximum of Rs. 600/- per	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	Unlimited no. of in-person consultations from Network Facility upto a maximum of Rs. 600/- per consultation on cashless basis including Dental

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			consultation on cashless basis	including Dental	on cashless basis	
	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 Network Facility on the Digital platform	Discount on Health Check up's as applicable from the 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	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

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			applicable on all treatment procedures from the Network facility on the Digital platform		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 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

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.

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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
 - 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.

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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.
 - 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.

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- 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

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.

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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%

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

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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	$4,309.20 - 646.38 = ₹ 3,662.82$

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Healthline
CHOHLIP24153V052425
Prospectus

**Section 11 – Home Care Treatment (Retail) –Add on Cover
(on payment of additional premium)
UIN:CHOHLIA22201V012122**

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, exclusions, 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, Exclusions and Conditions of the Underlying Policy shall apply to the Add on Cover.
5. The list of Health Insurance Products for which the Add-on cover benefit option is available, is placed at Annexure 2.

SUM INSURED

- a. Daily limit options – Rs.1000/- to Rs. 10,000/- per day in multiples of Rs.500/-
- b. Number of days – 5 / 7 / 10 / 15 / 20 / 25 / 30 / 45 / 60 days per annum

PERSONS COVERED

- Proposer can cover Self, Spouse, upto 4 children, Parents and Parents-in-law

TYPE OF COVER

- a. This add-on cover can be availed on Individual or Family floater basis
- b. On Individual basis, it is our maximum liability for each Insured Person for any and all benefits claimed for during the Annual Period (i.e. per annum for multi-year tenure) within the policy period, unless otherwise specified and
- c. In relation to a Family Floater, it is our maximum liability for any and all claims made by all the Insured persons during the Annual Period (i.e. per annum for multi-year tenure) within the Policy period, unless otherwise specified.
- d. Sum Insured Restoration, if any available under Base Policy shall not be applicable for Home care Treatment under this Add-on cover.

TENURE & ENTRY AGE:

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

COVERAGE**Homecare Treatment:**

This Add-on cover will reimburse the Reasonable and Customary charges medical expenses upto the daily limit as opted and mentioned in the Policy Schedule/Certificate towards Homecare Treatment for the following medical conditions during the policy period upto the maximum number of days opted and mentioned in the policy schedule/certificate per annum, subject to the specific conditions mentioned below.

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1. Gastroenteritis
2. Chemotherapy
3. Pancreatitis
4. Dengue
5. Chronic obstructive pulmonary disease management
6. Hepatitis
7. COVID-19

Specific Conditions:

- a. The treatment in normal course would require care and In-patient treatment at a hospital but is actually taken at home, provided that:
 - i. The Medical Practitioner advises the Insured person in writing to undergo treatment at home
 - ii. 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.
 - iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
 - iv. This add on cover shall reimburse the following medical expenses incurred during Home care treatment subject to the terms, conditions, waiting periods and exclusions applicable under the Base policy, to which the Add-on cover is linked with.
 - a. Diagnostic tests undergone at home or at diagnostics centre as prescribed by the Medical practitioner
 - b. Medicines prescribed in writing
 - c. Consultation charges of the medical practitioner
 - d. Nursing charges related to medical staff
 - e. Medical procedures limited to parenteral administration of medicines
 - f. Consumables as listed in Annexure 1 of this cover
- b. Pre-hospitalisation and Post hospitalisation expenses shall not be payable under this cover.
- c. Claim under this cover shall be on Reimbursement basis.

GENERAL CONDITIONS**Claim Procedure:**

If You happen to suffer Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to our liability that You shall immediately :

- a. Give us notice of the claim irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies.
- b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the Us
- c. Claim intimation has to be given to us in writing or mail (E mail: customercare@cholams.murugappa.com) or phone (@ Toll free no. 1800-208-9100) within seven days from the date of hospitalization/injury/death.

Claim documentation submission:

Claim documents as applicable for the In-patient hospitalization cover under the Base policy to be submitted with 30 days of completion of the treatment.

Territorial Limits

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

Premium in Rs (Excl. GST)**Policy Term – One Year**

Maximum Number of Days of Home Care Treatment: 5 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	15.90	19.12	22.98	27.63	33.23	39.95	48.03	57.75	69.43	83.47
1,500	23.87	28.68	34.48	41.47	49.85	59.93	72.05	86.62	104.13	125.20
2,000	31.82	38.25	45.98	55.28	66.47	79.90	96.07	115.50	138.85	166.93
2,500	39.77	47.82	57.48	69.10	83.08	99.88	120.08	144.37	173.57	208.67
3,000	47.72	57.37	68.97	82.92	99.70	119.85	144.10	173.23	208.28	250.40
3,500	55.67	66.93	80.47	96.75	116.32	139.83	168.12	202.12	242.98	292.13
4,000	63.63	76.50	91.97	110.57	132.92	159.82	192.13	230.98	277.70	333.87
4,500	71.58	86.05	103.47	124.38	149.53	179.78	216.15	259.87	312.42	375.60
5,000	79.53	95.62	114.95	138.20	166.15	199.77	240.17	288.73	347.13	417.33
5,500	85.30	102.55	123.28	148.22	178.20	214.25	257.57	309.67	372.30	447.60
6,000	90.67	109.00	131.05	157.55	189.42	227.73	273.78	329.15	395.73	475.77
6,500	95.63	114.98	138.23	166.18	199.80	240.22	288.80	347.20	417.42	501.85
7,000	100.22	120.48	144.85	174.13	209.35	251.70	302.60	363.80	437.38	525.85
7,500	104.38	125.50	150.88	181.40	218.08	262.18	315.22	378.97	455.60	547.75
8,000	108.17	130.03	156.33	187.97	225.97	271.67	326.62	392.68	472.10	567.58
8,500	111.55	134.10	161.22	193.83	233.03	280.17	336.83	404.95	486.85	585.32
9,000	114.53	137.68	165.53	199.02	239.27	287.65	345.83	415.78	499.87	600.97

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Maximum Number of Days of Home Care Treatment: 5 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
9,500	117.1 2	140.8 0	169.2 7	203.5 0	244.6 7	294.1 5	353.6 3	425.1 7	511.1 5	614.5 3
10,000	119.3 0	143.4 3	172.4 3	207.3 0	249.2 3	299.6 3	360.2 5	433.1 0	520.7 0	626.0 0

Maximum Number of Days of Home Care Treatment: 7 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	16.90	20.32	24.43	29.37	35.30	42.45	51.03	61.35	73.77	88.68
1,500	25.35	30.48	36.65	44.05	52.97	63.67	76.55	92.03	110.6 5	133.0 3
2,000	33.80	40.63	48.85	58.73	70.62	84.90	102.0 7	122.7 2	147.5 3	177.3 7
2,500	42.25	50.80	61.07	73.42	88.27	106.1 2	127.5 8	153.3 8	184.4 2	221.7 2
3,000	50.70	60.95	73.28	88.10	105.9 2	127.3 5	153.1 0	184.0 7	221.3 0	266.0 5
3,500	59.15	71.12	85.50	102.7 8	123.5 8	148.5 7	178.6 2	214.7 5	258.1 8	310.4 0
4,000	67.60	81.27	97.72	117.4 7	141.2 3	169.8 0	204.1 3	245.4 2	295.0 7	354.7 3
4,500	76.05	91.43	109.9 3	132.1 5	158.8 8	191.0 2	229.6 5	276.1 0	331.9 5	399.0 8
5,000	84.50	101.6 0	122.1 3	146.8 5	176.5 3	212.2 5	255.1 7	306.7 8	368.8 3	443.4 2
5,500	90.63	108.9 7	131.0 0	157.4 8	189.3 3	227.6 3	273.6 7	329.0 2	395.5 7	475.5 7
6,000	96.33	115.8 2	139.2 3	167.4 0	201.2 5	241.9 7	290.9 0	349.7 3	420.4 7	505.5 0
6,500	101.6 2	122.1 7	146.8 7	176.5 8	212.2 8	255.2 3	306.8 5	368.9 0	443.5 2	533.2 2
7,000	106.4 7	128.0 0	153.9 0	185.0 2	222.4 3	267.4 3	321.5 2	386.5 5	464.7 2	558.7 2
7,500	110.9 2	133.3 3	160.3 2	192.7 3	231.7 2	278.5 7	334.9 2	402.6 5	484.0 8	581.9 8
8,000	114.9 2	138.1 7	166.1 2	199.7 0	240.1 0	288.6 5	347.0 3	417.2 2	501.6 0	603.0 5
8,500	118.5 2	142.4 8	171.3 0	205.9 5	247.6 0	297.6 7	357.8 8	430.2 7	517.2 8	621.9 0
9,000	121.6 8	146.3 0	175.8 8	211.4 5	254.2 2	305.6 3	367.4 5	441.7 7	531.1 2	638.5 2

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Maximum Number of Days of Home Care Treatment: 7 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
9,500	124.43	149.60	179.85	216.23	259.95	312.53	375.73	451.73	543.10	652.93
10,000	126.75	152.38	183.22	220.27	264.82	318.37	382.75	460.17	553.23	665.13

Maximum Number of Days of Home Care Treatment: 10 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	18.88	22.72	27.30	32.82	39.47	47.45	57.03	68.57	82.45	99.12
1,500	28.33	34.07	40.95	49.23	59.20	71.17	85.55	102.87	123.67	148.68
2,000	37.78	45.42	54.60	65.65	78.92	94.88	114.08	137.15	164.88	198.23
2,500	47.22	56.77	68.25	82.07	98.65	118.60	142.60	171.43	206.12	247.80
3,000	56.67	68.13	81.90	98.47	118.38	142.33	171.12	205.72	247.33	297.35
3,500	66.12	79.48	95.55	114.88	138.12	166.05	199.63	240.02	288.55	346.92
4,000	75.55	90.83	109.20	131.30	157.85	189.77	228.15	274.30	329.77	396.47
4,500	85.00	102.18	122.87	147.70	177.58	213.50	256.67	308.58	371.00	446.03
5,000	94.45	113.55	136.52	164.12	197.32	237.22	285.20	342.87	412.22	495.58
5,500	101.28	121.78	146.40	176.02	211.62	254.42	305.87	367.73	442.10	531.52
6,000	107.67	129.43	155.62	187.10	224.93	270.43	325.12	390.87	469.93	564.97
6,500	113.57	136.53	164.15	197.35	237.27	285.25	342.95	412.30	495.68	595.95
7,000	119.00	143.07	172.00	206.78	248.62	298.90	359.35	432.02	519.40	624.43
7,500	123.95	149.03	179.17	215.40	258.97	311.35	374.32	450.02	541.03	650.45
8,000	128.45	154.42	185.65	223.20	268.35	322.62	387.87	466.30	560.62	674.00
8,500	132.45	159.25	191.45	230.18	276.73	332.70	399.98	480.88	578.13	695.07
9,000	136.00	163.50	196.57	236.33	284.13	341.58	410.68	493.73	593.60	713.65

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Maximum Number of Days of Home Care Treatment: 10 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
9,500	139.07	167.20	201.02	241.67	290.53	349.30	419.95	504.88	606.98	729.75
10,000	141.67	170.32	204.77	246.18	295.97	355.82	427.78	514.30	618.33	743.38

Maximum Number of Days of Home Care Treatment: 15 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	19.88	23.90	28.73	34.55	41.53	49.93	60.03	72.18	86.78	104.33
1,500	29.82	35.85	43.10	51.83	62.32	74.92	90.07	108.28	130.17	156.50
2,000	39.77	47.82	57.48	69.10	83.08	99.88	120.08	144.37	173.57	208.67
2,500	49.70	59.77	71.85	86.38	103.85	124.85	150.10	180.47	216.95	260.83
3,000	59.65	71.72	86.22	103.65	124.62	149.82	180.12	216.55	260.35	313.00
3,500	69.58	83.67	100.58	120.93	145.38	174.78	210.15	252.65	303.73	365.17
4,000	79.53	95.62	114.95	138.20	166.15	199.77	240.17	288.73	347.13	417.33
4,500	89.47	107.57	129.32	155.48	186.93	224.73	270.18	324.83	390.52	469.50
5,000	99.42	119.52	143.70	172.75	207.70	249.70	300.20	360.92	433.92	521.67
5,500	106.62	128.18	154.12	185.28	222.75	267.80	321.97	387.08	465.37	559.48
6,000	113.33	136.25	163.82	196.93	236.77	284.67	342.23	411.45	494.67	594.70
6,500	119.55	143.72	172.80	207.73	249.75	300.27	361.00	434.00	521.78	627.30
7,000	125.27	150.60	181.05	217.67	261.70	314.62	378.25	454.75	546.73	657.30
7,500	130.48	156.87	188.60	226.75	272.60	327.73	394.02	473.70	569.52	684.70
8,000	135.20	162.55	195.42	234.95	282.47	339.60	408.28	490.85	590.12	709.47
8,500	139.43	167.63	201.53	242.28	291.30	350.20	421.03	506.18	608.57	731.65

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Maximum Number of Days of Home Care Treatment: 15 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
9,000	143.15	172.12	206.92	248.77	299.08	359.57	432.28	519.72	624.83	751.20
9,500	146.38	176.00	211.58	254.38	305.83	367.68	442.05	531.45	638.93	768.17
10,000	149.12	179.28	215.53	259.13	311.55	374.55	450.30	541.38	650.87	782.50

Maximum Number of Days of Home Care Treatment: 20 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	20.88	25.10	30.18	36.28	43.62	52.43	63.05	75.80	91.12	109.55
1,500	31.32	37.65	45.27	54.42	65.42	78.65	94.57	113.68	136.68	164.33
2,000	41.75	50.20	60.35	72.55	87.23	104.87	126.08	151.58	182.25	219.10
2,500	52.20	62.75	75.43	90.70	109.03	131.10	157.60	189.48	227.80	273.88
3,000	62.63	75.30	90.53	108.83	130.85	157.32	189.13	227.38	273.37	328.65
3,500	73.07	87.85	105.62	126.98	152.65	183.53	220.65	265.27	318.93	383.43
4,000	83.52	100.40	120.70	145.12	174.47	209.75	252.17	303.17	364.48	438.20
4,500	93.95	112.95	135.78	163.25	196.27	235.97	283.68	341.07	410.05	492.98
5,000	104.38	125.50	150.88	181.40	218.08	262.18	315.22	378.97	455.60	547.75
5,500	111.95	134.60	161.82	194.55	233.88	281.20	338.07	406.43	488.63	587.47
6,000	119.00	143.07	172.00	206.78	248.62	298.90	359.35	432.02	519.40	624.43
6,500	125.52	150.92	181.43	218.13	262.23	315.28	379.05	455.70	547.87	658.67
7,000	131.53	158.13	190.10	228.55	274.78	330.35	397.17	477.50	574.07	690.17
7,500	137.00	164.72	198.03	238.08	286.23	344.12	413.72	497.38	597.98	718.93
8,000	141.97	170.68	205.20	246.70	296.58	356.57	428.68	515.38	619.63	744.95

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Maximum Number of Days of Home Care Treatment: 20 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
8,500	146.40	176.02	211.60	254.40	305.85	367.72	442.08	531.50	638.98	768.22
9,000	150.32	180.72	217.27	261.20	314.03	377.55	453.90	545.70	656.08	788.77
9,500	153.70	184.80	222.17	267.10	321.12	386.07	464.15	558.02	670.88	806.57
10,000	156.58	188.25	226.32	272.08	327.12	393.28	472.82	568.45	683.42	821.63

Maximum Number of Days of Home Care Treatment: 25 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	21.37	25.70	30.90	37.15	44.65	53.68	64.55	77.60	93.28	112.17
1,500	32.07	38.55	46.33	55.72	66.98	80.53	96.82	116.40	139.93	168.23
2,000	42.75	51.40	61.78	74.28	89.32	107.37	129.08	155.20	186.58	224.32
2,500	53.43	64.25	77.23	92.85	111.63	134.22	161.37	194.00	233.23	280.40
3,000	64.12	77.08	92.68	111.43	133.97	161.05	193.63	232.80	279.87	336.48
3,500	74.82	89.93	108.13	130.00	156.28	187.90	225.90	271.58	326.52	392.55
4,000	85.50	102.78	123.58	148.57	178.62	214.75	258.17	310.38	373.17	448.63
4,500	96.18	115.63	139.02	167.13	200.95	241.58	290.45	349.18	419.82	504.72
5,000	106.87	128.48	154.47	185.72	223.27	268.43	322.72	387.98	466.45	560.80
5,500	114.62	137.80	165.67	199.18	239.47	287.88	346.12	416.12	500.27	601.45
6,000	121.83	146.47	176.10	211.72	254.53	306.02	367.90	442.30	531.77	639.30
6,500	128.52	154.50	185.75	223.32	268.48	322.78	388.07	466.55	560.92	674.35
7,000	134.65	161.88	194.63	234.00	281.32	338.22	406.62	488.87	587.73	706.60
7,500	140.27	168.63	202.75	243.75	293.05	352.32	423.57	509.23	612.22	736.05

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Maximum Number of Days of Home Care Treatment: 25 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
8,000	145.3 5	174.7 3	210.0 8	252.5 7	303.6 5	365.0 7	438.9 0	527.6 7	634.3 8	762.6 8
8,500	149.8 8	180.2 0	216.6 5	260.4 7	313.1 3	376.4 7	452.6 2	544.1 5	654.2 0	786.5 2
9,000	153.9 0	185.0 2	222.4 3	267.4 3	321.5 2	386.5 3	464.7 2	558.7 0	671.7 0	807.5 5
9,500	157.3 7	189.2 0	227.4 7	273.4 7	328.7 7	395.2 7	475.2 0	571.3 2	686.8 5	825.7 7
10,000	160.3 0	192.7 3	231.7 0	278.5 7	334.9 2	402.6 5	484.0 8	581.9 8	699.6 8	841.2 0

Maximum Number of Days of Home Care Treatment: 30 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	21.87	26.30	31.62	38.00	45.70	54.93	66.05	79.40	95.47	114.7 7
1,500	32.80	39.45	47.42	57.02	68.53	82.40	99.07	119.1 0	143.1 8	172.1 5
2,000	43.75	52.58	63.23	76.02	91.38	109.8 7	132.0 8	158.8 0	190.9 2	229.5 3
2,500	54.68	65.73	79.03	95.02	114.2 3	137.3 3	165.1 2	198.5 0	238.6 5	286.9 2
3,000	65.62	78.88	94.83	114.0 2	137.0 8	164.8 0	198.1 3	238.2 0	286.3 8	344.3 0
3,500	76.55	92.03	110.6 5	133.0 2	159.9 3	192.2 7	231.1 5	277.9 0	334.1 2	401.6 8
4,000	87.48	105.1 8	126.4 5	152.0 3	182.7 7	219.7 3	264.1 8	317.6 0	381.8 5	459.0 7
4,500	98.42	118.3 3	142.2 5	171.0 3	205.6 2	247.2 0	297.2 0	357.3 2	429.5 7	516.4 5
5,000	109.3 5	131.4 7	158.0 7	190.0 3	228.4 7	274.6 7	330.2 2	397.0 2	477.3 0	573.8 3
5,500	117.2 8	141.0 0	169.5 2	203.8 2	245.0 3	294.5 8	354.1 7	425.8 0	511.9 0	615.4 3
6,000	124.6 7	149.8 8	180.2 0	216.6 3	260.4 5	313.1 3	376.4 5	452.5 8	544.1 3	654.1 7
6,500	131.5 0	158.1 0	190.0 7	228.5 2	274.7 3	330.3 0	397.1 0	477.4 0	573.9 5	690.0 3
7,000	137.7 8	165.6 5	199.1 7	239.4 3	287.8 7	346.0 8	416.0 8	500.2 3	601.4 0	723.0 3

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Maximum Number of Days of Home Care Treatment: 30 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
7,500	143.5 3	172.5 7	207.4 5	249.4 2	299.8 7	360.5 0	433.4 2	521.0 7	626.4 7	753.1 7
8,000	148.7 2	178.8 0	214.9 7	258.4 5	310.7 2	373.5 5	449.1 0	539.9 3	649.1 3	780.4 2
8,500	153.3 7	184.3 8	221.6 8	266.5 2	320.4 2	385.2 3	463.1 3	556.8 0	669.4 2	804.8 0
9,000	157.4 7	189.3 2	227.6 2	273.6 5	328.9 8	395.5 3	475.5 2	571.7 0	687.3 2	826.3 3
9,500	161.0 3	193.6 0	232.7 5	279.8 2	336.4 2	404.4 5	486.2 5	584.6 0	702.8 3	844.9 8
10,000	164.0 3	197.2 2	237.1 0	285.0 5	342.7 0	412.0 0	495.3 3	595.5 2	715.9 5	860.7 5

Maximum Number of Days of Home Care Treatment: 45 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	22.37	26.90	32.33	38.87	46.73	56.18	67.55	81.20	97.63	117.3 8
1,500	33.55	40.33	48.50	58.30	70.10	84.27	101.3 2	121.8 2	146.4 5	176.0 7
2,000	44.73	53.78	64.67	77.73	93.47	112.3 7	135.0 8	162.4 2	195.2 7	234.7 5
2,500	55.92	67.23	80.83	97.18	116.8 3	140.4 5	168.8 7	203.0 2	244.0 8	293.4 3
3,000	67.10	80.68	97.00	116.6 2	140.2 0	168.5 5	202.6 3	243.6 2	292.8 8	352.1 3
3,500	78.28	94.12	113.1 7	136.0 5	163.5 7	196.6 3	236.4 2	284.2 2	341.7 0	410.8 2
4,000	89.47	107.5 7	129.3 2	155.4 8	186.9 3	224.7 3	270.1 8	324.8 3	390.5 2	469.5 0
4,500	100.6 5	121.0 2	145.4 8	174.9 2	210.2 8	252.8 2	303.9 5	365.4 3	439.3 3	528.1 8
5,000	111.8 5	134.4 7	161.6 5	194.3 5	233.6 5	280.9 2	337.7 3	406.0 3	488.1 5	586.8 8
5,500	119.9 5	144.2 2	173.3 8	208.4 3	250.6 0	301.2 8	362.2 2	435.4 7	523.5 5	629.4 3
6,000	127.5 0	153.2 8	184.2 8	221.5 7	266.3 7	320.2 3	385.0 2	462.8 8	556.5 0	669.0 5
6,500	134.4 8	161.6 8	194.3 8	233.7 0	280.9 7	337.8 0	406.1 2	488.2 5	587.0 0	705.7 2

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Maximum Number of Days of Home Care Treatment: 45 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
7,000	140.9 2	169.4 2	203.6 8	244.8 8	294.4 0	353.9 5	425.5 3	511.6 0	615.0 7	739.4 7
7,500	146.8 0	176.4 8	212.1 7	255.0 8	306.6 8	368.7 0	443.2 7	532.9 2	640.7 0	770.2 8
8,000	152.1 0	182.8 7	219.8 5	264.3 2	317.7 7	382.0 5	459.3 2	552.2 0	663.8 8	798.1 5
8,500	156.8 5	188.5 8	226.7 2	272.5 8	327.7 0	393.9 8	473.6 7	569.4 7	684.6 3	823.1 0
9,000	161.0 5	193.6 2	232.7 8	279.8 7	336.4 7	404.5 2	486.3 3	584.6 8	702.9 3	845.1 0
9,500	164.6 8	198.0 0	238.0 3	286.1 8	344.0 7	413.6 5	497.3 0	597.8 8	718.8 0	864.1 8
10,000	167.7 7	201.7 0	242.4 8	291.5 3	350.4 8	421.3 7	506.6 0	609.0 5	732.2 3	880.3 2

Maximum Number of Days of Home Care Treatment: 60 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
1,000	22.87	27.48	33.05	39.73	47.77	57.43	69.05	83.02	99.80	119.9 8
1,500	34.30	41.23	49.57	59.60	71.65	86.15	103.5 7	124.5 2	149.7 0	179.9 8
2,000	45.73	54.98	66.10	79.47	95.53	114.8 7	138.1 0	166.0 2	199.6 0	239.9 7
2,500	57.17	68.72	82.62	99.33	119.4 2	143.5 8	172.6 2	207.5 3	249.5 0	299.9 7
3,000	68.60	82.47	99.15	119.2 0	143.3 2	172.3 0	207.1 3	249.0 3	299.4 0	359.9 5
3,500	80.03	96.22	115.6 7	139.0 7	167.2 0	201.0 2	241.6 7	290.5 3	349.3 0	419.9 5
4,000	91.47	109.9 7	132.2 0	158.9 3	191.0 8	229.7 3	276.1 8	332.0 5	399.2 0	479.9 3
4,500	102.9 0	123.7 0	148.7 2	178.8 0	214.9 7	258.4 3	310.7 2	373.5 5	449.1 0	539.9 3
5,000	114.3 3	137.4 5	165.2 5	198.6 7	238.8 5	287.1 5	345.2 3	415.0 5	499.0 0	599.9 2
5,500	122.6 2	147.4 2	177.2 3	213.0 7	256.1 7	307.9 8	370.2 7	445.1 5	535.1 8	643.4 2
6,000	130.3 3	156.7 0	188.3 8	226.4 8	272.2 8	327.3 5	393.5 7	473.1 7	568.8 7	683.9 2

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Maximum Number of Days of Home Care Treatment: 60 days per annum										
Per-Day Limit	0 to 17 yrs	18 to 25 yrs	26 to 35 yrs	36 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs	66 to 70 yrs	>=71 yrs
6,500	137.48	165.28	198.72	238.90	287.22	345.30	415.15	499.10	600.05	721.40
7,000	144.05	173.18	208.22	250.32	300.95	361.82	435.00	522.97	628.73	755.90
7,500	150.05	180.40	216.88	260.75	313.48	376.90	453.12	544.77	654.93	787.40
8,000	155.48	186.93	224.73	270.18	324.83	390.53	469.52	564.48	678.63	815.90
8,500	160.35	192.77	231.77	278.63	334.98	402.73	484.18	582.12	699.85	841.38
9,000	164.63	197.93	237.95	286.08	343.95	413.50	497.13	597.68	718.57	863.88
9,500	168.35	202.40	243.33	292.53	351.70	422.83	508.35	611.17	734.78	883.38
10,000	171.48	206.17	247.87	298.00	358.27	430.73	517.85	622.58	748.50	899.88

FLOATER PREMIUM RATES**For Spouse:**

The premium rate for insured and spouse under floater policy is calculated with a floater factor of 50% i.e. the premium rate for insured and spouse under the floater policy is 1.5 times that of eldest (between the primary insured and spouse) insured's premium rate.

For Children:

The premium rate for insured and one child under a floater policy is calculated with the following floater factors:

Age	Child 1	Child 2	Child 3	Child 4
0 to 17 yrs	-	-	-	-
18 to 25 yrs	40%	40%	30%	25%
26 to 35 yrs	30%	30%	25%	20%
36 to 45 yrs	25%	25%	20%	15%
46 to 50 yrs	20%	20%	15%	10%
51 to 55 yrs	15%	15%	10%	10%
56 to 60 yrs	10%	10%	10%	10%
61 to 65 yrs	10%	10%	10%	10%
66 to 70 yrs	10%	10%	10%	10%
>=71 yrs	10%	10%	10%	10%

The floater factors are applied on the age of the eldest (between the primary insured and spouse) insured's premium rate.

For Parents/Parents-in-Law:

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The premium rate for parents/parents-in-law under a floater policy is calculated as 70% of the rate of the respective member under individual sum insured basis.

DISCOUNTS/LOADINGS

Discount in Lieu of Intermediation	
Intermediation Channel	Discount (%) on Premium
Direct	15%

Family Discount for Individual Policy	
Size of the Family	Discount (%)
1	0
2	5%
3-5	7.5%
>5	10%

Long Term Discount	
Term	Discount % on Premium
1	No Discount
2	5%
3	10%

ILLUSTRATIONS

Illustration 1			
Base Policy Individual / Family Floater	Individual		
Per-Day Limit	₹ 6,000		
Term (as per the underlying base policy)	3 years		
Maximum number of days payable	10 days		
Number of Members	3		
Intermediary Channel	Direct		
Year	1	2	3
Age			
Self	29	30	31
Spouse	25	26	27
Parent 1	57	58	59
Office Premium for 10 days option for a per-day limit of ₹ 6,000			
Self	₹ 155.62	₹ 155.62	₹ 155.62
Spouse	₹ 129.43	₹ 155.62	₹ 155.62
Parent 1	₹ 325.12	₹ 325.12	₹ 325.12
Total Office Premium Per-Year	₹ 610.17	₹ 636.35	₹ 636.35
Long Term Discount	-	5.00%	10.00%

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Total Office Premium Per-Year after Long Term Discount	₹ 610.17	₹ 604.53	₹ 572.72
Total Office Premium for the 3 years (T1)	610.17 + 604.53 + 572.72 = 1,787.41		
Discount Based on Family Size	1,787.41 * -7.50% = -134.06		
Total Office Premium for the 3 years (T2)	1,787.41 -134.06 = 1,653.36		
Discount in-lieu-of Intermediation	1,653.36 * -15.00% = -248.00		
Final Office Premium (T)	1,653.36 -248.00 = 1,405.35		

Illustration 2			
Base Policy Individual / Family Floater	Family Floater		
Per-Day Limit	₹ 7,500		
Term (as per the underlying base policy)	3 years		
Maximum number of days payable	45 days		
Number of Members	5		
Intermediary Channel	Direct		
Year	1	2	3
Age			
Self	34	35	36
Spouse	35	36	37
Child 1	7	8	9
Child 2	5	6	7
Parent 1	59	60	61
Office Premium for 45 days option for a per-day limit of ₹ 7,500			
Spouse	₹ 212.17	₹ 255.08	₹ 255.08
Self	212.17 * 50.00% = 106.08	255.08 * 50.00% = 127.54	255.08 * 50.00% = 127.54
Child 1	212.17 * 30.00% = 63.65	255.08 * 25.00% = 63.77	255.08 * 25.00% = 63.77
Child 2	212.17 * 30.00% = 63.65	255.08 * 25.00% = 63.77	255.08 * 25.00% = 63.77
Parent 1	443.27 * 70.00% = 310.29	443.27 * 70.00% = 310.29	532.92 * 70.00% = 373.04
Total Office Premium Per-Year	₹ 755.84	₹ 820.45	₹ 883.21
Long Term Discount	-	5.00%	10.00%
Total Office Premium Per-Year after Long Term Discount	₹ 755.84	₹ 779.43	₹ 794.89
Total Office Premium for the 3 years (T1)	755.84 + 779.43 + 794.89 = 2,330.15		
Discount Based on Family Size	Not Applicable		
Total Office Premium for the 3 years (T2)	2,330.15		

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Discount in-lieu-of Intermediation	2,330.15 * -15.00% = -349.52
Final Office Premium (T)	2,330.15 -349.52 = 1,980.63

Annexure 1 (attached to and forming part of Add-on cover wordings)

Sl. No.	Annexure 1 - List of Consumables covered under the policy
1	BELTS/ BRACES
2	COLD PACK/HOT PACK
3	CARRY BAGS
4	LEGGINGS
5	SANITARY PAD
6	CREPE BANDAGE
7	DIAPER OF ANY TYPE
8	EYELET COLLAR
9	SLINGS
10	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
11	SURCHARGES
12	MEDICAL CERTIFICATE
13	MEDICAL RECORDS
14	WALKING AIDS CHARGES
15	SPIROMETRE
16	STEAM INHALER
17	THERMOMETER
18	CERVICAL COLLAR
19	SPLINT
20	DIABETIC FOOT WEAR
21	LUMBO SACRAL BELT
22	NIMBUS BED OR WATER OR AIR BED CHARGES
23	ABDOMINAL BINDER
24	SUGAR FREE TABLETS
25	ECG ELECTRODES
26	KIDNEY TRAY
27	OUNCE GLASS
28	PELVIC TRACTION BELT
29	PAN CAN
30	TROLLY COVER

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31	UROMETER, URINE JUG
32	PULSEOXYMETER CHARGES
33	Glucometer& Strips
34	URINE BAG

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

Fax : 044 -4044 5550

Courier : **Cholamandalam MS General Insurance Company Limited, Customer services, Head**

Office **Dare House** 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com

For details of grievance officer, kindly refer the link www.cholainsurance.com

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance in 'Senior Citizen Channel' which shall be processed on Fast Track Basis by dedicated personnel.

If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management system <https://igms.irda.gov.in/>

Office Details	Jurisdiction of Office
AHMEDABAD - Shri Kuldeep 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.

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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.
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).

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<p>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</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>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</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry</p>
<p>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</p>	<p>Rajasthan.</p>
<p>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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>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</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>

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<p>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</p>	<p>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.</p>
<p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<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>

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Section 41. Of Insurance Act, 1938

Prohibition of Rebates:

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

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