

#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

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. 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
- 5. 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.
- 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/parasurgical 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. Cashless facility** means a facility extended by the Insurer 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 Insurer to the extent pre-authorization approved.
- 11. Claims Team means the Claims administration team within Chola MS General Insurance Company
- 12. Commencement Date means the commencement date of this Policy as specified in the Policy Schedule/Certificate.
- **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 Hospitalisation of more than 24 hours
- Treatment 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 benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. Deductible will



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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. 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
- **20. Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
- **21. 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.
- **22. 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
    - the patient takes treatment at home on account of non-availability of room in a hospital.
- 23. 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.
- **24. 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.
- **25. 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.
- 26. Family means and includes You and only the members listed below, who is related to You
  - i. Legally married Spouse as long as he or she continues to be married to the Primary Insuredii. Natural or legally adopted Children of the primary Insured.
  - iii. Natural parents or parents who have legally adopted the Primary Insured
- **27. 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.
- **28. 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

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

**29. 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,



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professional associations, borrowers/depositors of a bank, customers of a bank or aggregators, or members of any similar group being administered by a group administration wherein Insurance is being provided as an add-on benefit.

- **30.** 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
- **31. Hospitalization** 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 24consecutive hours.
- **32. 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.
- **33. 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.
- **34. 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
- **35. 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 lifesupport facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- **36.** 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
- **37. Identification** or **ID card** means the card issued to You by us.
- **38.** 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.
- **39. 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.

\*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 Page 5 of 40



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- **40. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- **41. 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 not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- **42. 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.

- **43. 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.
- **44. 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.
- **45.** 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.
- 46. Non- Network means any hospital, day care centre or other provider that is not part of the network.
- **47.** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- **48. 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.
- **49. 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.
- 50. Policy period means the period between the commencement date and earlier of
  - a. The Expiry Date specified in the Schedule/Certificate
  - b. The date of cancellation of this Policy by either Policy holder or Insurer in accordance with General Condition (7.3.28) below.
- **51. 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.



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- **52. 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)
- 53. Primary Member is the main member of the group who has legal relationship with the Proposer.
- **54. 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
- **55. 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.
- **56.** Post-Hospitalisation 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
  - b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company
- **57. Pre-Hospitalisation Medical Expenses m**eans medical expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that
  - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
  - b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
- 58. Pre-existing disease (PED) means any condition, ailment, injury or disease:
  - a. 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
  - b. 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.
- **59.** 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.
- **60. 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.
- **61. 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.
- **62. Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- **63. 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
- **64. 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.
- **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

\*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 Page 7 of 40



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**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.

- **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.** Waiting period refers to the period during which we shall not be liable to make any payment for any claim for treatment. This is not applicable if caused directly due to an accident during the policy period.
- 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 the date of birth upto the age of 26 years (Completed age) at the commencement date of the policy, provided atleast one of the parents of the child is also covered under 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
- **Premium Payment options**: Premium under this policy shall be payable on Annual, Half-Yearly, Quarterly or Monthly basis. The Premium payment method opted by the Group Manager under the policy will be applicable to all the members covered under the policy. No option will be given to Individual beneficiary under the group to vary the Payment basis.

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

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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
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.

#### **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.

- a. Room, Boarding charges as provided by the Hospital/Nursing Home in normal rooms or in ICU
- b. Nursing Expenses incurred during In-Patient hospitalization
- c. Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees
- d. Hospital miscellaneous (medical costs) services (such as laboratory, x-ray, and diagnostic tests)
- e. 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.
- f. 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.

# 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

a. The expenses were incurred after the first 30 day waiting period as mentioned in Exclusion no 5.1 b. Such Medical Expenses are incurred for the same condition for which the **Insured Person's Hospitalization** was required, and



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c. The Inpatient Hospitalization claim for such Hospitalization is admissible by Us

Payment under this benefit will reduce the Sum Insured.

### **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

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

Payment under this benefit will reduce the Sum Insured.

#### 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.

#### **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.

#### 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.



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

# 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

#### a. Waiting Periods:

# i. Pre-Existing Diseases – Code – Excl01:

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

#### ii. Specified disease/procedure waiting period - Code - Excl02:

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 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

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

- 1. **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**
- 2. Excluded Providers: Code-Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses upto the stage of stabilization are payable but not the complete claim.
- 3. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. **Code Excl15**
- 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
- 5. Sterility and Infertility: Code Excl17: Expenses related to Sterility and infertility. This includes:
  - a) Any type of contraception, sterilization
  - **b)** Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - c) Gestational Surrogacy
  - d) Reversal of sterilization

# 6. Maternity: Code – Excl18:

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;



#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

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ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

- 7. 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.
- 8. 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.
- 9. Any treatments or Investigation taken outside India
- 10. \*Treatment other than Allopathy and AYUSH

#### **1. 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 policy holder/Insured.

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

#### 2. 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.

#### **3.** Claim Settlement (provision for Penal Interest):

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- ln such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 20/0 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 (RBl) at the beginning of the financial year in which claim has fallen due)

#### 4. 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.



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## **5.** 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.

#### 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 pa(y 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. Cancellation of cover

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



# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

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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.

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.

# 8. 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.

#### 9. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any Health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

#### **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. Withdrawal of Policy:**

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- a. 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.
- b. Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

# **12. 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

# **13. Premium payment in Instalments:**

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

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

#### 14. 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.

#### **15. Nomination:**

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



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representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

#### 16. 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.

# **17. 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).

#### 18. Specific 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.

#### **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.



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## 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

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

#### 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 <u>www.cholainsurance.com</u> 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.

# b. Reimbursement Claims

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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 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
- E-Mail: <u>customercare@cholams.murugappa.com</u>



#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

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Address of Chola MS Health Claims Office: **Cholamandalam MS General Insurance Company Limited Chola MS HELP – Health Claims Department** New No.2, Old No. 234, Parry House, 3rd Floor, N. S. C. Bose Road Chennai - 600001 Customer Care Toll Free No: 1800-208-9100 E-Mail: <u>customercare@cholams.murugappa.com</u>

# d- TPA :

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. 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.

#### 27. 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

#### 28. 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.

#### **29. 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

#### **30.** 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.

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#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

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

#### **31.** 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** 

• 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.

# 32. 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 : <u>www.cholainsurance.com</u>
- Toll free: 1800 208 9100E-Mail: customercare@cholams.murugappa.com
- Courier : Manager , Customer Care,

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

#### **Procedure of Grievance Redressal**

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

#### **Escalation Matrix**

- In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number)
- In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer GRO@cholams.murugappa.com (Quoting the previous Service request number)

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

Office Details	Jurisdiction of Office
AHMEDABAD - Shri Kuldip Singh,	Gujarat,
Office of the Insurance Ombudsman,	Dadra & Nagar Haveli,
Jeevan Prakash Building, 6th floor,	Daman and Diu.
Tilak Marg, Relief Road,	
Ahmedabad - 380 001.	
Tel.: 079 - 25501201/02/05/06	
Email: bimalokpal.ahmedabad@ecoi.co.in	
BENGALURU –	Karnataka.
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: <u>bimalokpal.bengaluru@ecoi.co.in</u>	
BHOPAL-	Madhya Pradesh,
Office of the Insurance Ombudsman,	Chhattisgarh.
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: <u>bimalokpal.bhopal@ecoi.co.in</u>	
BHUBANESHWAR - Shri Suresh Chandra Panda	Orissa.
Office of the Insurance Ombudsman,	
62, Forest park,	
Bhubaneshwar - 751 009.	
Tel.: 0674 - 2596461 /2596455	
Fax: 0674 - 2596429	
Email: <u>bimalokpal.bhubaneswar@ecoi.co.in</u>	
CHANDIGARH -	Punjab,
Office of the Insurance Ombudsman,	Haryana(excluding Gurugram, Faridabad,
S.C.O. No. 101, 102 & 103, 2nd Floor,	Sonepat and Bahadurgarh)
Batra Building, Sector 17 - D,	Himachal Pradesh, Union Territories of Jammu &
Chandigarh - 160 017.	Kashmir,
Tel.: 0172 - 2706196 / 2706468	Ladakh & Chandigarh.
Fax: 0172 - 2708274	
Email: <u>bimalokpal.chandigarh@ecoi.co.in</u>	

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CHENNAI -	Tamil Nadu, Tamil Nadu
Office of the Insurance Ombudsman,	PuducherryTown and
Fatima Akhtar Court, 4th Floor, 453,	Karaikal (which are part of Puducherry).
Anna Salai, Teynampet,	
CHENNAI -600 018.	
Tel.: 044 - 24333668 / 24335284	
Fax: 044 - 24333664	
Email: , <u>bimalokpal.chennai@ecoi.co.in</u>	
DELHI - Shri Sudhir Krishna	Delhi &
Office of the Insurance Ombudsman,	Following Districts of Haryana - Gurugram,
2/2 A, Universal Insurance Building,	Faridabad, Sonepat & Bahadurgarh.
Asaf Ali Road,	
New Delhi - 110 002.	
Tel.: 011 - 23232481/23213504	
Email: <u>bimalokpal.delhi@ecoi.co.in</u>	
GUWAHATI-	Assam,
Office of the Insurance Ombudsman,	Meghalaya,
Jeevan Nivesh, 5th Floor,	Manipur,
Nr. Panbazar over bridge, S.S. Road,	Mizoram,
Guwahati - 781001(ASSAM).	Arunachal Pradesh,
Tel.: 0361 - 2632204 / 2602205	Nagaland and Tripura.
Email: bimalokpal.guwahati@ecoi.co.in	Nagarana ana mpura.
HYDERABAD-	Andhro Drodoch
	Andhra Pradesh,
Office of the Insurance Ombudsman,	Telangana, Yanam and
6-2-46, 1st floor, "Moin Court",	
Lane Opp. Saleem Function Palace,	part of Union Territory of Puducherry
A.C. Guards, Lakdi-Ka-Pool,	
Hyderabad - 500 004.	
Tel.: 040 - 23312122	
Fax: 040 - 23376599	
Email: <u>bimalokpal.hyderabad@ecoi.co.in</u>	
JAIPUR -	Rajasthan.
Office of the Insurance Ombudsman,	
Jeevan Nidhi - II Bldg., Gr. Floor,	
Bhawani Singh Marg,	
Jaipur - 302 005.	
Tel.: 0141 - 2740363	
Email: <u>bimalokpal.jaipur@ecoi.co.in</u>	
ERNAKULAM - Ms. Poonam Bodra	Kerala,
Office of the Insurance Ombudsman,	Lakshadweep,
2nd Floor, Pulinat Bldg.,	Mahe-a part of Pondicherry.
Opp. Cochin Shipyard, M. G. Road,	
Ernakulam - 682 015.	
Tel.: 0484 - 2358759 / 2359338	
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Email: <u>bimalokpal.ernakulam@ecoi.co.in</u>	

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#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

KOLKATA- Shri P.K. Rath	West Bengal,
Office of the Insurance Ombudsman,	Sikkim,
Hindustan Bldg. Annexe, 4th Floor,	Andaman & Nicobar Islands.
4, C.R.Avenue,	
KOLKATA - 700 072.	
Tel.: 033 - 22124339 / 22124340	
Fax: 033 - 22124341	
Email: <u>bimalokpal.kolkata@ecoi.co.in</u>	
LUCKNOW -Shri Justice Anil Kumar Srivastava	Districts of Uttar Pradesh :
Office of the Insurance Ombudsman,	Laitpur, Jhansi, Mahoba, Hamirpur, Banda,
6th Floor, Jeevan Bhawan, Phase-II,	Chitrakoot, Allahabad, Mirzapur, Sonbhabdra,
Nawal Kishore Road, Hazratganj,	Fatehpur, Pratapgarh, Jaunpur, Varanasi,
Lucknow - 226 001.	Gazipur, Jalaun, Kanpur, Lucknow, Unnao,
Tel.: 0522 - 2231330 / 2231331	Sitapur, Lakhimpur, Bahraich, Barabanki,
Fax: 0522 - 22313507 2251551	Raebareli, Sravasti, Gonda, Faizabad, Amethi,
Email: <u>bimalokpal.lucknow@ecoi.co.in</u>	Kaebaren, Sravasti, Gonda, Farzabad, Ametri, Kaushambi, Balrampur, Basti,
Email: <u>ofmatokpar.fuckflow@ecof.co.m</u>	
	Santkabirnagar, Azamgarh, Kushinagar,
	Gorkhpur, Daoria Man Charimur Chandauli Ballia
	Deoria, Mau, Ghazipur, Chandauli, BaIlia,
	Sidharathnagar.
MUMBAI -	Goa,
Office of the Insurance Ombudsman,	Mumbai Metropolitan Region
3rd Floor, Jeevan Seva Annexe,	excluding Navi Mumbai & Thane.
S. V. Road, Santacruz (W),	
Mumbai - 400 054.	
Tel.: 69038821/23/24/25/26/27/28/28/29/30/31	
Fax: 022 - 26106052	
Email: <u>bimalokpal.mumbai@ecoi.co.in</u>	
NOIDA - Shri Chandra Shekhar Prasad	State of Uttaranchal and the following Districts of
Office of the Insurance Ombudsman,	Uttar Pradesh:
Bhagwan Sahai Palace	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun,
4th Floor, Main Road,	Bulandshehar, Etah, Kanooj, Mainpuri, Mathura,
Naya Bans, Sector 15,	Meerut, Moradabad, Muzaffarnagar, Oraiyya,
Distt: Gautam Buddh Nagar,	Pilibhit, Etawah, Farrukhabad, Firozbad,
U.P-201301.	Gautambodhanagar, Ghaziabad, Hardoi,
Tel.: 0120-2514252 I 2514253	Shahjahanpur, Hapur, ShamIi, Rampur,
Email: <u>bimalokpal.noida@ecoi.co.in</u>	Kashganj, Sambhal, Amroha, Hathras,
	Kanshiramnagar, Saharanpur.
PATNA- Shri N. K. Singh	Bihar, Jharkhand.
Office of the Insurance Ombudsman,	
1st Floor, Kalpana Arcade Building,	
Bazar Samiti Road,	
Bahadurpur,	
Patna 800 006.	
Tel.: 0612-2680952	
Email: <u>bimalokpal.patna@ecoi.co.in</u>	

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#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

PUNE - Shri Vinay Sah	Maharashtra,
Office of the Insurance Ombudsman,	Area of Navi Mumbai and Thane excluding
Jeevan Darshan Bldg., 3rd Floor,	Mumbai Metropolitan Region.
C.T.S. No.s. 195 to 198,	
N.C. Kelkar Road, Narayan Peth,	
Pune- 411 030.	
Tel.: 020-41312555	
Email: <u>bimalokpal.pune@ecoi.co.in</u>	



#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

Annexure 1 (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. 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

14 REVISION OF A STAPEDECTOMY

15 OTHER OPERATIONS ON THE AUDITORY OSSICLES

16 MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE-I

<sup>10</sup> TYMPANOPLASTY)

17 FENESTRATIO NON 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

1 I



# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

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
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
	GASTROENTEROLOGY RELATED
64	CHOLECYSTECTOMY AND CHOLEDOCHO- JEJUNOSTOMY/DUODENOSTOMY/GASTROSTOMY/EXPLORATION COOMON BILE DUCT



# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

1	ESODIA COSCODY, CASTROSCODY, DUODENOSCODY WITH DOLYDECTOMY/DEMOVAL OF	
65	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS	
66	PANCREATIC PSEUDOCYST EUS&DRAINAGE	
	RF ABLATION FOR BARRET'S OESOPHAGUS	
	ERCP AND PAPILLOTOMY	
	ESOPHAGOSCOPE AND SCLEROSANT INJECTION	
	EUS+SUBMUCOSAL RESECTION	
	CONSTRUCTION OF GASTROSTOMY TUBE	
	EUS+ASPIRATION RESECTION	
-	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)	
	COLONOSCOPY LESION REMOVAL	
	ERCP	
	COLONOSCOPY STENTING OF STRICTURE	
	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY	
	EUS AND PANCREATIC PSEUDO CYST DRAINAGE	
	ERCP AND CHOLEDOCHOSCOPY	
	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION	
	ERCP AND SPHINCTEROTOMY	
_	ESOPHAGEAL STENT PLACEMENT	
	ERCP+PLACEMENT OF BILIARY STENTS	
	SIGMOIDOSCOPY W/STENT	
	EUS+COELIAC NODE BIOPSY	
	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS	
87	BLEEDING ULCERS	
	GENERAL SURGERY RELATED	
	INCISION OF A PILONIDAL SINUS/ABSCESS	
89	FISSURE IN ANOSHPHINCTEROTOMY	
	SURGICAL TREATENT 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	
99	INCISION AND EXCISION OF TISSUE IN THE PERIANANL REGION	
100	SURGICAL TREATMENT OF HEMORRHOIDS	
101	OTHER OPERATIONS ON THE ANUS	

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#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122 Policy Wordings

102 ULTRASOUND GUIDED ASPIRATIONS 103 SCLEROTHERAPY, ETC LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE 104 BIOPSY **105 THERAPEUTIC LAPAROSCOPY WITH LASER** 106 APPENDICECTOMY WITH/WITHOUT DRAINAGE **107 INFECTED KELOID EXCISION** 108 AXILLARY LYMPHADENECTOMY 109 WOUND DEBRIDEMENT AND COVER 110 ABSCESS-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 ABSCESSES LAPROSCOPIC DRAINAGE 138 UGISCOPY AND POLYPECTOMY STOMACH 139 RIGID OESOPHAGAOSCOPY FOR REMOVAL

\*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 Page 29 of 40



# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

140 FEEDING JEJUNOSTOMY
141 COLOSTOMY
142 ILEOSTOMY
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 ABSCES 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)

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#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122 Policy Wordings

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

**GYNECOLOGY RELATED** 

186 OPERATIONS ON BARTHOLIN'S GLANDS (CYST)

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-OOPOHORECTOMY 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 CRYOCAUTERISAITON OF CERVIX

210 POLYPECTOMY ENDOMETRIUM

211 HYSTEROSCOPIC RESECTION OF FIBROID

212 LLETZ

213 CONIZATION

214 POLYPECTOMY CERVIX

215 HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP

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## CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

216 VULVAL WART EXCISION
217 LAPAROSCOPIC PARAOVARIAN 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
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
NEUROLOGY RELATED
236 FACIAL, NERVE PHYSIOTHERAPY
237 NERVE BIOPSY
238 MUSCLE BIOPSY
239 EPIDURAL STEROID INJECTION
240 GLYCEROL RHIZOTOMY
241 SPINAL CORD STIMULATION
242 MOTOR CORTEX STIMULATION
243 STEREOTACTIC RADIOSURGERY
244 PERCUTANEOUS CORDOTOMY
245 INTRATHECAL BACLOFEN THERAPY
246 ENTRAPMENT NEUROPATHY RELEASE
247 DIAGNOSTIC CEREBRAL ANGIOGRAPHY
248 VP SHUNT
249 VENTRICULOATRIAL SHUNT
ONCOLOGY RELATED
250 RADIOTHERAPY FOR CANCER
251 CANCER CHEMOTHERAPY
252 IV PUSH CHEMOTHERAPY

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# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

253 HBI-HEMIBODY RATIOTHERPY
254 INFUSIONAL TARGETED THERAPY
255 SRT-STEREOTACTIC ARC THERAPY
256 SC ADMINISTRATION OF GROWTH FACTORS
257 CONTINUOUS INFUSIONAL CHEMOTHERAPY
258 INFUSIONAL CHEMOTHERAPHY
259 CCRT-CONCURRENT CHEMO+RT
260 2D RADIOTHERAPY
261 3D CONFORMAL RADIOTHERAPY
262 IGRT-IMAGE GUIDED RADIOTHERAPY
263 IMRT-STEP&SHOOT
264 INFUSIONAL BISPHOSPHONATES
265 IMRT-DMLC
266 ROTATIONAL ARC THERAPY
267 TELE GAMMA THERAPY
268 FSRT-FRACTIONATED SRT
269 VIMAT-VOLUMETRIC MODULATED ARC THERAPY
270 SBRT-STEREOTACTIC BODY RADIOTHERAPY
271 X-KNIFE SRS
272 GAMMAKNIFE SRS
273 TBI-TOTAL BODY RADIOTHERAPY
274 INTRALUMINAL BRACHYTHERAPY
275 ELECTRON THERAPY
276 TSET-TOTAL ELECTRON SKIN THERAPY
277 EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
278 TELECOBALT THERAPY
279 TELECESIUM THERAPY
280 EXTERNAL MOULD BRACHYTHERAPY
281 INTERSTITINAL BRACHYTHERAPY
282 INTRACAVITY BRACHYTHERAPY
283 3D BRACHYTHERAPYIMPLANT BRACHYTHERAPY
284 IMPLANT BRACHYTHERAPY
285 INTRAVESICAL BRACHYTHERAPY
286 ADJUVANT RADIOTHERAPY
287 AFTERLOADING CATHETER BRACHYTHERAPY
288 CONDITIONING RADIOTHERAPY FOR BMT
289 EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
290 RADICAL CHEMOTHERAPY
291 NEOADJUVANT RADIOTHERAPY

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# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

292 LDR BRACHYTHERAPY

293 PALLIATIVE RADIOTHERAPY

294 RADICAL RADIOTHERAPY

295 PALLIATIVE CHEMOTHERAPY

296 TEMPLATE BRACHYTHERAPY

297 ENOADJUVANT CHEMOTHERAPY

298 ADJUVANT CHEMOTHERAPY

299 INDUCTION CHEMOTHERAPY

300 CONSOLIDATION CHEMOTHERAPY

301 MAINTENANCE CHEMOTHERAPY

**302 HDR BRACHYTHERAPY** 

# **OPERATIONS ON THE SALIVARY GLANDS & SALIVARY DUCTS**

303 INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT

304 EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT

305 RESECTION OF A SALIVARY GLAND

306 RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT

307 OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

#### **OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUES**

308 OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES

309 SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES

310 LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES

311 OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES

 $_{\rm 312}$  SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES

313 FREE SKIN TRANSPLANTATION, DONOR SITE

314 FREE SKIN TRANSPLANTATION, RECIPIENT SITE

315 REVISION OF SKIN PLASTY

316 OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTAEOUS TISSUES

317 CHEMOSURGERY TO THE SKIN

318 DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES

319 RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED

320 EXCISION OF BURSIRTIS

321 TENNIS ELBOW RELEASE

# **OPERATIONS ON THE TONGUE**

322 INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE

323 PARTIAL GLOSSECTOMY

324 GLOSSECTOMY

325 RECONSTRUCTION OF THE TONGUE



# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

326 OTHER OPERATIONS ON THE TONGUE

# **OPTHALMOLOGY RELATED**

327 SURGERY FOR CATARACT

328 INCISION OF TEAR GLANDS

329 OTHER OPERATIONS ON THE TEAR DUCTS

330 INCISION OF DISEASED EYELIDS

331 EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID

332 OPERATIONS ON THE CANTHUS AND EPICANTHUS

333 CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION

334 CORRECTIVE SURGERY FOR BLEPHAROPTOSIS

335 REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA

336 REMOVAL OF A FOREIGN BODY FROM THE CORNEA

337 INCISION OF THE CORNEA

338 OPERATIONS FOR PTERYGIUM

339 OTHER OPERATIONS ON THE CORNEA

340 REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE

341 REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE

342 REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL

343 CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)

344 CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)

345 DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR

ANTERIOR CHAMBER

346 PARACENTESIS/CYCLODIATHERMY/CYCLOCRYOTHERAPY/GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIEDOPERATIONS TO TREAT GLAUCOMA

347 ENUCLEATION OF EYE WITHOUT IMPLANT

348 DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND

349 LASER PHOTOCOAGULATION TO TREAT RETINAL TEAR

350 BIOPSY OF TEAR GLAND

351 TREATMENT OF RETINAL LESION

# **ORTHOPEDICS RELATED**

352 SURGERY FOR MENISCUS TEAR

353 INCISION ON BONE, SEPTIC AND ASEPTIC

CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH

OSTEOSYNTHESIS

355 SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH

356 REDUCTION OF DISLOCATION UNDER GA

357 ARTHROSCOPIC KNEE ASPIRATION

358 SURGERY FOR LIGAMENT TEAR



#### CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122 Policy Wordings

359 SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS 360 REMOVAL OF FRACTURE PINS/NAILS 361 REMOVAL OF METAL WIRE 362 CLOSED REDUCTION ON FRACTURE, LUXATION 363 REDUCTION OF DISLOCATION UNDER GA 364 EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS 365 EXCISION OF VARIOIUS LESIONS IN COCCYX 366 ARTHROSCOPIC REPAIR OF ACL TEAR KNEE 367 CLOSED REDUCTION OF MINOR FRACTURES 368 ARTHROSCOPIC REPAIR OF PCL TEAR KNEE **369** TENDON SHORTENING 370 ARTHROSCOPIC MENISCECTOMY-KNEE 371 TREATMENT OF CLAVICLE DISLOCATION 372 HAEMARTHROSIS KNEE-LAVAGE 373 ABSCESS KNEE JOINT DRAINAGE 374 CARPAL TUNNEL RELEASE 375 CLOSED REDUCTION OF MINOR DISLOCATION 376 REPAIR OF KNEE CAP TENDON 377 ORIF WITH K WIRE FIXATION-SMALL BONES 378 RELEASE OF MIDFOOT JOINT 379 ORIF WITH PLATING-SMALL LONG BONES 380 IMPLANT REMOVAL MINOR 381 K WIRE REMOVAL 382 POP APPLICATION 383 CLOSED REDUCTION AND EXTERNAL FIXATION 384 ARTHROTOMY HIP JOINT 385 SYME'S AMPUTATION 386 ARTHROPLASTY 387 PARTIAL REMOVAL OF RIB 388 TREATMENT OF SESAMOID BONE FRACTURE 389 SHOULDER ARTHROSCOPY/SURGERY 390 ELBOW ARTHROSCOPY 391 AMPUTATION OF METACARPAL BONE 392 RELEASE OF THUMB CONTRACTGURE 393 INCISION OF FOOT FASCIA 394 CALCENUM SPUR HYDROCORT INJECTION 395 GANGLION WRIST HYALASE INJECTION 396 PARTIAL REMOVAL OF METATARSAL 397 REPAIR/GRAFT OF FOOT TENSION

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Policy Wordings

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

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# CHOLA GROUP TOPUP PROTECT CHOHLGP22160V012122

Policy Wordings

434 VAGINOPLASTY
435 DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
436 PRESACRAL TERA TOMAS EXCISION
437 REMOVAL OF VESICAL STONE
438 EXICISON SIGMOID POLYP
439 STERNOMASTOID TENOTOMY
440 INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
441 EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
442 MEDIASTINAL LYMPH NODE BIOPSY
443 HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
444 EXCISION OF CERVICAL TERATOMA
445 RECTAL MYOMECTOMY
446 RECATAL PROLAPSE (DELORME'S PROCEDURE)
447 DETORSION OF TORSION TESTIS
448 EUA+BIOPSY MULTIPLE FISTULA IN ANO
449 CYSTIC HYGROMA-INJECTION TREATMENT
PLASTIC SURGERY RELATED
450 CONSTRUCTION SKIN PEDICLE FLAP
451 GLUETEAL PRESSURE ULCER-EXCISION
452 MUSCLE-SKIN GRAFT, LEG
453 REMOVAL OF BONE FOR GRAFT
454 MUSCLE-SKIN GRAFT DUCT FISTULA
455 REMOVAL CARTILAGE GRAFT
456 MYOCUTAEOUS FLAP
457 FBRO MYOCUTANEOUS FLAP
458 BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
459 SLING OPERATION FOR FACIAL PALSY
460 SPLIT SKIN FRAFTING UNDER RA
461 WOLFE SKIN GRAFT
462 PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
THORACIC SURGERY RELATED
463 THORACOSCOPY AND LUNG BIOPSY
464 EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
465 LASER ABLATION OF BARRETT'S OESOPHAGUS
466 PLEURODESIS
467 THORACOSCOPY AND PLEURAL BIOPSY
468 EBUS+BIOPSY
469 THORACOSCOPY LIGATION THORACIC DUCT
470 THORACOSCOPY ASSISTED EMPYAEME DRAINAGE

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# **CHOLA GROUP TOPUP PROTECT** CHOHLGP22160V012122

Policy Wordings

471 HAEMODIALYSIS

472 LITHOTRIPSY/NEPHORLITHOTOMY FOR RENAL CALCULUS

473 EXCISION OF RENAL CYST

474 DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS

475 INCISION OF THE PROSTATE

476 TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE

477 TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE

478 OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE

479 RADICAL PROSTATOVESICULECTOMY

480 OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE

481 OPERATION ON THE SEMINAL VESICLES

482 INCISION AND EXCISION OF PERIPROSTATIC TISSUE

483 OTHER OPEATIONS ON THE PROSTATE

484 INCISION OF THE SCROTUM AND TUNICA VAGINALS TESTIS

485 OPERATION ON A TESTICULAR HYDROCELE

486 EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE

487 OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS

488 INCISION OF THE TESTES

489 EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES

490 UNILATERAL ORCHIDECTOMY

491 BILATERAL ORCHIDECTOMY

492 SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS

**493 RECONSTRUCTION OF THE TESTIS** 

494 IMPLANTATION EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS

495 OTHER OPRATIONS ON THE TESTIS

496 EXCISION IN THE AREA OF THE EPIDIDYMIS

497 OPERATIONS ON THE FORESKIN

498 LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS

499 AMPUTATION OF THE PENIS

500 OTHER OPERATOINS ON THE PENIS

501 CYSTOSCOPICAL REMOVAL OF STONES

502 CATHETERISATION OF BLADDER

**503 LITHOTRIPSY** 

504 BIOPSY OF TERMPORAL ARTERY FOR VARIOUS LESIONS

505 EXTERNAL ARTERIO-VENOUS SHUNT

506 AV FISTULA-WRIST

507 URSL WITH STENTING

508 URSL WITH LITHOTRIPSY

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Policy Wordings

509	CUSTOSCOPIC LITHOLAPAXY
510	ESWAL
511	BLADDER NECT INCISION
512	CYSTOSCOPY & BIOPSY
513	CYSTOSCOPY AND REMOVAL OF POLYP
514	SUPRAPUBIC CYSTOSTOMY
515	PERCUTANEOUS NEPHROSTOMY
516	CYSTOSCOPY AND SLING PROCEDURE
517	TUNA-PROSTATE
518	EXCISION OF URETHRAL DIVERTICULUM
519	REMOVAL FO URETHRAL STONE
520	EXCISION OF URETHRAL PROLAPSE
521	MEGA-URETER RECONSTRUCTION
522	KIDNEY RENOSCOPY AND BIOPSY
523	URETER ENDOSCOPY AND TREATMENT
524	VESICO URETERIC REFLUX CORRECTION
525	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
526	ANDERSON HYNES OPERATION
527	KIDNEY ENDOSCOPY AND BIOPSY
528	PARAHIMOSIS SURGERY
529	INJURY PREPUCE-CIRCUMCISION
530	FRENULAR TEAR REPAIR
531	MEATOTOMY FOR MEATAL STENOSIS
532	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
533	SUREGERY FILARIAL SCROTUM
534	SURGERY FOR WATERING CANPERINEUM
535	REPAIR OF PENILE TORSION
536	DRAINAGE OF PROSTATE ABSCESS
537	ORCHIECTOMY
538	CYSTOSCOPY AND REMOVAL OF FB