

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> 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](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)



IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**ADD ON COVER**

(on payment of additional premium)

**HOME CARE TREATMENT (GROUP) – Wordings**

CHOHLGA22186V012122

**1. GENERAL CONDITIONS**

1. It is agreed and understood that this Add On Cover can only be bought along with the Underlying Group 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 Group Plan.
3. The Add On Cover shall be available under your Group policy only if the same is specifically opted on payment of applicable premium and specified in the Policy Schedule/Certificate.
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.

**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
- c. This add-on cover can be availed on Individual or Family floater basis
- d. 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
- e. 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.
- f. Sum Insured Restoration, if any available under Base Policy shall not be applicable for Home care Treatment under this Add-on cover.

**3. DEFINITIONS**

The terms defined below and at other junctures in the Add-on cover Wording have the meanings ascribed to them wherever they appear in the Add-on cover and where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- a. **Homecare Treatment** means treatment availed by the Insured Person at home which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
  - a) The Medical Practitioner advises the Insured Person in writing to undergo treatment at home.
  - b) There is continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
  - c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

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- b. Reasonable and Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

**4. COVERAGE****a. 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.

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

**b. 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.

**5. GENERAL CONDITIONS**

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**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 :

- 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.
- Expediently 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
- Claim intimation has to be given to us in writing or mail (E mail: [customercare@cholams.murugappa.com](mailto: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 Group policy to be submitted within 30 days of completion of the treatment.

**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.

**Annexure-1 (forming part of the Add-on cover wording)**

Sl. No.	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

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

**Annexure 2 ( attached to and forming part of Add-on cover wordings)**

S. No.	Name of the Product	UIN
1	Group Health Insurance	CHOHLGP21307V022021
2	Baroda Swasthya Parivar	CHOHLGP21310V022021
3	Flexi Health	CHOHLGP21311V022021
4	Chola Group Super Topup Insurance	CHOHLGP21312V022021
5	Flexi Plus	CHOHLGP21132V012021