

**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



**CHOLA GROUP SUPER TOPUP INSURANCE**

CHOHLGP21312V022021

Policy Wordings

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We issue this Group insurance policy to the Proposer based on the information provided by the Proposer in the proposal form and premium paid by the Proposer. This insurance is subject to the following terms and conditions. The method of coverage and the Benefit Limits that has been opted is indicated in the Policy Schedule/Policy Certificate. The term **You/ Your / Insured/ Insured Person** in this document refers to the individual group members who will be treated as Insured beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organisation who has signed the proposal form and in whose name the policy is issued. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

Master policy will be issued in the name of Group Manager and individual certificate may be issued to the beneficiaries.

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in the Policy 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:

1. **Accident / Accidental mean** a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition)
3. **Admissible Claim Amount** means the eligible amount payable under this policy, to You, upto the Sum Insured, after applying the Deductible and sublimits wherever applicable
4. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
5. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
6. **AYUSH Treatment** refers to the medical and / or hospitalisation treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems'.
7. **\*AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
  - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
  - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
8. **AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
  - a. Central or State Government AYUSH Hospital; or

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- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
- 9. Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- 10. Claims Team** means the Claims administration team within Chola MS General Insurance Company
- 11. Commencement Date** means the commencement date of this Policy as specified in the **Policy Schedule/Certificate**.
- 12. Cashless service/facility** means a service/ facility extended by the Company to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the Company to the extent pre-authorization approved
- 13. Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 14. Congenital Anomaly** means a condition which is present since birth, which is abnormal with reference to form, structure or position.
  - a. **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.
  - b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.
- 15. Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-
  - has qualified nursing staff under its employment;
  - has qualified medical practitioner/s in charge;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- 16. Day care treatment** means medical treatment and/or surgical procedure which is
  - a. undertaken under general or local anaesthesia in a hospital / day care centre in less than 24 hours because of technological advancement and
  - b. which would have otherwise required hospitalization of more than 24 hoursTreatment normally taken on an out-patient basis is not included in the scope of this definition.
- 17. Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any

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benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. Deductible will apply over aggregate of all admissible claims under the policy for the Insured under Individual policy type or the Insured family under floater policy type.

- 18. Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 19. Dependents** means only the family members listed below, who is related to Primary Insured:
  - Legally married Spouse as long as he or she continues to be married to the Primary Insured
  - Natural or legally adopted Children of the primary Insured.
  - Natural parents or parents who have legally adopted the Primary Insured
- 20. Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
- 21. Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
- 22. Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 23. Domiciliary hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:
  - a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
  - b. the patient takes treatment at home on account of non-availability of room in a hospital.
- 24. Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- 25. Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing.
- 26. Excluded hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital.
- 27. Family** means and includes You, Your legally married Spouse, Your Children and Dependant Parents.
- 28. Floater Sum Insured** means the Sum Insured as specified in the **Policy Schedule/Certificate** and is available for any one or all members of the family who have been mentioned as Insured Persons in the schedule/certificate for one or more claims during the period of Insurance.
- 29. Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases
- 30. Group:** A group should consist of persons who assemble together with a commonality of purpose or engaging in a common economic activity like employees of a Company. It includes non employer-employee groups like employee welfare associations, co-operative society's. Group policies being taken by Government bodies for certain identifiable groups, credit/debit card/kisan credit card holders insured through the card issuance company, customers of a particular business, professional associations, borrowers/depositors of a bank, customers of a bank or aggregators, or

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members of any similar group being administered by a group administration wherein Insurance is being provided as an add-on benefit.

- 31. Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
  - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - has qualified medical practitioner(s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
- 32. Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
- 33. Identification or ID card** means the card issued to You by us.
- 34. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
  - b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.
- 35. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
- 36. In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event
- 37. Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
- 38. ICU Charges** (Intensive Care Unit) charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 39. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 40. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had



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not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- 41. Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The registered Practitioner should not be the insured or close family members of the insured. For the purpose of this definition, close family members would mean and include the Insured person's Spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.

- 42. Medically necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- a. is required for the medical management of the illness or injury suffered by Insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - c. must have been prescribed by a medical practitioner;
  - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 43. Master Policy Schedule/Policy Schedule** means schedule attached to and forming part of this Policy, mentioning the details of the Proposer / Group Manager, the Sum Insured, Period and limits to which benefits under the policy would be payable.
- 44. Membership Number** means an identification number of every insured person for our In-house Claims administration team. Membership number will be mentioned in the health card provided to each insured person.
- 45. Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- 46. Network Provider/ Hospital** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
- 47. Non- Network** means any hospital, day care centre or other provider that is not part of the network.
- 48. Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 49. 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.
- 50. Organ Donor** means any person in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules and who donates any of his/her internal organ to the Insured Person subsequent to medical confirmation.
- 51. Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- 52. Post-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital, provided that
- a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and

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- b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- 53. Pre-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
  - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 54. Pre-existing disease (PED) means any condition, ailment, injury or disease:**
- that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
  - for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 55. Policy period** means the period between the commencement date and earlier of
- The Expiry Date specified in the Schedule/Certificate
- The date of cancellation of this Policy by either Policy holder or Insurer in accordance with General Condition (7.14) below.
- 56. Policy Certificate / Certificate of Insurance** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and Sum Insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Certificate.
- 57. Policy** means your statements in the proposal/enrolment form (which are the basis of this policy), this policy wording (including endorsements, if any) and the Policy Schedule/Certificate (as the same may be amended from time to time)
- 58. Primary Member** is the main member of the group who has legal relationship with the Proposer.
- 59. Proposal Form / Enrolment Form** is the form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
- 60. Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 61. 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.
- 62. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 63. Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 64. Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner
- 65. Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
- 66. Schedule of Benefits** means the table of benefits, with the limit of Sum Insured under each benefit, that will be paid by us as per the plan opted by you.

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**67. Sum Insured** means the amount shown in the **Policy Schedule/Certificate** which shall be our maximum liability under section 3 of the policy. In relation to individual policy it is our maximum liability for each Insured Person for any and all benefits claimed for during the policy period and in relation to a Family Floater it is our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Period. This is the actual coverage amount over and above the deductible opted by you.

**68. Unproven/Experimental treatment** means the treatment including drug Experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

- This Insurance is available to persons (Self, Spouse & Parents) aged between 18 Years and 65 years (Completed age) at the commencement date of this policy.
- Children can be covered from age between 3 months to 26 years (Completed age) at the commencement date of the policy.
- The Primary Member availing the policy should be minimum 18 years on the Commencement date of the policy.
- Primary Member of the Group can avail the policy for his/her Spouse, Children upto two, dependent Parents on Individual Sum Insured Basis. On family floater basis policy can be availed for a maximum of 4 members covering Primary Insured, Spouse and upto 2 Children.
- Coverage of Primary Member is mandatory under the policy

In the event of **Insured Person** suffering from an illness or Accident during the Policy Period that requires hospitalisation on an Inpatient basis or treatment defined as a **Day Care Procedure**, then this policy will pay for the Medical Expenses for the benefits mentioned below in excess of the **Deductible** stated in the **Policy Schedule/Certificate**.

The **deductible** will apply over aggregate of all admissible claims under the policy per annum.

In case of Individual Cover, the deductible will be applied over the aggregate of all the admissible claims made by the **Insured Person**.

In case of Family Floater Cover, the deductible will be applied over the aggregate of all the admissible claims made by all **Insured Persons** in the family.

COVERAGE	
In Patient Hospitalisation Expenses	Covered
Pre-Hospitalization Expenses	60 days
Post-Hospitalization Expenses	90 days
Emergency Ambulance Expenses	Covered
Day Care Procedures	Covered
Domiciliary Hospitalisation	Covered
AYUSH Coverage Expenses	Covered
Expenses considered for aggregate deductible	In Patient Hospitalisation Expenses
	Pre-Hospitalization Expenses
	Post-Hospitalization Expenses
	Emergency Ambulance Expenses
	Day Care Procedures
	Domiciliary Hospitalisation
	AYUSH Coverage Expenses



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WAITING PERIOD	
Initial waiting period of 30 days	Applicable
Waiting period for listed illness	12 months
Waiting period for Pre existing Disease	36 months

**Note:**

- In case of Individual cover, the benefits shown in the table above will represent our maximum liability for each **Insured Person** for any and all claims made during the **policy period**.
- In case of **Family floater** cover, the benefits shown in the table above will represent our maximum liability for any and all claims made by all Insured person(s) in the family during the **policy period**.
- The Sum Insured shall be greater or equal to the deductible amount.

**4.1 Inpatient Hospitalisation Expenses:**

This Policy will indemnify for medically necessary inpatient treatment expenses, under different heads mentioned below, incurred during the policy period towards hospitalization for the disease, illness, medical condition or injury contracted or sustained by the insured person during the **Policy Period** as stated in the **Policy Schedule/Certificate** subject to **deductibles**, terms, conditions and exclusions mentioned in the Policy.

- Room, Boarding charges as provided by the Hospital/Nursing Home in normal rooms or in ICU
- Nursing Expenses incurred during In-Patient hospitalization
- Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees
- Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, and diagnostic tests)
- Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, and Medicines & Drugs, Diagnostic Materials and Cost of Pacemaker, prosthetic and other devices implanted internally during a surgical procedure.
- Hospitalisation expenses of the Organ donor during the stay as in-patient solely for the purpose of harvesting the organ, excluding pre and post hospitalisation expenses for such donor.

**4.2 Pre Hospitalisation Expenses :**

This Policy will pay for medical expenses incurred upto 60 days prior to the date of **Hospitalisation** subject to deductible provided that

- The expenses were incurred after the first 30 day waiting period as mentioned in Exclusion no 5.1
- Such Medical Expenses are incurred for the same condition for which the **Insured Person's Hospitalization** was required, and
- The Inpatient **Hospitalization** claim for such Hospitalization is admissible by Us

Payment under this benefit will reduce the Sum Insured.

**4.3 Post Hospitalisation Expenses :**

This Policy will pay for medical expenses incurred upto 90 days from the date of discharge from the hospital subject to deductible provided that

- Such Medical Expenses are incurred for the same condition for which the **Insured Person's Hospitalization** was required, and
- The Inpatient **Hospitalization** claim for such Hospitalization is admissible by Us

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Payment under this benefit will reduce the Sum Insured.

### **4.4 Emergency Ambulance Expenses:**

This Policy will pay for Road Ambulance Expenses actually incurred to transfer the **Insured Person** following an emergency to the nearest **Hospital** with adequate facilities, provided that:

- a) The ambulance service is offered by a healthcare or an ambulance service provider.
- b) The Inpatient **Hospitalization** claim for such Hospitalization is admissible by Us

Ambulance Expenses will be reimbursed to the **Insured** on submission of original bills. Cashless facility will not be available for Ambulance Expenses/Services.

Payment under this benefit will reduce the Sum Insured.

### **4.5 Day Care Procedures:**

This Policy will pay for Medical Expenses incurred as a Day Care Procedure/Treatment as per Annexure 2 that requires less than 24 hours of hospitalization, upto **Sum Insured** in excess of **deductible** mentioned in the **Policy Schedule/Certificate**, if it is performed in a network hospital. In case the procedure is performed in a non-network hospital, the same must be pre-authorized by us.

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.

Payment under this benefit will reduce the Sum Insured.

### **4.6 Domiciliary Hospitalisation:**

This policy will reimburse the Medical Expenses incurred by an **Insured Person** for medical treatment taken at his/her home which would otherwise have required Hospitalisation provided:

- a) on the advice of the attending Medical Practitioner, the **Insured Person** could not be transferred to a Hospital or
- b) a Hospital bed was unavailable, and provided that:
  - I. The condition for which the medical treatment is required continues for at least 3 days, in which case the Policy pays reasonable cost of necessary medical treatment for the entire period
  - II. Pre-hospitalisation expenses and Post Hospitalisation expenses in accordance with Sections 3.2 and 3.3 will be covered under this benefit.
  - III. No payment will be made under this benefit if the condition for which the Insured Person requires medical treatment towards following ailments:
    - 1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
    - 2. Arthritis, Gout and Rheumatism,
    - 3. Chronic Nephritis and Nephritic Syndrome,
    - 4. Diarrhoea and all type of Dysenteries including Gastroenteritis,
    - 5. Diabetes Mellitus and Insupidus,
    - 6. Epilepsy,
    - 7. Hypertension,
    - 8. Pyrexia of unknown Origin.

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Cashless facility will not be available for such a claim. Payment under this benefit will reduce the Sum Insured.

**4.7 \*AYUSH Coverage Expenses:**

This **Policy** will pay for non-allopathic treatments that require more than 24 hrs of Hospitalization and Day Care Procedures for illness or accidental bodily injury sustained by the **Insured** upto **Sum Insured** in excess of deductible as mentioned in the **Policy Schedule/Certificate**. The treatment should have been undergone in AYUSH Hospital / AYUSH Day care centre as defined in the policy.

Payment under this benefit will reduce the Sum Insured.

**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 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 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
  1. Congenital Internal Anomaly,
  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

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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

**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

**SECTION 6. GENERAL EXCLUSIONS**

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

**A) STANDARD 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.

**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

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- ii. Coronary heart disease
- 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 – Excl10**
- 8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**
- 9. 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**
- 10. 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**
- 11. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. **Code – Excl15**
- 12. **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**
- 13. **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
- 14. **Maternity: 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.

**B) SPECIFIC EXCLUSIONS**

- 15. Congenital anomaly /illness / diseases / condition which are external.
- 16. Pre & Post hospitalisation expenses of the organ donor and consequential loss to such organ donor.



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17. 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.
18. Intentional self-injury or attempted suicide whether sane or insane.
19. 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.
20. Circumcisions (unless necessitated by illness or injury and forming part of treatment).
21. Expenses incurred for any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.
22. Outpatient treatment.
23. Vaccination or inoculation unless forming a part of post-animal bite treatment.
24. Any treatments or Investigation taken outside India
25. \*Treatment other than Allopathy and AYUSH
26. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure1

**1. Condition Precedent to Admission of Liability**

The terms and Conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

**2. Disclosure of Information**

The **policy** shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal/enrolment form and other connected documents to enable it to take informed decision in the context of underwriting the risk.)

**3. 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.

**4. 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.

**5. Nomination**

The policyholder is required at the inception of the policy and at the time of renewal to make a nomination for the purpose of payment of claims under the policy in the event of death of the

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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.

**6. Fraud**

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

**7. 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.

**8. Claim Settlement (provision for penal interest)**

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- 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
- In 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.
- 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.
- 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)

**9. Complete Discharge:**

Any payment to the policyholder, insured person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**10. 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.

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

**11. 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.

**12. 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

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in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

**13. 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.

**14. Cancellation of Policy**

i. The policyholder may cancel this policy at any time during the term, by giving 7 days written notice in writing and in such an event, the Company shall

a. refund proportionate premium for the unexpired policy period, if the term of policy upto one year and there is no claim(s) made during the policy period

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced

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

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

**15. Change of Address / Contact details**

It is in the **Insured person's** interest to intimate us if there is any change in residential address and phone numbers.

**16. Deductible**

**Deductible** is a cost sharing requirement under this **Policy** that provides that the **Company** will not be liable for medical expenses upto a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the **Insurer**. A **deductible** does not reduce the **Sum Insured**. **Deductible** opted as per the **Policy Schedule/Certificate** will apply over aggregate of all admissible claims under the policy per annum by **Insured** (Individual cover) or insured family (in case of Family Floater cover).

**17. Cost of Pre-Policy Medical Check up**

- Pre-Policy Medical Check up for the proposed customers will be arranged by our Designated Service Provider on Cashless basis.
- No cost will be collected from the Customers towards the same.
- In case after undergoing the Pre-Policy Medical 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 Medical Check-up will be deducted from the Insured's premium and the balance premium would be refunded.

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### **18. Specific and Permanent Exclusions (Applicable for other than Employer-Employee Groups):**

- 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.
- b. Permanent exclusions may be applied for diseases disclosed by the person to be insured at the time of underwriting with due consent of the proposer or person to be insured, where underwriting policy of the Company does not enable Us to offer the Health Insurance Coverage for the given disease disclosed.

### **19. 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/Certificate.
- b. Any and all notices and declarations for the attention of the Policy holder or any or all of the insured Persons shall be in writing and shall be sent to the Policy holder's/Primary Insured's address as specified in the Schedule/Certificate.

### **20. Transfer**

Transferring of interest in this Policy to anyone else is not allowed

### **21. Governing Law**

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

### **22. Entire Contract**

The **Policy** constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the **Insurer** shall be evidenced by a duly signed and sealed **endorsement** on the **Policy**.

### **23. 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.

### **24. Assignment:**

The policy can be assigned subject to applicable laws.

### **25. Claim Procedure**

If the **Insured Person(s)** suffer from **Accidental** Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim under this policy, then it is a condition precedent to our liability that the Insured shall immediately:

- a. Give us notice of the claim at the earliest irrespective of notice provided to any other **insurer** for the same illness in case the Insured Person(s) hold 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 us



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c. If the Insured has any other insurance **policy** in addition to this Super Topup Insurance as on the date of claim which also covers any claim (in part or in whole) being made under this policy, then the Insured will have the right to require a settlement of his claim in terms of any of his policies. The insurer chosen by the Insured shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, if the amount to be claimed under the policy chosen by the Insured, exceeds the sum insured under the policy after considering the deductibles or co-pay (if applicable), the insured shall have the right to choose the insurers from whom he/she wants to claim the balance amount. In such cases the respective insurers shall indemnify the hospitalisation costs in accordance with the terms and conditions of the chosen policy.

d. If the Insured make the first claim from the primary insurer and have not intimated Us immediately along with the other **Insurer** expecting that the total claim would not exceed the **sum insured** limit of such insurance, it would not amount to delayed intimation provided however that the **Insured** intimate Us immediately when the cost of treatment is likely to exceed the deductible amount under this policy or before the discharge, whichever is earlier

Type of hospitalization	Claim Intimation - Turn Around Time	
<b>Cashless</b> - Admission in Network Hospital	<b>Planned Hospitalization:</b> pre-authorization has to be obtained 72 hours prior to the date of planned admission	<b>Emergency Hospitalization:</b> within 48 hours of an emergency admission
<b>Reimbursement</b> - Admission in Non - Network Hospital (E mail: <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> ) or phone (@ Toll free no. 1800-208-9100)	<b>Planned Hospitalization</b> - Claim intimation has to be given to us on email or at the Toll free Number within 48 hours for planned hospitalization	<b>Emergency Hospitalization:</b> Claim intimation has to be given to us on email or at the Toll free Number within 24 hours of an emergency hospitalization

**25.a 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](http://www.cholainsurance.com) as well as Chola MS mobile application. Pre-authorisation 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.

**25.b Reimbursement Claims**

1. Upon Hospitalisation, the **Insured Person** or his/her dependents shall provide us with fully particularised details of the quantum of the claim to be reimbursed and all other information and documentation in respect of the claim and/ or our liability as listed below 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 the 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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

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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)

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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 the **Insured** or his/her Nominee.

5. **Insured** hereby acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the Insured, it being agreed and recognised by the **Insured** 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-authorised or not.

6. Following documents are to be submitted for processing of the claim:

- Claim Form duly filled and signed by patient/ Insured.
- Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc
- Original Main bill from the hospital with cost wise break up.
- Original payment receipt (Receipt should have Serial No)
- Original investigation reports (such as X Ray, Lab Reports, Scan reports etc) – These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.
- All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital.
- 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.
- AML documents in case the claimed amount is above 1 lac
- Bank details along with the cancelled cheque for claim payment through NEFT

**Note:** When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted to us.

Our Customer Support and Claims Office contact details are as detailed below for the purpose of claim intimation, submission or for any queries / grievances:

**Chola MS customer support operates 24/7 basis and the contact details are:**

- Toll Free Phone No: 1800-208-9100

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](mailto:customercare@cholams.murugappa.com)

**25.c TPA :**

*\*Revision/Inclusion in compliance with IRDAI Circular Ref. IRDAI/HLT/CIR/GDL/31/01/2024 dt. 31st January, 2024 sub: Guidelines on providing AYUSH coverage in Health Insurance policies*

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

**26. Deductible**

The **Company** will not be liable for claims/claim amount falling within **deductible** limit as opted and mentioned on the **Policy Schedule/Certificate**.

**27. Delay in intimation of claim**

It is essential and imperative that any loss or claim under the **policy** has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator wherever deemed necessary for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto.

Any genuine delay, beyond the **Insured's** control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Insured's end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

**28. Authority to Obtain Records**

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which the claim has been lodged. If required, the **Insured Person** should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

**29. Any one illness / relapse period**

If the hospitalisation is continuous and the illness relapses within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken will be treated as same illness.

**30. Enhancement of Sum Insured or Deductible**

**Sum insured** or **Deductible** can be enhanced only at the time of renewal subject to reported claim status and health condition of the **insured**. If the **Insured** decides to increase the **Sum Insured** or **Deductible** 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 days, 1 year and 3 year waiting periods as per section 5.1, 5.2 and 5.3 of the Policy Terms.

Sum Insured Enhancement will not be considered for Insured Persons over 65 years of age

**31. Arbitration**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

**32. Automatic Termination**

This **policy** shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the **Policy Schedule/Certificate**

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- Upon the demise of the covered person, in which case the **Company** will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the Sum Insured. However this will not affect the renewal for the subsequent period.

**33. Disclaimer of claim**

It is also hereby further expressly agreed and declared that if we shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**Mechanism for Grievance Redressal:-**

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

Website : [www.cholainsurance.com](http://www.cholainsurance.com)

Toll free : 1800 208 9100

E-Mail : [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)

Courier : Manager , Customer Care,  
Chola MS General Insurance Company Limited  
Hari Nivas Towers First Floor  
#163, Thambu Chetty Street,  
Parry's Corner, Chennai -600001

**Procedure of Grievance Redressal**

- Please write to [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com) to register your complaint.
- In Case of Senior Citizen please write to [seniorcitizensupport@cholams.murugappa.com](mailto:seniorcitizensupport@cholams.murugappa.com) or call our Toll free @ 1800 208 9100 ( for Health products )
- On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details.
- In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix.

**Escalation Matrix**

- In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer – [Nodalescalation@cholams.murugappa.com](mailto:Nodalescalation@cholams.murugappa.com) (Quoting the previous Service request number)
- 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](mailto:GRO@cholams.murugappa.com) (Quoting the previous Service request number)

If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to <https://www.cioins.co.in/Ombudsman> to get details on Insurance Ombudsman Offices.

Office Details	Jurisdiction of Office
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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: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU – Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 I 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	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: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	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: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	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: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	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: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).



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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: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI- Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD- Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@ecoi.co.in">bimalokpal.jaipur@ecoi.co.in</a>	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA- Shri P.K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.

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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: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></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: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; 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: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></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: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></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: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

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*(attached to and forming part of policy wordings)***LIST I – ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY**

Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING

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41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES – SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLEY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
<b>LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES</b>	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU0DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN



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15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES
<b>LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES</b>	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON

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E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

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22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
<b>LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT</b>	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES – DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOLT SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

**Annexure 2 (attached to and forming part of policy wordings)****LIST OF DAY CARE PROCEDURES**

Kindly note that the procedures mentioned below are only illustrative and not exhaustive. Any other Medical treatment or surgical procedure which is undertaken under general or local anaesthesia and which require admission in a Hospital/Day Care Centre, where hospital stay is less than 24 hours due to technological advancement only, shall also be considered as Day care procedures for the purpose of indemnity under this policy.

Treatment normally taken on an OPD basis will not be considered under day care procedure/surgery

Sl. No.	DENTAL AND ENT RELATED
1	SPLINTING OF AVULSED TEETH
2	SUTURING LACERATED LIP
3	SUTURING ORAL MUCOSA
4	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
5	FNAC
6	SMEAR FROM ORAL CAVITY
7	MYRINGOGOMY WITH GROMMET INSERTION
8	TYMPANOPLASTY (CLOUSE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSCILES)
9	REMOVAL OF A TYMPANIC DRAIN
10	KERATOSIS REMOVAL UNDER GA
11	OPERATIONS ON THE TURBINATES (NASAL CONCHA)
12	REMOVAL OF KERATOSIS OBTURBANS
13	STAEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR

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14	REVISION OF A STAPEDECTOMY
15	OTHER OPERATIONS ON THE AUDITORY OSSICLES
16	MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE-I TYMPANOPLASTY)
17	FENESTRATION ON THE INNER EAR
18	REVISION OF A FENESTRATION OF THE INNER EAR
19	PALATOPLASTY
20	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
21	TONSILLECTOMY WITHOUT ADENOIDECTOMY
22	TONSILLECTOMY WITH ADENOIDECTOMY
23	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
24	REVISION OF A TYMPANOPLASTY
25	OTHER MICROSURGICAL OPERATION ON THE MIDDLE EAR
26	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
27	MASTOIDECTOMY
28	RECONSTRUCTION OF THE MIDDLE EAR
29	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
30	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
31	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
32	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
33	OTHER OPERATIONS ON THE NOSE
34	NASAL SINUS ASPIRATION
35	FOREIGN BODY REMOVAL FROM NOSE
36	OTHER OPERATION ON THE TONSILS AND ADENOIDS
37	ADENOIDECTOMY
38	LABYRINTHECTOMY FOR SEVERE VERTIGO
39	STAPEDECTOMY UNDER GA
40	STAPEDECTOMY UNDER LA
41	TYMPANOPLASTY (TYPE IV)
42	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
43	TURBINECTOMY
44	ENDOSCOPIC STAPEDECTOMY
45	INCISION AND DRAINAGE OF PERICHONDritis
46	SEPTOPLASTY
47	VESTIBULAR NERVE SECTION
48	THYROPLASTY TYPE I
49	PSEUDOCYST OF THE PINNA EXCISION
50	INCISION AND DRAINAGE-HAEMATOMA AURICLE
51	TYMPANOPLASTY (TYPE II)
52	REDUCTION OF FRACTURE OF NASAL BONE
53	THYROPLASTY TYPE II
54	TRACHEOSTOMY
55	EXCISION OF ANGIOMA SEPTUM
56	TURBINOPLASTY
57	INCISION & DRAINAGE OF RETROPHARYNGEAL ABSCESS

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58	UVULOPALATOPHARYNGOPLASTY
59	ADENOIDECTOMY WITH GROMMET INSERTION
60	ADENOIDECTOMY WITHOUT GROMMET INSERTION
61	VOCAL CORD LATERALISATION PROCEDURE
62	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
63	TRACHEOPLASTY
<b>GASTROENTEROLOGY RELATED</b>	
64	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/DUODENOSTOMY/GASTROSTOMY/EXPLORATION COOMON BILE DUCT
65	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
66	PANCREATIC PSEUDOCYST EUS&DRAINAGE
67	RF ABLATION FOR BARRET'S OESOPHAGUS
68	ERCP AND PAPILLOTOMY
69	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
70	EUS+SUBMUCOSAL RESECTION
71	CONSTRUCTION OF GASTROSTOMY TUBE
72	EUS+ASPIRATION RESECTION
73	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
74	COLONOSCOPY LESION REMOVAL
75	ERCP
76	COLONOSCOPY STENTING OF STRICTURE
77	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
78	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
79	ERCP AND CHOLEDOCHOSCOPY
80	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
81	ERCP AND SPHINCTEROTOMY
82	ESOPHAGEAL STENT PLACEMENT
83	ERCP+PLACEMENT OF BILIARY STENTS
84	SIGMOIDOSCOPY W/STENT
85	EUS+COELIAC NODE BIOPSY
86	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS
87	BLEEDING ULCERS
<b>GENERAL SURGERY RELATED</b>	
88	INCISION OF A PILONIDAL SINUS/ABSCESS
89	FISSURE IN ANOSHPHINCTEROTOMY
90	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
91	ORCHIDOPEXY
92	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
93	SURGICAL TREATMENT OF ANAL FISTULAS
94	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
95	APIDIDYMECTOMY
96	INCISION OF THE BREAST ABSCESS
97	OPERATIONS ON THE NIPPLE
98	EXCISION OF SINGLE BREAST LUMP

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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)

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99	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
100	SURGICAL TREATMENT OF HEMORRHOIDS
101	OTHER OPERATIONS ON THE ANUS
102	ULTRASOUND GUIDED ASPIRATIONS
103	SCLEROTHERAPY, ETC
104	LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
105	THERAPEUTIC LAPAROSCOPY WITH LASER
106	APPENDICECTOMY WITH/WITHOUT DRAINAGE
107	INFECTED KELOID EXCISION
108	AXILLARY LYMPHADENECTOMY
109	WOUND DEBRIDEMENT AND COVER
110	ABSCCESS-DECOMPRESSION
111	CERVICAL LYMPHADENECTOMY
112	INFECTED SEBACEOUS CYST
113	INGUINAL LYMPHADENECTOMY
114	INCISION AND DRAINAGE OF ABSCESS
115	SUTURING OF LACERATIONS
116	SCALP SUTURING
117	INFECTED LIPOMA EXCISION
118	MAXIMAL ANAL DILATION
119	PILES
120	INJECTION SCLEROTHERAPY
121	PILES BANDING
122	LIVER ABSCESS-CATHETER DRAINAGE
123	FISSURE IN ANO-FISSURECTOMY
124	FIBROADENOMA BREAST EXCISION
125	OESOPHAGEAL VARICES SCLEROTHERAPY
126	ERCP-PANCREATIC DUCT STONE REMOVAL
127	PERIANAL ABSCESS I&D
128	PERIANAL HEMATOMA EVACUATION
129	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
130	BREAST ABSCESS I&D
131	FEEDING GASTROSTOMY
132	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
133	ERCP-BILEDUCT STONE REMOVAL
134	ILEOSTOMY CLOSURE
135	COLONOSCOPY
136	POLYPECTOMY COLON
137	SPLENIC ABSCESES LAPROSCOPIC DRAINAGE
138	UGISCOPY AND POLYPECTOMY STOMACH
139	RIGID OESOPHAGOSCOPY FOR REMOVAL
140	FEEDING JEJUNOSTOMY
141	COLOSTOMY
142	ILEOSTOMY

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143	COLOSTOMY CLOSURE
144	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
145	PNEUMATIC REDUCTION OF INTUSSUSCEPTION
146	VARICOSE VEINS LEGS-INJECTION SCELROTHERAPY
147	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
148	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
149	ZADEK'S NAIL BED EXCISION
150	SUBCUTANEOUS MASTECTOMY
151	EXCISIOIN OF RANULA UNDER GA
152	RIGID OESOPHAGAOSCOPY FOR DILATION OF BENIGN STRICTURES
153	EVERSION OF SAC
154	UNILATERAL
155	ILATERAL
156	LORD'S PLICATION
157	JABOULAY'S PROCEDURE
158	SCROTOPLATY
159	CIRCUMCISION FOR TRAUMA
160	MEATOPLASTY
161	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
162	PSOAS ABSCESS INCISION AND DRAINAGE
163	THRYROID ABSCESES INCISION AND DRAINAGE
164	TIPS PROCEDURE FOR PORTAL HYPERTENSION
165	ESOPHAGEAL GROWTH STENT
166	PAIR PROCEDURE OF HYDATID CYST LIVER
167	TRU CUT LIVER BIOPSY
168	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
169	EXCISION OF CERVICAL RIB
170	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
171	MICRODOCHECTOMY BREAST
172	SURGERY FOR FRACTURE PENIS
173	SENTINEL NODE BIOPSY
174	PARASTOMAL HERNIA
175	REVISION COLOSTIMY
176	PROLAPSED COLOSTOMY-CORRECTION
177	TESTICULAR BIOPSY
178	LAPAROSCOPIC CARIOMYOMOTMY (HELLERS)
179	SENTINEL NODE BIOPSY MALIGNANT MELANOMA
180	LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)
181	INSERT NON-TUNNEL CV CATH
182	INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
183	REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
184	INSERTION CATHETER INTRA ANTERIOR
185	INSERTION OF PORTACATH
	<b>GYNECOLOGY RELATED</b>
186	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)

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

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187	INCISION OF THE OVARY
188	INSUFFLATIONS OF THE FALLOPIAN TUBE
189	OTHER OPERATIONS ON THE FALLOPIAN TUBE
190	DILATION OF THE CERVICAL CANAL
191	CONSIATION OF TE UTERINE CERVIX
192	THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY
193	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
194	OTHER OPERATIONS ON THE UTERINE CERVIX
195	INCISION OF THE UTERUS (HYSTERECTOMY)
196	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
197	INCISION OF VAGINA
198	INCISION OF VULVA
199	CULDOTOMY
200	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
201	ENDOSCOPIC POLYPECTOMY
202	HYSTEROSCOPIC REMOVAL MYOMA
203	D&C
204	HYSTEROSCOPIC RESECTION OF SEPTUM
205	THERMAL CAUTERISATION OF CERVIX
206	MIRENA INSERTION
207	HYSTEROSCOPIC ADHESIOLYSIS
208	LEEP
209	CRYOCAUTERISATION OF CERVIX
210	POLYPECTOMY ENDOMETRIUM
211	HYSTEROSCOPIC RESECTION OF FIBROID
212	LLETZ
213	CONIZATION
214	POLYPECTOMY CERVIX
215	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
216	VULVAL WART EXCISION
217	LAPAROSCOPIC PARA OVARIAN CYST EXCISION
218	UTERINE ARTERY EMBOLIZATION
219	LAPAROSCOPIC CYSTECOMY
220	HYMENECTOMY (IMPERFORATE HYMEN)
221	ENDOMETRIAL ABLATION
222	VAGINAL WALL CYST EXCISION
223	VULVAL CYST EXCISION
224	LAPAROSCOPIC PARATUBAL CYST EXCISION
225	REPAIR OF VAGINA (VAGINAL ATRESIA)
226	HYSTEROSCOPY, REMOVAL OF MYOMA
227	TURBT
228	URETEROCOELE REPAIR-CONGENITAL INTERNAL
229	VAGINAL MESH FOR POP

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230	LAPROSCOPIC MYOMECTOMY
231	SURGERY FOR SUI
232	REPAIR RECTO-VAGINAL FISTULA
233	PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
234	URS+LL
235	LAPAROSCOPIC OOPHORECTOMY
236	NORMAL VAGINAL DELIVERY AND VARIANTS
	<b>NEUROLOGY RELATED</b>
237	FACIAL, NERVE PHYSIOTHERAPY
238	NERVE BIOPSY
239	MUSCLE BIOPSY
240	EPIDURAL STEROID INJECTION
241	GLYCEROL RHIZOTOMY
242	SPINAL CORD STIMULATION
243	MOTOR CORTEX STIMULATION
244	STEREOTACTIC RADIOSURGERY
245	PERCUTANEOUS CORDOTOMY
246	INTRATHECAL BACLOFEN THERAPY
247	ENTRAPMENT NEUROPATHY RELEASE
248	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
249	VP SHUNT
250	VENTRICULOATRIAL SHUNT
	<b>ONCOLOGY RELATED</b>
251	RADIOTHERAPY FOR CANCER
252	CANCER CHEMOTHERAPY
253	IV PUSH CHEMOTHERAPY
254	HBI-HEMIBODY RATIO THERPY
255	INFUSIONAL TARGETED THERAPY
256	SRT-STEREOTACTIC ARC THERAPY
257	SC ADMINISTRATION OF GROWTH FACTORS
258	CONTINUOUS INFUSIONAL CHEMOTHERAPY
259	INFUSIONAL CHEMOTHERAPHY
260	CCRT-CONCURRENT CHEMO+RT
261	2D RADIOTHERAPY
262	3D CONFORMAL RADIOTHERAPY
263	IGRT-IMAGE GUIDED RADIOTHERAPY
264	IMRT-STEP&SHOOT
265	INFUSIONAL BISPHOSPHONATES
266	IMRT-DMLC
267	ROTATIONAL ARC THERAPY
268	TELE GAMMA THERAPY
269	FSRT-FRACTIONATED SRT
270	VIMAT-VOLUMETRIC MODULATED ARC THERAPY
271	SBRT-STEREOTACTIC BODY RADIOTHERAPY
272	X-KNIFE SRS

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274	TBI-TOTAL BODY RADIOTHERAPY
275	INTRALUMINAL BRACHYTHERAPY
276	ELECTRON THERAPY
277	TSET-TOTAL ELECTRON SKIN THERAPY
278	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
279	TELECOBALT THERAPY
280	TELECESIUM THERAPY
281	EXTERNAL MOULD BRACHYTHERAPY
282	INTERSTITIAL BRACHYTHERAPY
283	INTRACAVITY BRACHYTHERAPY
284	3D BRACHYTHERAPYIMPLANT BRACHYTHERAPY
285	IMPLANT BRACHYTHERAPY
286	INTRAVESICAL BRACHYTHERAPY
287	ADJUVANT RADIOTHERAPY
288	AFTERLOADING CATHETER BRACHYTHERAPY
289	CONDITIONING RADIOTHERAPY FOR BMT
290	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
291	RADICAL CHEMOTHERAPY
292	NEOADJUVANT RADIOTHERAPY
293	LDR BRACHYTHERAPY
294	PALLIATIVE RADIOTHERAPY
295	RADICAL RADIOTHERAPY
296	PALLIATIVE CHEMOTHERAPY
297	TEMPLATE BRACHYTHERAPY
298	ENOADJUVANT CHEMOTHERAPY
299	ADJUVANT CHEMOTHERAPY
300	INDUCTION CHEMOTHERAPY
301	CONSOLIDATION CHEMOTHERAPY
302	MAINTENANCE CHEMOTHERAPY
303	HDR BRACHYTHERAPY
	<b>OPERATIONS ON THE SALIVARY GLANDS &amp; SALIVARY DUCTS</b>
304	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
305	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
306	RESECTION OF A SALIVARY GLAND
307	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
308	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
	<b>OPERATIONS ON THE SKIN &amp; SUBCUTANEOUS TISSUES</b>
309	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
310	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
311	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
312	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES

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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

**CHOLA GROUP SUPER TOPUP INSURANCE**

CHOHLGP21312V022021

Policy Wordings

314	FREE SKIN TRANSPLANTATION, DONOR SITE
315	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
316	REVISION OF SKIN PLASTY
317	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTAEIOUS TISSUES
318	CHEMOSURGERY TO THE SKIN
319	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
320	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
321	EXCISION OF BURSIRTIS
322	TENNIS ELBOW RELEASE
	<b>OPERATIONS ON THE TONGUE</b>
323	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
324	PARTIAL GLOSSECTOMY
325	GLOSSECTOMY
326	RECONSTRUCTION OF THE TONGUE
327	OTHER OPERATIONS ON THE TONGUE
	<b>OPHTHALMOLOGY RELATED</b>
328	SURGERY FOR CATARACT
329	INCISION OF TEAR GLANDS
330	OTHER OPERATIONS ON THE TEAR DUCTS
331	INCISION OF DISEASED EYELIDS
332	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
333	OPERATIONS ON THE CANTHUS AND EPICANTHUS
334	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
335	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
336	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
337	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
338	INCISION OF THE CORNEA
339	OPERATIONS FOR PTERYGIUM
340	OTHER OPERATIONS ON THE CORNEA
341	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
342	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
343	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
344	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
345	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
346	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
	ANTERIOR CHAMBER
347	PARACENTESIS/CYCLODIATHERMY/CYCLOCRYOTHERAPY/GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIEDOPERATIONS TO TREAT GLAUCOMA
348	ENUCLEATION OF EYE WITHOUT IMPLANT
349	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
350	LASER PHOTOCOAGULATION TO TREAT RETINAL TEAR
351	BIOPSY OF TEAR GLAND
352	TREATMENT OF RETINAL LESION
	<b>ORTHOPEDICS RELATED</b>

\*Revision/Inclusion in compliance with IRDAI Circular Ref. IRDAI/HLT/CIR/GDL/31/01/2024 dt. 31st January,2024 sub:

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353	SURGERY FOR MENISCUS TEAR
354	INCISION ON BONE, SEPTIC AND ASEPTIC
355	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
356	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
357	REDUCTION OF DISLOCATION UNDER GA
358	ARTHROSCOPIC KNEE ASPIRATION
359	SURGERY FOR LIGAMENT TEAR
360	SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
361	REMOVAL OF FRACTURE PINS/NAILS
362	REMOVAL OF METAL WIRE
363	CLOSED REDUCTION ON FRACTURE, LUXATION
364	REDUCTION OF DISLOCATION UNDER GA
365	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
366	EXCISION OF VARIOIUS LESIONS IN COCCYX
367	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
368	CLOSED REDUCTION OF MINOR FRACTURES
369	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
370	TENDON SHORTENING
371	ARTHROSCOPIC MENISCECTOMY-KNEE
372	TREATMENT OF CLAVICLE DISLOCATION
373	HAEMARTHROSIS KNEE-LAVAGE
374	ABSCCESS KNEE JOINT DRAINAGE
375	CARPAL TUNNEL RELEASE
376	CLOSED REDUCTION OF MINOR DISLOCATION
377	REPAIR OF KNEE CAP TENDON
378	ORIF WITH K WIRE FIXATION-SMALL BONES
379	RELEASE OF MIDFOOT JOINT
380	ORIF WITH PLATING-SMALL LONG BONES
381	IMPLANT REMOVAL MINOR
382	K WIRE REMOVAL
383	POP APPLICATION
384	CLOSED REDUCTION AND EXTERNAL FIXATION
385	ARTHROTOMY HIP JOINT
386	SYME'S AMPUTATION
387	ARTHROPLASTY
388	PARTIAL REMOVAL OF RIB
389	TREATMENT OF SESAMOID BONE FRACTURE
390	SHOULDER ARTHROSCOPY/SURGERY
391	ELBOW ARTHROSCOPY
392	AMPUTATION OF METACARPAL BONE
393	RELEASE OF THUMB CONTRACTGURE
394	INCISION OF FOOT FASCIA
395	CALCENUM SPUR HYDROCORT INJECTION
396	GANGLION WRIST HYALASE INJECTION

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Policy Wordings

397	PARTIAL REMOVAL OF METATARSAL
398	REPAIR/GRAFT OF FOOT TENSION
399	REVISION/REMOVAL OF KNEE CAP
400	AMPUTATION FOLLOW-UP SURGERY
401	EXPLORATION OF ANKE JOINT
402	REMOVE/GRAFT LEG BONE LESION
403	REPAIR/GRAFT ACHILLES TENDON
404	REMOVE OF TISSUE EXPANDER
405	BIOPSY ELBOW JOINT LINING
406	REMOVAL OF WRIST PROSTHESIS
407	BIOPSY FINGER JOINT LINING
408	TENDON LENGTHENING
409	TREATMENT OF SHOULDER DISLOCATION
410	LENGTHENING OF HAND TENDON
411	REMOVAL OF ELBOW BURSA
412	FIXATION OF KNEE JOINT
413	TREATMENT OF FOOT DISLOCATION
414	SUREGERY OF BUNION
415	INTRA ARTICULAR STERIOD INJECTION
416	TENDON TRANSFER PROCEDURE
417	REMOVAL OF KNEE CAP BURSA
418	TREATMENT OF FRACTURE OF ULNA
419	TREATMENT OF SCAPULA FRACTURE
420	REMOVAL OF TUMOR OF ARM/ELBOW UNDER RA/GA
421	REPAIR OF RUPTURED TENDON
422	DECOMPRESS FOREARM SPACE
423	REVISION OF NECT MUSCLE (TORTICOLLIS RELEASE)
424	LENGTHENING OF THIGH TENDONS
425	TREATMENT FRACTURE OF RADIUS & ULNA
426	REPAIR OF KNEE JOING
	<b>CARDIOLOGY RELATED</b>
427	CORONARY ANGIOGRAM
	<b>OTHER OPEARATIONS ON THE MOUTH &amp; FACE</b>
428	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
429	INCISION OF THE HARD AND SOFT PALATE
430	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
431	INCISON, EXCISION AND DESTRUCTION IN THE MOUTH
432	OTHER OPERATIONS IN THE MOUTH
	<b>PEDIATRIC SURGERY RELATED</b>
433	EXCISION OF FISTULA IN ANO
434	EXCISION JUVENILE POLYPS RECTUM
435	VAGINOPLASTY
436	DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
437	PRESACRAL TERA TOMAS EXCISION
438	REMOVAL OF VESICAL STONE

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439	EXICISON SIGMOID POLYP
440	STERNOMASTOID TENOTOMY
441	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
442	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
443	MEDIASTINAL LYMPH NODE BIOPSY
444	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
445	EXCISION OF CERVICAL TERATOMA
446	RECTAL MYOMECTIONY
447	RECATAL PROLAPSE (DELORME'S PROCEDURE)
448	DETORSION OF TORSION TESTIS
449	EUA+BIOPSY MULTIPLE FISTULA IN ANO
450	CYSTIC HYGROMA-INJECTION TREATMENT
	<b>PLASTIC SURGERY RELATED</b>
451	CONSTRUCTION SKIN PEDICLE FLAP
452	GLUTEAL PRESSURE ULCER-EXCISION
453	MUSCLE-SKIN GRAFT, LEG
454	REMOVAL OF BONE FOR GRAFT
455	MUSCLE-SKIN GRAFT DUCT FISTULA
456	REMOVAL CARTILAGE GRAFT
457	MYOCUTAEIOUS FLAP
458	FBRO MYOCUTANEOUS FLAP
459	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
460	SLING OPERATION FOR FACIAL PALSY
461	SPLIT SKIN FRAFTING UNDER RA
462	WOLFE SKIN GRAFT
463	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
	<b>THORACIC SURGERY RELATED</b>
464	THORACOSCOPY AND LUNG BIOPSY
465	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
466	LASER ABLATION OF BARRETT'S OESOPHAGUS
467	PLEURODESIS
468	THORACOSCOPY AND PLEURAL BIOPSY
469	EBUS+BIOPSY
470	THORACOSCOPY LIGATION THORACIC DUCT
471	THORACOSCOPY ASSISTED EMPYAEME DRAINAGE
	<b>UROLOGY RELATED</b>
472	HAEMODIALYSIS
473	LITHOTRIPSY/NEPHORLITHOTOMY FOR RENAL CALCULUS
474	EXCISION OF RENAL CYST
475	DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
476	INCISION OF THE PROSTATE
477	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
478	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
479	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480	RADICAL PROSTATOVESICULECTOMY

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481	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482	OPERATION ON THE SEMINAL VESICLES
483	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
484	OTHER OPEATIONS ON THE PROSTATE
485	INCISION OF THE SCROTUM AND TUNICA VAGINALS TESTIS
486	OPERATION ON A TESTICULAR HYDROCELE
487	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
488	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
489	INCISION OF THE TESTES
490	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
491	UNILATERAL ORCHIDECTOMY
492	BILATERAL ORCHIDECTOMY
493	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
494	RECONSTRUCTION OF THE TESTIS
495	IMPLANTATION EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
496	OTHER OPERATIONS ON THE TESTIS
497	EXCISION IN THE AREA OF THE EPIDIDYMIS
498	OPERATIONS ON THE FORESKIN
499	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
500	AMPUTATION OF THE PENIS
501	OTHER OPERATOINS ON THE PENIS
502	CYSTOSCOPICAL REMOVAL OF STONES
503	CATHETERISATION OF BLADDER
504	LITHOTRIPSY
505	BIOPSY OF TERMPORAL ARTERY FOR VARIOUS LESIONS
506	EXTERNAL ARTERIO-VENOUS SHUNT
507	AV FISTULA-WRIST
508	URSL WITH STENTING
509	URSL WITH LITHOTRIPSY
510	CUSTOSCOPIC LITHOLAPAXY
511	ESWAL
512	BLADDER NECT INCISION
513	CYSTOSCOPY & BIOPSY
514	CYSTOSCOPY AND REMOVAL OF POLYP
515	SUPRAPUBIC CYSTOSTOMY
516	PERCUTANEOUS NEPHROSTOMY
517	CYSTOSCOPY AND SLING PROCEDURE
518	TUNA-PROSTATE
519	EXCISION OF URETHRAL DIVERTICULUM
520	REMOVAL FO URETHRAL STONE
521	EXCISION OF URETHRAL PROLAPSE
522	MEGA-URETER RECONSTRUCTION
523	KIDNEY RENOSCOPY AND BIOPSY
524	URETER ENDOSCOPY AND TREATMENT
525	VESICO URETERIC REFLUX CORRECTION

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526	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
527	ANDERSON HYNES OPERATION
528	KIDNEY ENDOSCOPY AND BIOPSY
529	PARAHIMOSIS SURGERY
530	INJURY PREPUCE-CIRCUMCISION
531	FRENULAR TEAR REPAIR
532	MEATOTOMY FOR MEATAL STENOSIS
533	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
534	SUREGERY FILARIAL SCROTUM
535	SURGERY FOR WATERING CANPERINEUM
536	REPAIR OF PENILE TORSION
537	DRAINAGE OF PROSTATE ABSCESS
538	ORCHIECTOMY
539	CYSTOSCOPY AND REMOVAL OF FB