

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number				
1	Name of Insurance	FLEXI PLUS					
2	Policy Number	<<Policy Number>>					
3	Type of Insurance Policy	Both Indemnity and Benefit					
4	Sum Insured (Basis) (Along with Amount)	Individual Sum Insured - Where each member has a separate sum insured under the policy or Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilised by any or all members.	Not Applicable				
		<table><tr><th>Insured Name</th><th>Sum Insured (SI) (in Rs.)</th></tr><tr><td><<Insured 1>></td><td>Rs.</td></tr></table>	Insured Name	Sum Insured (SI) (in Rs.)	<<Insured 1>>	Rs.	
		Insured Name	Sum Insured (SI) (in Rs.)				
<<Insured 1>>	Rs.						
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	Base Cover - In patient Hospitalisation Expenses	Policy Coverage 3.1				
		Optional Cover - Pre-Hospitalisation Expenses	5 Optional Covers 1				
		Optional Cover - Post-Hospitalisation Expenses	5 Optional Covers 2				
		Optional Cover - Emergency Ambulance Expenses	5 Optional Covers 3				
		Optional Cover - Day Care Procedures/Treatment Expenses	5 Optional Covers 4				
		Optional Cover - AYUSH Coverage Expenses	5 Optional Covers 5				
		Optional Cover - Domiciliary Hospitalisation Expenses	5 Optional Covers 6				
		Optional Cover - Sum Insured Restoration for unrelated claims	5 Optional Covers 7				
		Optional Cover - Recharge Benefit for related claims	5 Optional Covers 8				
		Optional Cover - Hospital Daily Cash Benefit	5 Optional Covers 9				
		Optional Cover - Compassionate Travel	5 Optional Covers 10				
		Optional Cover - Repatriation of Mortal Remains	5 Optional Covers 11				
		Optional Cover - Maternity Benefit	5 Optional Covers 12				
		Optional Cover - Outpatient Benefit	5 Optional Covers 13				
		Optional Cover - Medical Second Opinion	5 Optional Covers 15				
	The benefit applicable to the Insured under the policy will depend on the plan and Sum Insured opted and as mentioned in the Policy Schedule						
		The policy does not cover any losses caused directly due to the following					
		GENERAL EXCLUSIONS					
		1. Investigation & Evaluation – Code – Excl04: a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded	4.2.1				
		2. Rest Cure, rehabilitation and respite care – code – Excl05: a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or nonskilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	4.2.2				
		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 comorbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe sleep Apnea iv. Uncontrolled Type2 Diabetes	4.2.3				
		4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.	4.2.4				
		5. Cosmetic or plastic Surgery: Code – Excl08: 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	4.2.5				
6. Hazardous or Adventure sports: Code – Excl09: Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, parajumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving	4.2.6						

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Exclusions (What the policy does not cover)

7. Breach of law: Code – Excl 10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent	4.2.7
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	4.2.8
9. Code – Excl12: Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof	4.2.9
10. Code – Excl13: 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.	4.2.10
11. Code – Excl14 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.	4.2.11
12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries	4.2.12
13. Unproven Treatments Code – Excl16: 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	4.2.13
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	4.2.14
15. Maternity Expenses: Code – Excl18: 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.	4.2.15
16. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings	4.2.16
17. Expenses incurred towards dental treatment or surgery not requiring hospitalization under anesthesia are excluded	4.2.17
18. Any expenses incurred towards hearing aids, eyeglasses or contact lenses	4.2.18
19. Circumcisions (unless necessitated by illness or injury and forming part of treatment)	4.2.19
20. Pre & Post hospitalisation expenses of the organ donor and consequential loss to such organ donor	4.2.20
21. Any travel or transportation costs or expenses.	4.2.21
22. intentional self-injury or attempted suicide whether sane or insane.	4.2.22
23. Conditions for which treatment could have been done on an OPD basis without any Hospitalisation and Outpatient treatment	4.2.23
24. Congenital anomaly /illness / diseases / condition which are external.	4.2.24
25. Any treatment or investigation taken outside India.	4.2.25
26. Vaccination or inoculation unless forming a part of post-animal bite treatment	4.2.26
27. Injury / illness directly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not), ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel, civil war, revolution, insurrection, mutiny, martial law	4.2.27
28. 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.	4.2.28
29. Treatment other than Allopathy and AYUSH	4.2.9

		30. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1 of the policy wording	4.2.30
		Specific Exclusions applicable to Medical Second Opinion:	5 Optional Covers 15
		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.	
7	Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage	Initial Waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	4.1.iii
		Specific Waiting Periods (Not applicable for claims arising due to an accident): 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 12 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 PreExisting 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 1. Congenital Internal Anomaly (for other than New Born Baby), 2. Varicose veins and Varicose Ulcers, 3. Rheumatism and arthritis of any kind, 4. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum, 5. Stones in the Urinary and Biliary systems, 6. Gastric or Duodenal Ulcer 7. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps, 8. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders, 9. Cataract 10. Benign Prostatic Hypertrophy, 11. Myomectomy, Hysterectomy unless because of malignancy, 12. Dilatation and curettage (D&C) 13. Anal Fistula, Fissure and Piles, 14. All types of Hernia, 15. Hydrocele 16. Chronic Renal Failure, 17. Joint replacement Surgery unless because of accident	4.1.ii
		Pre-existing Diseases: Covered after 36 consecutive months under the policy	4.1.i
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits:	
		Charges beyond the limit on Room Rent, if any as mentioned in the Master Policy Schedule / Certificate of Insurance	Coverage
		Charges beyond the Sublimit on procedures, if any as mentioned in the Master Policy Schedule / Certificate of Insurance	Coverage
	ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder / insured)	Co-payment, if any as mentioned in the Master Policy Schedule / Certificate of Insurance	Coverage
	iii. Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount))	Not Applicable	
	iv. Any other limit (as applicable)	Not Applicable	

	Claims / Claims Procedure	<p>• For Cashless Service: Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com</p> <p>• For Reimbursement of Claim: Advance claim intimation of at least 48 hours is required for planned hospitalisation and intimation within 24 hours for emergency hospitalisation. This would help us to pre-process your claim for a smooth experience. Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from date of discharge.</p> <p>Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last necessary document</p> <p>TAT for Pre-authorisation of cashless facility for initial approval - 60 minutes</p> <p>TAT for cashless final bill authorisation / enhancements - 180 minutes</p> <p>Network Hospital details: Download the updated Network Hospitals from www.cholainsurance.com or Chola MS App</p> <p>Helpline Number: For any assistance on claims, please contact us at our toll-free number: 1800-208-9100</p> <p>Hospitals which are excluded or from where no claims will be accepted by Insurer - Refer to our website www.cholainsurance.com or Chola MS app for latest list of excluded hospitals, as we will not consider / pay any claim from these hospitals. However, in case of life-threatening situations or following an accident, expenses incurred for the treatment up to the stage of stabilization are payable but not the complete claim.</p> <p>Downloading/getting claim form: Please visit our website www.cholainsurance.com and download the claim form or write to us at customercare@cholams.murugappa.com or call us at 1800-208-9100</p>	5. General Conditions 23
10	Policy Servicing	For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at customercare@cholams.murugappa.com	Section 6-Grievances Redressal Mechanism
11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <p>.Please write to customercare@cholams.murugappa.com to register your complaint.</p> <p>.In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com or call our Toll free @ 1800 208 9100 (for Health products)</p> <p>.On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details.</p> <p>.In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix.</p> <p>Escalation Matrix</p> <p>.In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer</p> <p>Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number)</p> <p>.In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - GRO@cholams.murugappa.com (Quoting the previous Service request number)</p> <p>.If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to https://www.cioins.co.in/Ombudsman to get details on Insurance Ombudsman Offices</p>	Section 6-Grievances Redressal Mechanism
12	Things to remember	<p>Free Look Cancellation: Not Applicable</p> <p>Policy renewal:- The health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium clause of the policy</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer</p> <p>In case the insured wish to migrate to another policy with the same insurer, he/she has to apply for migration atleast 30 days before the policy renewal date</p> <p>In case the insured wish to port out of the policy, without break in insurance, he/she has to get in touch with the other insurance company at least 45 days before, but not earlier than 60 days from the policy renewal date to initiate the necessary porting formalities</p> <p>Change in Sum Insured: Sum Insured can be changed (increased) only at the time of renewal, subject to reported claim status and health condition of the insured. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	<p>5. General Conditions 10</p> <p>5. General Conditions 8, 9</p> <p>5. General Conditions 26</p>

		<p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits</p>	5. General Conditions 12
13	Your Obligations	<p>Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, misdescription or non-disclosure of any material fact by the Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable.</p> <p>Insured can contact our toll free no. 1800 208 9100 or write to us at customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy.</p>	