

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

POLICY SECTIONS

- Section 1 :** Definitions
- Section 2 :** Persons who can be covered
- Section 3 :** Schedule of Benefits
- Section 4 :** Policy coverage
- Section 5 :** General Exclusions
- Section 6 :** General Conditions
- Section 7 :** Grievance Redressal Mechanism

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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.

1. DEFINITIONS

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. **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
4. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha, and Homeopathy in the Indian context
5. **AYUSH Treatment** refers to the medical and / or hospitalisation treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems'.
6. ***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.
7. **AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

- 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
8. **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.
9. **Cashless service/facility** means a service/ facility extended by the Company to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the Company to the extent pre-authorization approved
10. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
11. **Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule/Certificate.
12. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
13. **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.
14. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

- 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. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
18. **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.
19. **Dependents** means only the family members / extended family members listed below, who is related to the Primary Insured.
 - Your legally married Spouse as long as he or she continues to be married to you
 - Your natural or legally adopted Children.
 - Your natural parents or parents that have legally adopted you
 - Parents in Laws as long as your spouse continues to be married to you and
 - Siblings of the Primary Insured who are primarily dependent upon him/her for financial support and maintenance.
20. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
21. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
22. **Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:
 - a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - b. the patient takes treatment at home on account of non-availability of room in a hospital.
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.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

26. **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.
27. **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.
28. **Group:** A group should consist of persons who assemble together with a commonality of purpose or engaging in a common economic activity like employees of a company. It includes non employer–employee groups like employee welfare associations, co-operative society’s, Group policies being taken by Government bodies for certain identifiable groups, credit/debit card/kisan credit card holders insured through the card issuance company, customers of a particular business, professional associations, borrowers/depositors of a bank, customers of a bank or aggregators, or members of any similar group being administered by a group administration wherein Insurance is being provided as an add-on benefit.
29. **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
30. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive ‘In-patient Care’ hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
31. **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.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

32. **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
33. **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.
34. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
35. **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.
36. **Identification** or **ID card** means the card issued to You by us.
37. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule / Certificate.
38. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
39. **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.
40. **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, closefamily 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.
41. **Medically necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by Insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

- d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
42. **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.
43. **Master Policy Schedule / Policy Schedule** means schedule attached to and forming part of this Policy mentioning the details of the Proposer/Group Manager, the Sum Insured, Period and limits to which benefits under the policy would be payable.
44. **Membership Number** means an identification number of every insured person for our In-house Claims administration team. Membership number will be mentioned in the health card provided to each insured person.
45. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.
46. **Network Provider/ Hospital** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
47. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
48. **Non- Network** means any hospital, day care centre or other provider that is not part of the network.
49. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
50. **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.
51. **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.
52. **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.
53. **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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company

54. Pre-Hospitalisation Medical Expenses means medical expenses incurred during pre-defined number of days preceding the Hospitalisation 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.

55. 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.

56. Policy period means the period between the commencement date and earlier of

- a. The Expiry Date specified in the Schedule
- b. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition (6.7) below.

57. 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.

58. Primary Member is the member of the group in whose name the policy is issued.

59. Proposal Form: The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy

60. Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

62. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

63. Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

64. **Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner
65. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
66. **Schedule of Benefits** means the table of benefits, with the limit of Sum Insured under each benefit, that will be paid by us as per the plan opted by you.
67. **Sum Insured** means the amount shown in the Policy Schedule/Certificate which shall be our maximum liability under section 3.1 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.
68. **Unproven/Experimental treatment** means the treatment including drug Experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2. PERSONS WHO CAN BE INSURED

- This Insurance is available to persons aged between 03 months and 65 years (Completed age) at the commencement date of this policy.
- The Maximum entry age for Children under the policy is 26 Years.
- 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, dependent Parents, dependent Parents in Law and dependent Siblings on Individual Sum Insured Basis. On family floater basis policy can be availed for Primary Insured, Spouse and Children upto a maximum of 6 members.
- Coverage of Primary Member is mandatory under the policy
- Maximum Renewal age for dependent children is 26 years. On renewal after completion of 26 years, such Insured Person will have the option to migrate to any separate health insurance policy, with continuity benefits.

3. SCHEDULE OF BENEFITS

This policy will cover all the Insured Persons under the policy upto the limits stated in the Policy Schedule/Certificate. The insurance cover is subject to terms, conditions and exclusions of this policy.

In case of Family floater policy, the benefits shown in the table above will represent our maximum liability for any and all claims made by Insured person(s) during the policy period.

Sum Insured (SI) Options		Rs. 50,000/-, Rs. 1/2/3/5/7.5/10/15/20/25 Lakhs
Basic Covers		
1	In patient Hospitalisation Expenses	Covered
2	Pre-Hospitalisation Expenses	Upto 30 days
3	Post-Hospitalisation Expenses	Upto 60 days

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

4	Day Care Procedures	Covered
5	AYUSH Coverage	Covered
6	Domiciliary Hospitalisation Cover	Covered
7	Organ Donor Hospitalisation Expenses	Covered
8	Emergency Ambulance Expenses	upto 1% of SI subject to a maximum of Rs.2,000/- per hospitalisation
9	New born Baby Cover	Coverage from Day one
Additional Covers (Over and above the basic Sum Insured)		
1	Sum Insured Restoration for unrelated claims (Applicable for SI Rs.3 lakhs & above)	<ul style="list-style-type: none"> - Sum Insured Restoration upto 100% for unrelated claims in the event of exhaustion or insufficient Sum Insured & Cumulative Bonus. - This benefit will not be applicable for claims due Road Traffic Accidents.
2	Recharge Benefit for related claims (Applicable for SI Rs.3 lakhs & above)	<ul style="list-style-type: none"> - Additional Indemnity upto defined limits for related claims. (Hospitalisation for which claims have already been admitted under the policy). - This benefit will not be applicable for claims due to Road Traffic Accidents.
3	Additional Sum Insured for claims due to Road Traffic Accident (RTA) (Applicable for SI Rs.3 lakhs & above)	<ul style="list-style-type: none"> - Upto 25% of SI subject to a maximum of Rs.3 lakhs once during the policy period. - Restoration and Recharge benefit will not be applicable for claims due to Road Traffic Accidents.
4	Daily Care Benefit	<ul style="list-style-type: none"> - Daily Benefit of Rs.500/- per day towards accompanying person expenses upto a maximum of 10 days per policy period
5	Compassionate Travel	<ul style="list-style-type: none"> - Reimbursement of travel expenses upto a maximum of Rs.5000/- per policy year by air incurred to visit the hospitalized insured by an immediate family member for a life threatening emergency medical condition.
6	Repatriation of Mortal Remains	<ul style="list-style-type: none"> - Upto Rs.3,000/- subject to an admissible claim under the policy
7	Medical Second Opinion	<ul style="list-style-type: none"> - Reimbursement of the cost of obtaining Specialist Medical Opinion up to a maximum of Rs.25,000/-
Sublimit		
	Room Rent limits	<ul style="list-style-type: none"> - Upto Rs.2000/- per day for Sum Insured Rs.50,000/-, Rs. 1 Lakh & Rs. 2 Lakhs. - No Room limit for Sum Insured above Rs.2 Lakhs
Waiting Periods		
	30 Days Waiting Period	Applicable
	2 Yr Waiting Period	Applicable
	Pre-existing Disease	36 Months
Renewal Benefits		
	Cumulative Bonus	10% - 50%
	Reduction in Cumulative Bonus	10%
	Health Checkup	Once in two claim free years upto defined limits

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

4. POLICY COVERAGE

Upon the happening of the events under sections 3.1 and 3.2 below during the policy period, we will indemnify the Insured in respect of medically necessary costs as detailed below, up to the limit of Indemnity defined in the Schedule of Benefits and as per the General Conditions in Section 6 of this policy.

4.1. BASIC COVERS		
Benefits		Coverage & Specific Conditions
4.1.1	In Patient Hospitalisation Expenses	<p>This Policy will indemnify for medically necessary inpatient treatment expenses, under different heads mentioned below, incurred during the policy period towards Hospitalisation for the disease, illness (including Mental 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 terms, conditions and exclusions mentioned in the Policy.</p> <ul style="list-style-type: none"> a. Room, Boarding charges as provided by the Hospital/Nursing Home in normal rooms or in ICU b. Nursing Expenses incurred during In-Patient Hospitalisation 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. <p>For Sum Insured Rs.50,000/-, Rs.1 Lakh and 2Lakhs, the maximum room rent allowed is Rs.2000/-per day.</p>
4.1.2	Pre Hospitalisation Expenses	<p>This Policy will pay for medical expenses incurred upto the number of days as mentioned in the Schedule of benefits prior to the date of Hospitalisation provided that</p> <ul style="list-style-type: none"> a. The expenses were incurred after the first 30 day waiting period as mentioned in Exclusion no 5.a.iii b. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and c. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by Us <p>Payment under this benefit will reduce the Sum Insured.</p>
4.1.3	Post Hospitalisation Expenses	<p>This Policy will pay for medical expenses incurred upto the number of days as mentioned in the Schedule of benefits from the date of discharge from the hospital provided that</p>

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

		<p>a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and</p> <p>b. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by Us</p> <p>Payment under this benefit will reduce the Sum Insured.</p>
4.1.4	Day Care Procedures	<p>This Policy will pay for Medical Expenses incurred as a Day Care Procedure/Treatment as per Annexure 1 that requires less than 24 hours of Hospitalisation, upto Sum Insured stated 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-authorised by us.</p> <p>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.</p> <p>Payment under this benefit will reduce the Sum Insured.</p>
4.1.5	*AYUSH Coverage	<p>This policy will pay for Hospitalisation and Day Care procedures expenses that require more than 24 hours of Hospitalisation for illness or accidental bodily injury for non-allopathic treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems upto Sum insured stated in the policy schedule. The treatment should have been undergone in AYUSH Hospital/AYUSH Day care centre as defined in the policy.</p> <p>Payment under this benefit will reduce the Sum Insured.</p>
4.1.6	Domiciliary Hospitalisation	<p>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:</p> <p>a) on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or</p> <p>b) a Hospital bed was unavailable, and provided that:</p> <ol style="list-style-type: none"> 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 Pre-hospitalisation expenses in accordance with Section 3.1.2 will be covered under this benefit. Post hospitalisation expenses will not be covered under this benefit. No payment will be made under this benefit if the condition for which the Insured Person requires medical treatment towards following ailments:

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

		<ol style="list-style-type: none"> 1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza 2. Arthritis, Gout and Rheumatism, 3. Chronic Nephritis and Nephritic Syndrome, 4. Diarrhoea and all type of Dysenteries including Gastroenteritis, 5. Diabetes Mellitus and Insupidus, 6. Epilepsy, 7. Hypertension, 8. Pyrexia of unknown Origin. <p>Cashless facility will not be available for such a claim. Payment under this benefit will reduce the Sum Insured.</p>
4.1.7	Organ Donor Hospitalisation Expenses	<p>This policy will pay for medical expenses incurred on a legal Organ Donor's treatment for the harvesting of the organ donated. We will not pay for Donor's pre and post Hospitalisation expenses or any other medical treatment consequent to the harvesting.</p> <p>Payment under this benefit will reduce the Sum Insured.</p>
4.1.8	Emergency Ambulance Expenses	<p>This policy will pay for ambulance expenses, as mentioned in the Schedule of benefits, incurred to transfer the insured person following an emergency to the nearest Hospital with adequate facilities, provided that:</p> <ol style="list-style-type: none"> a. The ambulance service is offered by a healthcare or an ambulance service provider. b. We have accepted the inpatient hospitalisation claim under section 3.1.1 above. <p>Payment under this benefit will reduce the Sum Insured.</p>
4.1.9	New Born Baby Cover	<p>This policy will pay for the Inpatient hospitalisation medical expenses incurred for the New Born Baby from Day one till policy expiry date mentioned in the policy schedule/certificate subject to a limit of 10% of Sum Insured subject to a maximum of Rs.50,000/- whichever is less within Mother's Sum Insured provided that</p> <ol style="list-style-type: none"> 1. The mother is covered under the policy for a period of 12 months continuously without break. 2. Intimation about the birth of the New Born Baby is given to us and the baby is included and endorsed under the policy for the cover to commence. 3. Routine Vaccinations for the baby are not admissible under this cover. 4. 30 days waiting period shall not apply for the New Born Baby cover

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

		<p>5. All other terms, conditions and exclusions shall apply for the New Born Baby cover.</p> <p>In case of Family Floater, the floater Sum Insured will be considered upto the limits stated above for New Born Baby cover.</p> <p>Payment under this benefit will reduce the Sum Insured.</p>
--	--	---

The total amount payable under the policy per year for all sections under 3.1 as above put together shall not exceed the sum insured for you shown in the policy schedule/certificate.

4.2 ADDITIONAL COVERS (Over and Above the Basic Sum Insured)

Benefits		Coverage & Specific Conditions
4.2.1	Sum Insured Restoration for unrelated claims (applicable for Sum Insured 3 Lakhs and above)	<p>This policy will provide for a 100% restoration of Sum Insured during that policy period, provided that:</p> <ol style="list-style-type: none"> The Sum Insured and earned Cumulative Bonus is insufficient or exhausted as a result of previous claims during the policy period. The Restored Sum Insured shall not be available for claims towards an Illness/ disease/ Injury (including its complications) for which a claim has been paid during the policy period for the same Insured Person. The Restored Sum Insured will be available only for claims made by Insured Persons in respect of future claims that become payable under basic Inpatient Hospitalisation Expenses cover and shall not apply to the first claim in the Policy period. No Restoration of the Sum Insured will be provided for coverage under basic covers vide Section 3.1.2 to 3.1.9 and additional covers vide section 3.2.4 to 3.2.6 Sum Insured Restoration is applicable only for the current policy period and any unused Sum Insured cannot be carried forward to the next policy period. This policy does not cease on payment of claim under this benefit. Such restoration of Sum Insured will be available only once during the Policy Period to each insured in case of an individual Sum Insured. If the Policy is issued on a floater basis, the Restored Sum Insured will be available on a floater basis. <p>All Claims under this benefit can be made as per the process defined under Section 6.19.a & 6.19.b.</p> <p>Sum Insured Restoration benefit will not be applicable for any claims arising out of Road Traffic Accident</p>

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

4.2.2	Recharge Benefit for related claims (applicable for Sum Insured 3 Lakhs and above)	<p>In the event of exhaustion of Sum Insured and Cumulative Bonus during the policy period, recharge benefit upto the following limits will be provided once during the policy period for reimbursement of medical expenses under basic Inpatient Hospitalisation Expenses for treatment of same disease, illness, medical condition or injury for which claim was paid under the policy during the policy period.</p> <p>No Recharge benefit will be provided for fresh unrelated claims and for basic covers vide Section 4.1.2 to 4.1.9 and additional covers vide section 4.2.3 to 4.2.7.</p> <p>This benefit will be triggered on exhaustion of the Sum Insured and Cumulative Bonus under the policy.</p> <p>Recharge benefit will not be applicable for any claims arising out of Road Traffic Accident</p> <p>The unutilized Recharge amount cannot be carried forward.</p> <table><tr><th>Sum Insured (in Rs.)</th><th>Recharge Benefit Limit</th></tr><tr><td>3 Lakhs</td><td>Rs.75,000/-</td></tr><tr><td>5 Lakhs</td><td>Rs.1,25,000/-</td></tr><tr><td>7.5/10/15Lakhs</td><td>Rs.1,50,000/-</td></tr><tr><td>20/25 Lakhs</td><td>Rs.2,00,000/-</td></tr></table>	Sum Insured (in Rs.)	Recharge Benefit Limit	3 Lakhs	Rs.75,000/-	5 Lakhs	Rs.1,25,000/-	7.5/10/15Lakhs	Rs.1,50,000/-	20/25 Lakhs	Rs.2,00,000/-
Sum Insured (in Rs.)	Recharge Benefit Limit											
3 Lakhs	Rs.75,000/-											
5 Lakhs	Rs.1,25,000/-											
7.5/10/15Lakhs	Rs.1,50,000/-											
20/25 Lakhs	Rs.2,00,000/-											
4.2.3	Additional Sum Insured for claims due to Road Traffic Accident (RTA) (applicable for Sum Insured 3 Lakhs and above)	<p>In the event of Hospitalisation of the insured due to an Accident, the basic sum insured shall be increased by 25% subject to a maximum of Rs.3 Lakhs provided that:</p> <ul style="list-style-type: none">• The additional Sum Insured will be available on exhaustion of the Basic Sum Insured and Cumulative Bonus under the policy.• This cover will be available only once during the policy period and can be utilized only for that particular hospitalisation due to RTA.• Sum Insured Restoration and Recharge Benefit will not be applicable for this benefit. <p>The unutilized amount under this benefit cannot be carried forward.</p>										
4.2.4	Daily Care Benefit	<p>This policy will pay daily cash benefit as mentioned in the Schedule of benefits towards accompanying person expenses, for each and every completed 24 hours of hospitalisation up to a maximum of 10 days per policy period.</p> <p>For a claim to be admissible under this benefit, we should have accepted an inpatient Hospitalisation claim under Section 3.1.1 above.</p>										

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

		Claim payment under this cover does not form part of the sum insured but will impact Cumulative Bonus.
4.2.5	Compassionate Visit	<p>In the event of the hospitalisation of the insured for a Life threatening Medical Emergency at a place away from his usual place of residence as recorded in the policy, the policy will reimburse the transportation expenses incurred for air travel upto the maximum limit mentioned in the Schedule of Benefits for one of the immediate family member (other than the travel companion) to travel to the hospital, provided the claim for Hospitalisation is admissible under the policy.</p> <p>The benefit amount mentioned in the Schedule of Benefits will be maximum limit applicable per policy year</p> <p>In relation to individual policy it is our maximum liability for each Insured Person per policy year and in relation to a Family Floater it is our maximum liability for the all the Insured Persons covered under the policy per policy year.</p> <p>For the purpose of this cover, Life Threatening Medical Emergency means a medical condition potentially fatal which could result in death of the life of the Insured.</p> <p>Immediate family member shall mean and include the Insured Person's Spouse, children (including adopted and step children) and parents.</p> <p>The scope of this cover is within the boundaries of India.</p> <p>This benefit will be available only on reimbursement basis.</p> <p>Claim payment under this cover does not form part of the sum insured but will impact Cumulative Bonus.</p>
4.2.6	Repatriation of Mortal Remains	<p>This policy will reimburse the actual expenses subject to the maximum limit mentioned in the Schedule of Benefits incurred for transportation of mortal remains of the Insured Person from the hospital to the residence and/or cremation and/or burial ground subject to an admissible claim under basic Inpatient Hospitalisation cover.</p> <p>This benefit will be available only on reimbursement basis.</p> <p>Claim payment under this cover does not form part of the sum insured but will impact Cumulative Bonus.</p>
4.2.7	Medical Second Opinion	

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

		<p>This policy will reimburse the cost of obtaining Medical Second Opinion from a Specialist Medical Practitioner for illness (including Mental Illness) or injury upto a maximum limit as mentioned in the Schedule of Benefits subject to an admissible claim under basic Inpatient Hospitalisation cover. This will not cover cost of additional tests, diagnostic reports etc. This can be availed once in a policy period.</p> <p>In the case of Family floater policy, the benefit mentioned in the Schedule of Benefits will represent our maximum liability for any and all claims made by Insured person(s) during the policy period. Cashless facility will not be available for such a claim.</p> <p>Claim payment under this cover does not form part of the sum insured but will impact Cumulative Bonus.</p>
--	--	--

4.3 RENEWAL BENEFITS

4.3.1	Cumulative Bonus	<p>If the insured has not made a claim during the policy period and has renewed the policy/Certificate of Insurance with us without a break, we will increase the Sum Insured under each subsequent policy/Certificate of Insurance by a percentage of the expiring policy Sum Insured as mentioned in the schedule of benefits. The maximum cumulative bonus shall at no time exceed 50% of the policy Sum Insured.</p> <p>In the case of Individual Sum Insured, the cumulative bonus will be applicable to all family members who have not made a claim during the expiring policy period.</p> <p>In the case of a floater Sum Insured, cumulative bonus will be applicable only if none of the family members have made a claim under the previous policy period.</p>
4.3.2	Reduction in Cumulative Bonus	<p>In the event of a claim during the policy period, the claim free bonus in any subsequently renewed policies/Certificate of Insurance shall be reduced by a percentage as mentioned in the Schedule of Benefits.</p> <p>Such a reduction of cumulative bonus will not reduce the Sum Insured under the policy.</p>
		<p>All Insured Persons under this policy will be eligible for a Health Check upto the limits defined below after two continuous claim free policy years provided</p> <p>In case of family floater policy,</p>

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

4.3.3

Health Check-up

i.

All the members of a family floater policy are eligible for a Health Check up.

ii.

If any of the members have made a claim under this Policy, the health check-up benefit will not be offered under the policy for any members.

iii.

The limits defined below will be the maximum amount payable for any one or all the Insured Persons towards the Health Checkup.

The medical check up can be availed on Cashless basis in the Hospital/Diagnostic Centres empanelled with the Insurer or on Reimbursement basis at the option of the Insured.

On reimbursement basis, the Insured should submit the copy of the reports and original payment receipt within 30 days from the last date of undergoing the Health Check-Up.

Payment under this benefit does not form part of the Sum Insured and will not impact the Bonus.

Note : Payment of expenses towards cost of health check up will not prejudice the company's right to deal with a claim in case of non disclosure of material fact and / or Pre-Existing Diseases in terms of the policy.

Sum Insured	Benefit Limit
Rs. 1 / 2 Lakhs	Rs.500/-
Rs.3 Lakhs	Rs.750/-
Rs. 5 Lakhs	Rs.1000/-
Rs.7.5 / 10 Lakhs	Rs.2500/-
Rs.15/20 Lakhs	Rs.3000/-
Rs.25 Lakhs	Rs.3500/-

5. WAITING PERIODS & EXCLUSIONS**a. Waiting Periods:****i. Pre-Existing Diseases – Code – Excl01:**

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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

ii. Specified disease/procedure waiting period – Code – Excl02:

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures are as below
 - a. Congenital Internal Anomaly
 - b. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
 - c. Cataract
 - d. Benign Prostatic Hypertrophy
 - e. Myomectomy, Hysterectomy unless because of malignancy
 - f. All types of Hernia
 - g. Hydrocele
 - h. Varicose Veins and Varicose Ulcers
 - i. Rheumatism and arthritis of any kind
 - j. Stones in the Urinary and Biliary Systems
 - k. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps unless malignant
 - l. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
 - m. Dilatation and curettage (D&C)
 - n. Joint replacement Surgery unless because of accident
 - o. ENT disorders & Surgery
 - p. Spondylosis / Spondylitis and other Degenerative Disc Disorders
 - q. Ligament, Tendon and Meniscal tear

iii. 30-day waiting period – Code – Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

b. Exclusions

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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

1. Investigation & Evaluation – Code – Excl04:

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care – code – Excl05:

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/Weight Control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. **Code – Excl07**

5. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. **Code – Excl08**

6. Hazardous or Adventure sports: Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. **Code – Excl09**

7. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. **Code – Excl 10**

8. Excluded Providers: Code-Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses upto the stage of stabilization are payable but not the complete claim.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
Code-Excl13
11. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **Code – Excl14**
12. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diotpres. **Code – Excl15**
13. **Unproven Treatments:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. **Code – Excl16**
14. **Sterility and Infertility: Code – Excl17:** Expenses related to Sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
15. **Maternity: Code – Excl18:**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
16. War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.
17. intentional self-injury or attempted suicide whether sane or insane.
18. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
19. Any travel or transportation costs or expenses excluding ambulance charges.
20. Circumcisions (unless necessitated by illness or injury and forming part of treatment).
21. Vaccination or inoculation unless forming a part of post-animal bite treatment.
22. Sexually transmitted disease or illness.
23. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.
24. Any external congenital diseases, defects or anomalies.
25. 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 anaesthesia and is necessitated by Illness or Accidental Bodily Injury.
26. Any expenses incurred towards hearing aids, eyeglasses or contact lenses.
27. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.
28. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

member of the Insured Person's family like spouse, daughter, son, father, mother, father in law, mother in law & siblings.

29. *Treatment other than Allopathy and AYUSH.

30. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure2.

6. GENERAL CONDITIONS

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 policyholder.

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

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

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

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.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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 party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

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

7. 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

- 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

Minimum premium of Rs.250/-per policy will be retained by us towards administrative charges.

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.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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

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

11. Withdrawal of the Product

- i. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits to the extent of Sum Insured, cumulative bonus if any, Specific waiting periods, waiting period for pre-existing disease in the previous policy, moratorium period, provided the policy was renewed continuously without a break.

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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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. 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.

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

15. Change of Address / Contact details

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

16. Misdescription

In the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured person(s)/Policy holder, the policy shall be void and all premium paid hereon shall be forfeited to the Company and no claim shall be payable under the policy.

17. Cost of Pre Insurance Health Check up

- Pre-acceptance Medical Checkup for the proposed customers will be arranged by our Designated Service Provider on Cashless basis.
- No cost will be collected from the Customers towards the same.
- In case the Insured, after undergoing the Pre-Insurance Health Check-up the Proposal gets rejected by us or Insured decides not to take the policy, the expenses incurred by the Insurer for the purpose of Pre-Insurance Check-up may be deducted from the Insured's premium and the balance premium would be refunded.

18. Premium Payment**a. Premium Payment Modes available under the policy:**

The Insured shall have the following options to pay the premium:

1. Single Premium payment prior to commencement of cover or
2. Payment of premium on Monthly, Quarterly and Half-Yearly modes

This option shall be made at the time of proposing for insurance and the opted mode will be shown on the policy schedule/certificate.

Mode of Premium payment can be changed only at the time of renewal.

b. Specific Conditions applicable to other than single premium payment mode:

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

1. In the event of proposer opting for other than single payment mode, the premium payable for the first 3 Months from the date of commencement of cover has to be paid upfront by way of Cheque/Direct Debit mode in favour of “Cholamandalam MS General Insurance Company Limited” and Debit Mandate to be submitted for the balance premium applicable for the policy tenure.
2. The premium should be paid on or before the due date as opted and specified in the Policy Schedule and not later than the grace period mentioned below. We condone the delay and renew the policy with continuity benefits:

Premium Payment mode	Grace Period from due date for premium payment
Monthly	15 days
Quarterly	30 days
Half-Yearly	30 days

- 3 The policy will be in force during the grace period and any claim arising during the grace period will be payable subject to policy terms and conditions.
4. In the event of two successive premium payment defaults, the policy will terminate effective from the original payment due date. The premium paid hereon shall be forfeited to the Company. Thereafter the insured can only avail a fresh policy with all applicable waiting periods.
5. In case the premium is received after the grace period expiry and before subsequent premium payment due date, the policy stands revived with continuity benefits.
6. Any premium payment received after the Grace Period and before subsequent premium due date will be accepted by Us subject to an additional amount of Rs.500/- towards administrative charges.
7. No refund/paid up will be payable on cancellation of the policy by the Proposer/Insured during the premium default period.
8. Due date for premium payment and Payment mode chosen will be as shown in the Policy Schedule/Certificate.
9. The following conditions will apply in the event of claims under the policy (notwithstanding any terms contrary elsewhere in the policy):
 - a. In case of any hospitalisation claim, an amount equivalent to the balance of the premium amount payable in the policy period would be recoverable from the admissible claim amount payable in respect of the Insured Person.
 - b. If the claim amount is less than the balance premium payable, then no claims will be payable till the applicable premium is recovered.
10. For other than Single Premium payment mode, deletion of Insured is permitted during the period of Insurance as mentioned in the Policy Certificate. The company shall be entitled to refund proportionate premium for the unexpired policy period, on the date of cancellation. Any excess premium available with us after adjustment of Proportionate premium from the Total Premium payable for the policy tenure shall be refunded to the Insured/policy holder provided no claim has been made under the policy/Certificate.
- 19. 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.

20. Notification

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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 any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Policy Schedule/Certificate.

21. Transfer

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

22. 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.

23. 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.

24. 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.

25. Assignment

The policy can be assigned subject to applicable laws.

26. Claim Procedure

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

a. Give us notice of the claim irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies.

b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the us

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

a. Procedure for Cashless claims: Obtain our pre-authorisation for any medical treatment in any of our network hospitals as well as identified list of hospitals by GIC for common empanelment through anywhere cashless facility. Insured can view

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

or download the updated Hospital Network from the Company's website www.cholainsurance.com as well as Chola MS mobile application

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

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

b. Procedure for submission of Reimbursement Claims

1. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.

2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.

3. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. `Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The expenses towards doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.

4. We shall only make payment (unless already paid direct to the service provider/hospital) to You or your Nominee.

5. 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 You, it being agreed and recognised by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a Network Hospital) whether pre-authorised or not.

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

- Claim Form duly filled and signed by patient/You.
- 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.
- Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

Compassionate Travel Benefit

1. Documents as stated above and
2. Original ticket issued by common carrier for travelling from the place of residence to the place where the insured is hospitalised.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

C. TPA:

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

Chola MS customer support operates 24 /7 basis and the contact details are as followed for any queries / grievances:

Toll Free Phone No : **1800-208-9100**

E-Mail : customercare@cholams.murugappa.com

Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

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

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

Chennai - 600001

Customer Care Toll Free No: 1800-208-9100

E-Mail: customercare@cholams.murugappa.com

d. Upon the Cancellation or non-renewal of this Policy, all ID cards shall immediately be returned to us at the Insured person's expense. The Proposer and all insured Persons agree to hold and keep us harmless against any and all costs, expenses, liabilities and claims arising in respect of the actual or alleged use or misuse of such ID Cards prior to their return.

27. Delay in intimation of claim

It is essential and imperative that any loss or claim under the policy has to be intimated within the timelines to us strictly as per the policy conditions to enable us to appoint investigator 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 Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

28. Authority to Obtain Records

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

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

29. Any one illness / relapse period

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

30. Sum Insured Enhancement

Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, the Sum Insured revision is subject to written application

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

and our acceptance. 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, 2 years and 3 years waiting periods as per waiting periods 5.a.ii and 5.a.iii above

31. Arbitration

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

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

32. Validity of Policy:

The Cover under this policy for the member will terminate at the earliest of the following occurrence

- a) the expiry date mentioned in the Policy schedule/Certificate
- b) In case of death of the Insured
- c) The date of cancellation of this Policy by either Policy holder or Insured or Insurer in accordance with the terms and conditions of the policy.

Section 7: GRIEVANCES REDRESSAL MECHANISM**Mechanism for Grievance Redressal:-**

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

Website : www.cholainsurance.com
Toll free : 1800 208 9100
E-Mail : customercare@cholams.murugappa.com
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)

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

- 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, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU – Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 I 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

Email: bimalokpal.chandigarh@ecoi.co.in	
CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI -600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI- Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD- Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA- Shri P.K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 I 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA- Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune- 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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. No.	DENTAL AND ENT RELATED
1	SPLINTING OF AVULSED TEETH
2	SUTURING LACERATED LIP
3	SUTURING ORAL MUCOSA
4	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
5	FNAC
6	SMEAR FROM ORAL CAVITY

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

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 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
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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

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
65	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
66	PANCREATIC PSEUDOCYST EUS&DRAINAGE
67	RF ABLATION FOR BARRET'S OESOPHAGUS
68	ERCP AND PAPILOTOMY
69	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
70	EUS+SUBMUCOSAL RESECTION
71	CONSTRUCTION OF GASTROSTOMY TUBE
72	EUS+ASPIRATION RESECTION
73	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

74	COLONOSCOPY LESION REMOVAL
75	ERCP
76	COLONOSCOPY STENTING OF STRICTURE
77	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
78	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
79	ERCP AND CHOLEDOCHOSCOPY
80	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
81	ERCP AND SPHINCTEROTOMY
82	ESOPHAGEAL STENT PLACEMENT
83	ERCP+PLACEMENT OF BILIARY STENTS
84	SIGMOIDOSCOPY W/STENT
85	EUS+COELIAC NODE BIOPSY
86	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS
87	BLEEDING ULCERS
	GENERAL SURGERY RELATED
88	INCISION OF A PILONIDAL SINUS/ABSCCESS
89	FISSURE IN ANOSHPHINCTEROTOMY
90	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
102	ULTRASOUND GUIDED ASPIRATIONS
103	SCLEROTHERAPY, ETC
104	LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
105	THERAPEUTIC LAPAROSCOPY WITH LASER
106	APPENDICECTOMY WITH/WITHOUT DRAINAGE
107	INFECTED KELOID EXCISION

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

108	AXILLARY LYMPHADENECTOMY
109	WOUND DEBRIDEMENT AND COVER
110	ABSCCESS-DECOMPRESSION
111	CERVICAL LYMPHADENECTOMY
112	INFECTED SEBACEOUS CYST
113	INGUINAL LYMPHADENECTOMY
114	INCISION AND DRAINAGE OF ABSCESS
115	SUTURING OF LACERATIONS
116	SCALP SUTURING
117	INFECTED LIPOMA EXCISION
118	MAXIMAL ANAL DILATION
119	PILES
120	INJECTION SCLEROTHERAPY
121	PILES BANDING
122	LIVER ABSCESS-CATHETER DRAINAGE
123	FISSURE IN ANO-FISSURECTOMY
124	FIBROADENOMA BREAST EXCISION
125	OESOPHAGEAL VARICES SCLEROTHERAPY
126	ERCP-PANCREATIC DUCT STONE REMOVAL
127	PERIANAL ABSCESS I&D
128	PERIANAL HEMATOMA EVACUATION
129	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
130	BREAST ABSCESS I&D
131	FEEDING GASTROSTOMY
132	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
133	ERCP-BILEDUCT STONE REMOVAL
134	ILEOSTOMY CLOSURE
135	COLONOSCOPY
136	POLYPECTOMY COLON
137	SPLenic ABSCESES LAPROSCOPIC DRAINAGE
138	UGISCOPY AND POLYPECTOMY STOMACH
139	RIGID OESOPHAGOSCOPY FOR REMOVAL
140	FEEDING JEJUNOSTOMY
141	COLOSTOMY
142	ILEOSTOMY
143	COLOSTOMY CLOSURE

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

144	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
145	PNEUMATIC REDUCTION OF INTUSSUSCEPTION
146	VARICOSE VEINS LEGS-INJECTION SCLEROTHERAPY
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	THYROID ABSCESES INCISION AND DRAINAGE
164	TIPS PROCEDURE FOR PORTAL HYPERTENSION
165	ESOPHAGEAL GROWTH STENT
166	PAIR PROCEDURE OF HYDATID CYST LIVER
167	TRU CUT LIVER BIOPSY
168	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
169	EXCISION OF CERVICAL RIB
170	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
171	MICRODOCHECTOMY BREAST
172	SURGERY FOR FRACTURE PENIS
173	SENTINEL NODE BIOPSY
174	PARASTOMAL HERNIA
175	REVISION COLOSTIMY
176	PROLAPSED COLOSTOMY-CORRECTION
177	TESTICULAR BIOPSY
178	LAPAROSCOPIC CARIOMYOMOTMY (HELLERS)
179	SENTINEL NODE BIOPSY MALIGNANT MELANOMA

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

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	CONISATION OF THE UTERINE CERVIX
192	THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY
193	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
194	OTHER OPERATIONS ON THE UTERINE CERVIX
195	INCISION OF THE UTERUS (HYSTERECTOMY)
196	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
197	INCISION OF VAGINA
198	INCISION OF VULVA
199	CULDOTOMY
200	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
201	ENDOSCOPIC POLYPECTOMY
202	HYSTEROSCOPIC REMOVAL MYOMA
203	D&C
204	HYSTEROSCOPIC RESECTION OF SEPTUM
205	THERMAL CAUTERISATION OF CERVIX
206	MIRENA INSERTION
207	HYSTEROSCOPIC ADHESIOLYSIS
208	LEEP
209	CRYOCAUTERISATION OF CERVIX
210	POLYPECTOMY ENDOMETRIUM
211	HYSTEROSCOPIC RESECTION OF FIBROID
212	LLETZ
213	CONIZATION

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

214	POLYPECTOMY CERVIX
215	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
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
236	NORMAL VAGINAL DELIVERY AND VARIANTS
	NEUROLOGY RELATED
237	FACIAL, NERVE PHYSIOTHERAPY
238	NERVE BIOPSY
239	MUSCLE BIOPSY
240	EPIDURAL STEROID INJECTION
241	GLYCEROL RHIZOTOMY
242	SPINAL CORD STIMULATION
243	MOTOR CORTEX STIMULATION
244	STEREOTACTIC RADIOSURGERY
245	PERCUTANEOUS CORDOTOMY
246	INTRATHECAL BACLOFEN THERAPY
247	ENTRAPMENT NEUROPATHY RELEASE
248	DIAGNOSTIC CEREBRAL ANGIOGRAPHY

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

249	VP SHUNT
250	VENTRICULOATRIAL SHUNT
	ONCOLOGY RELATED
251	RADIOTHERAPY FOR CANCER
252	CANCER CHEMOTHERAPY
253	IV PUSH CHEMOTHERAPY
254	HBI-HEMIBODY RATIO THERPY
255	INFUSIONAL TARGETED THERAPY
256	SRT-STEREOTACTIC ARC THERAPY
257	SC ADMINISTRATION OF GROWTH FACTORS
258	CONTINUOUS INFUSIONAL CHEMOTHERAPY
259	INFUSIONAL CHEMOTHERAPY
260	CCRT-CONCURRENT CHEMO+RT
261	2D RADIOTHERAPY
262	3D CONFORMAL RADIOTHERAPY
263	IGRT-IMAGE GUIDED RADIOTHERAPY
264	IMRT-STEP&SHOOT
265	INFUSIONAL BISPHOSPHONATES
266	IMRT-DMLC
267	ROTATIONAL ARC THERAPY
268	TELE GAMMA THERAPY
269	FSRT-FRACTIONATED SRT
270	VIMAT-VOLUMETRIC MODULATED ARC THERAPY
271	SBRT-STEREOTACTIC BODY RADIOTHERAPY
272	X-KNIFE SRS
273	GAMMAKNIFE SRS
274	TBI-TOTAL BODY RADIOTHERAPY
275	INTRALUMINAL BRACHYTHERAPY
276	ELECTRON THERAPY
277	TSET-TOTAL ELECTRON SKIN THERAPY
278	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
279	TELECOBALT THERAPY
280	TELECESIUM THERAPY
281	EXTERNAL MOULD BRACHYTHERAPY
282	INTERSTITIAL BRACHYTHERAPY
283	INTRACAVITY BRACHYTHERAPY

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

284	3D BRACHYTHERAPYIMPLANT BRACHYTHERAPY
285	IMPLANT BRACHYTHERAPY
286	INTRAVESICAL BRACHYTHERAPY
287	ADJUVANT RADIOTHERAPY
288	AFTERLOADING CATHETER BRACHYTHERAPY
289	CONDITIONING RADIOTHERAPY FOR BMT
290	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
291	RADICAL CHEMOTHERAPY
292	NEOADJUVANT RADIOTHERAPY
293	LDR BRACHYTHERAPY
294	PALLIATIVE RADIOTHERAPY
295	RADICAL RADIOTHERAPY
296	PALLIATIVE CHEMOTHERAPY
297	TEMPLATE BRACHYTHERAPY
298	ENOADJUVANT CHEMOTHERAPY
299	ADJUVANT CHEMOTHERAPY
300	INDUCTION CHEMOTHERAPY
301	CONSOLIDATION CHEMOTHERAPY
302	MAINTENANCE CHEMOTHERAPY
303	HDR BRACHYTHERAPY
OPERATIONS ON THE SALIVARY GLANDS & SALIVARY DUCTS	
304	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
305	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
306	RESECTION OF A SALIVARY GLAND
307	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
308	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUES	
309	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
310	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
311	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
312	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
314	FREE SKIN TRANSPLANTATION, DONOR SITE
315	FREE SKIN TRANSPLANTATION, RECIPIENT SITE

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

316	REVISION OF SKIN PLASTY
317	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTAEIOUS TISSUES
318	CHEMOSURGERY TO THE SKIN
319	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
320	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
321	EXCISION OF BURSIRTIS
322	TENNIS ELBOW RELEASE
OPERATIONS ON THE TONGUE	
323	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
324	PARTIAL GLOSSECTOMY
325	GLOSSECTOMY
326	RECONSTRUCTION OF THE TONGUE
327	OTHER OPERATIONS ON THE TONGUE
OPHTHALMOLOGY RELATED	
328	SURGERY FOR CATARACT
329	INCISION OF TEAR GLANDS
330	OTHER OPERATIONS ON THE TEAR DUCTS
331	INCISION OF DISEASED EYELIDS
332	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
333	OPERATIONS ON THE CANTHUS AND EPICANTHUS
334	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
335	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
336	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
337	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
338	INCISION OF THE CORNEA
339	OPERATIONS FOR PTERYGIUM
340	OTHER OPERATIONS ON THE CORNEA
341	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
342	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
343	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
344	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
345	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
346	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

347	ANTERIOR CHAMBER PARACENTESIS/CYCLODIATHERMY/CYCLOCRYOTHERAPY/GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
348	ENUCLEATION OF EYE WITHOUT IMPLANT
349	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
350	LASER PHOTOCOAGULATION TO TREAT RETINAL TEAR
351	BIOPSY OF TEAR GLAND
352	TREATMENT OF RETINAL LESION
	ORTHOPEDICS RELATED
353	SURGERY FOR MENISCUS TEAR
354	INCISION ON BONE, SEPTIC AND ASEPTIC
355	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
356	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
357	REDUCTION OF DISLOCATION UNDER GA
358	ARTHROSCOPIC KNEE ASPIRATION
359	SURGERY FOR LIGAMENT TEAR
360	SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
361	REMOVAL OF FRACTURE PINS/NAILS
362	REMOVAL OF METAL WIRE
363	CLOSED REDUCTION ON FRACTURE, LUXATION
364	REDUCTION OF DISLOCATION UNDER GA
365	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
366	EXCISION OF VARIOIUS LESIONS IN COCCYX
367	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
368	CLOSED REDUCTION OF MINOR FRACTURES
369	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
370	TENDON SHORTENING
371	ARTHROSCOPIC MENISCECTOMY-KNEE
372	TREATMENT OF CLAVICLE DISLOCATION
373	HAEMARTHROSIS KNEE-LAVAGE
374	ABSCESS KNEE JOINT DRAINAGE
375	CARPAL TUNNEL RELEASE
376	CLOSED REDUCTION OF MINOR DISLOCATION
377	REPAIR OF KNEE CAP TENDON
378	ORIF WITH K WIRE FIXATION-SMALL BONES

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

379	RELEASE OF MIDFOOT JOINT
380	ORIF WITH PLATING-SMALL LONG BONES
381	IMPLANT REMOVAL MINOR
382	K WIRE REMOVAL
383	POP APPLICATION
384	CLOSED REDUCTION AND EXTERNAL FIXATION
385	ARTHROTOMY HIP JOINT
386	SYME'S AMPUTATION
387	ARTHROPLASTY
388	PARTIAL REMOVAL OF RIB
389	TREATMENT OF SESAMOID BONE FRACTURE
390	SHOULDER ARTHROSCOPY/SURGERY
391	ELBOW ARTHROSCOPY
392	AMPUTATION OF METACARPAL BONE
393	RELEASE OF THUMB CONTRACTURE
394	INCISION OF FOOT FASCIA
395	CALCENUM SPUR HYDROCORT INJECTION
396	GANGLION WRIST HYALASE INJECTION
397	PARTIAL REMOVAL OF METATARSAL
398	REPAIR/GRAFT OF FOOT TENSION
399	REVISION/REMOVAL OF KNEE CAP
400	AMPUTATION FOLLOW-UP SURGERY
401	EXPLORATION OF ANKLE JOINT
402	REMOVE/GRAFT LEG BONE LESION
403	REPAIR/GRAFT ACHILLES TENDON
404	REMOVE OF TISSUE EXPANDER
405	BIOPSY ELBOW JOINT LINING
406	REMOVAL OF WRIST PROSTHESIS
407	BIOPSY FINGER JOINT LINING
408	TENDON LENGTHENING
409	TREATMENT OF SHOULDER DISLOCATION
410	LENGTHENING OF HAND TENDON
411	REMOVAL OF ELBOW BURSA
412	FIXATION OF KNEE JOINT
413	TREATMENT OF FOOT DISLOCATION
414	SURGERY OF BUNION

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

415	INTRA ARTICULAR STERIOD INJECTION
416	TENDON TRANSFER PROCEDURE
417	REMOVAL OF KNEE CAP BURSA
418	TREATMENT OF FRACTURE OF ULNA
419	TREATMENT OF SCAPULA FRACTURE
420	REMOVAL OF TUMOR OF ARM/ELBOW UNDER RA/GA
421	REPAIR OF RUPTURED TENDON
422	DECOMPRESS FOREARM SPACE
423	REVISION OF NECT MUSCLE (TORTICOLLIS RELEASE)
424	LENGTHENING OF THIGH TENDONS
425	TREATMENT FRACTURE OF RADIUS & ULNA
426	REPAIR OF KNEE JOING
CARDIOLOGY RELATED	
427	CORONARY ANGIOGRAM
OTHER OPEARATIONS ON THE MOUTH & FACE	
428	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
429	INCISION OF THE HARD AND SOFT PALATE
430	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
431	INCISON, EXCISION AND DESTRUCTION IN THE MOUTH
432	OTHER OPERATIONS IN THE MOUTH
PEDIATRIC SURGERY RELATED	
433	EXCISION OF FISTULA IN ANO
434	EXCISION JUVENILE POLYPS RECTUM
435	VAGINOPLASTY
436	DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
437	PRESACRAL TERA TOMAS EXCISION
438	REMOVAL OF VESICAL STONE
439	EXICISON SIGMOID POLYP
440	STERNOMASTOID TENOTOMY
441	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
442	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
443	MEDIASTINAL LYMPH NODE BIOPSY
444	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
445	EXCISION OF CERVICAL TERATOMA
446	RECTAL MYOMECTIONY
447	RECATAL PROLAPSE (DELORME'S PROCEDURE)

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

448	DETORSION OF TORSION TESTIS
449	EUA+BIOPSY MULTIPLE FISTULA IN ANO
450	CYSTIC HYGROMA-INJECTION TREATMENT
	PLASTIC SURGERY RELATED
451	CONSTRUCTION SKIN PEDICLE FLAP
452	GLUTEAL PRESSURE ULCER-EXCISION
453	MUSCLE-SKIN GRAFT, LEG
454	REMOVAL OF BONE FOR GRAFT
455	MUSCLE-SKIN GRAFT DUCT FISTULA
456	REMOVAL CARTILAGE GRAFT
457	MYOCUTAEUS FLAP
458	FBRO MYOCUTANEOUS FLAP
459	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
460	SLING OPERATION FOR FACIAL PALSY
461	SPLIT SKIN FRAFTING UNDER RA
462	WOLFE SKIN GRAFT
463	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
	THORACIC SURGERY RELATED
464	THORACOSCOPY AND LUNG BIOPSY
465	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
466	LASER ABLATION OF BARRETT'S OESOPHAGUS
467	PLEURODESIS
468	THORACOSCOPY AND PLEURAL BIOPSY
469	EBUS+BIOPSY
470	THORACOSCOPY LIGATION THORACIC DUCT
471	THORACOSCOPY ASSISTED EMPYAEME DRAINAGE
	UROLOGY RELATED
472	HAEMODIALYSIS
473	LITHOTRIPSY/NEPHORLITHOTOMY FOR RENAL CALCULUS
474	EXCISION OF RENAL CYST
475	DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
476	INCISION OF THE PROSTATE
477	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
478	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
479	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480	RADICAL PROSTATOVESICULECTOMY

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

517	CYSTOSCOPY AND SLING PROCEDURE
518	TUNA-PROSTATE
519	EXCISION OF URETHRAL DIVERTICULUM
520	REMOVAL FO URETHRAL STONE
521	EXCISION OF URETHRAL PROLAPSE
522	MEGA-URETER RECONSTRUCTION
523	KIDNEY RENOSCOPY AND BIOPSY
524	URETER ENDOSCOPY AND TREATMENT
525	VESICO URETERIC REFLUX CORRECTION
526	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
527	ANDERSON HYNES OPERATION
528	KIDNEY ENDOSCOPY AND BIOPSY
529	PARAHIMOSIS SURGERY
530	INJURY PREPUCE-CIRCUMCISION
531	FRENULAR TEAR REPAIR
532	MEATOTOMY FOR MEATAL STENOSIS
533	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
534	SUREGERY FILARIAL SCROTUM
535	SURGERY FOR WATERING CANPERINEUM
536	REPAIR OF PENILE TORSION
537	DRAINAGE OF PROSTATE ABSCESS
538	ORCHIECTOMY
539	CYSTOSCOPY AND REMOVAL OF FB

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
 CHOHLGP21311V022021
 POLICY WORDINGS

Annexure 2 (attached to and forming part of policy wordings)**LIST I – ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY**

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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



FLEXI HEALTH
CHOHLGP21311V022021
POLICY WORDINGS

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