Chola Classic Health - Family Floater

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I. Customer InformatIon Sheet

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		Related medical expenses incurred 60 days prior to hospitalization	III Coverage – Section I (b)
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3	What are the Major exclusions in the policy:	War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law	V Exclusion – C. General Exclusion I
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5	Payout basis	Cashless Hospitalisation Reimbursement of covered expenses upto specified limits	VI General Conditions – C III VI General Conditions – C IV
6	Cost sharing	In case of a claim, this policy requires Insured to share the following costs:	Not applicable
7	Renewal Conditions	The policy is ordinarily renewable till lifetime, unless on grounds of moral hazard, misrepresentation, fraud and non cooperation by the insured.	VI General Conditions – g
		Other terms and conditions of renewal	VI General Conditions – g
8	Renewal Benefits	5% increase in the insured's annual limit for	III Coverages

		every claim free year	
9	Cancellation	This policy would be cancelled, and no claim or refund would be due to the insured if: Insured/ Proposer have not correctly disclosed details about insured's current and past health status OR Insured has otherwise encouraged or participated in any fraudulent claims under the policy	VI General Conditions – i
10	Nomination	As per the Health Insurance Regulations, all proposal forms will be provided with nomination facility to the Policyholder to receive money secured by the Policy in the event of death. In case the nominee is a minor, then the Policyholder can appoint the person to receive the money secured by the policy in the event of the Policyholder's death during the minority of the nominee. Policy will contain an acknowledgement of having registered the nomination. Any subsequent cancellation by the Policyholder or change in nomination will be duly acknowledged.	VI General Conditions – j

Note: The information furnished above must be read in conjunction with the policy wordings. In case of any conflict between the Customer Information Sheet and policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

We issue this insurance policy to You and/or Your Family based on the information provided by You/Proposer in the proposal form and premium paid by You/Proposer. This insurance is subject to the following terms and conditions. This policy covers Your Family on Floater Sum Insured basis. The Sum Insured that has been opted is indicated in the Policy Schedule. The term **You/ Your / Insured Person /Insured/ Policyholder** in this document refers to **You and all the Insured persons** as applicable. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**

II. SCHEDULE OF BENEFITS

Benefits in the table below should be read in conjunction with section III and section IV

Options	A	B	C	D	E
Sum Insured (in Rs.)	500,000	400,000	300,000	200,000	100,000
Entry Age	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs	90 days to 65 Yrs
Exit Age	Life time Renewal	Life time Renewal	Life time Renewal	Life time Renewal	Life time Renewal
Pre Hospitalization Expenses	60 Days	60 Days	60 Days	60 Days	60 Days
Post Hospitalization Expenses	90 Days	90 Days	90 Days	90 Days	90 Days
Room Rent	Upto Rs.3000/ day	Upto Rs.2500/ day	Upto Rs.2000/ day	Upto Rs.1500/ day	Upto Rs.1000/ day
AYUSH Coverage Expenses	100% of SI	100% of SI	100% of SI	100% of SI	100% of SI
Day Care Procedures /Treatment Expenses	Covered	Covered	Covered	Covered	Covered
Emergency Ambulance (per family per annum)	Rs.1000	Rs.1000	Rs.1000	Rs.1000	Rs.1000
Hospital Daily Allowance(Per family per annum)	Rs. 500/day Max 14 days	Rs. 400/ day Max 10 days	Rs.300/ day Max 7 days	Rs. 200/ day Max 7 days	NA
External Aids and appliances (Per family per annum)	Rs. 10,000	Rs. 10,000	Rs. 10,000	Rs. 10,000	Rs. 10,000
Home Nursing Care Allowance (per family per annum)	Rs. 300/ day Max 10 days	Rs. 300/ day Max 10 days	Rs.200/ day Max 7 days	Rs. 200/ day Max 7 days	NA
Cumulative Bonus	5% of Sum Insured every claim free year subject to maximum of 50% of Sum Insured				
Reduction in Cumulative Bonus	5% of Sum Insured				

III. COVERAGES

Upon the happening of the events under Section 1 (a to f) and Section 2 (a to c) below during the policy period, We will indemnify the policyholders 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.

Section 1: Benefits forming part of Sum Insured opted

a. Inpatient Hospitalization Expenses

We will pay for hospitalization expenses that require more than 24 hrs of Hospitalization for illness or accidental bodily injury upto Sum insured mentioned in the policy schedule:

- Room and Boarding charges
- Doctors fees
- Intensive Care Unit charges
- Nursing Expenses
- Surgical fees, operating theatre, anaesthesia and oxygen and their administration
- Physical therapy expenses
- Cost of drugs and medicines consumed on premises
- Medical cost for hospital miscellaneous services (laboratory, x-ray, diagnostic tests, etc.)
- Cost of dressing, ordinary splints and plaster casts

- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy, Chemotherapy
- Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

b. Pre-Hospitalization Expenses

We will pay for medical expenses incurred immediately before the Insured Person is Hospitalized upto the number of days mentioned in the schedule of benefits, provided that

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

c. Post-Hospitalization Expenses covers

We will pay for medical expenses incurred immediately after the Insured Person is discharged upto the number of days mentioned in the Schedule of benefits, provided that

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

d. AYUSH Coverage Expenses (Ayurvedic, Unani, Sidha and Homeopathy) Coverage Expenses:

We will pay for hospitalization expenses that require more than 24 hrs of Hospitalization for illness or accidental bodily injury for non-allopathic treatments except naturopathy upto Sum insured mentioned in the policy schedule. The treatment should have been undergone in a Government hospital or in any institute recognized by the government and / or accredited by Quality council of India / National Accreditation Board on Health

e. Day Care Procedures/Treatment Expenses

We will pay for Medical Expenses incurred in a Day Care Procedure/Treatment that requires less than 24 hours of hospitalisation, upto Sum Insured mentioned in the policy schedule.

f. Emergency Ambulance Expenses

We 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:

I. The ambulance service is offered by a healthcare or an ambulance service provider
II. We have accepted the inpatient hospitalization claim under point (a) above.

The total amount payable under the policy per year for all sub sections a to f as above put together shall not exceed the floater sum insured for the policy shown in the policy schedule.

Section 2: Additional Benefits (Benefits under this section is over and above Section 1)

a. Hospital Daily Allowance

We will pay per day allowance for hospitalisation as mentioned in the schedule of benefits, limited to per family and per policy period (per annum in case of multi-year tenure). Benefit under this is subject to acceptance of inpatient hospitalisation claim under point Section 1(a) above.

b. External Aids and Appliances

If we accept a claim under Section 1 a) above and, immediately following the Insured's discharge, he requires further External Aids and Appliances directly related to the same condition for which the Insured was Hospitalised, we will reimburse the Insured's External Aids and Appliances expenses up to the limits given in Schedule of Benefits. This benefit covers following External Aids and Appliances only

i) Abdominal belts (used Post-Hernia and related surgeries)
ii) Belts for Prolapsed Inter-vertebral disc (PIVD)
iii) Artificial Limbs

iv) Crutches
v) Wheel-chair
vi) Trusses (used Post-Hernia and related surgeries)

c. Home Nursing Care Allowance

We will pay for the Home Nursing Care Allowance per day for a limited period per family and per policy period (per annum in case of multi-year tenure) towards the nursing expenses incurred post-hospitalisation, provided that the Treating Registered Medical Practitioner recommends such care in view of medical condition of the Insured immediately following discharge from the Hospital bed and a Qualified Nurse provides the Nursing Care Services. Coverage is only provided up to the limits given in Schedule of Benefits. Benefits under this section are subject to the hospitalisation claim being admitted by the Company under Section 1 a)

Cumulative Bonus

If the insured has not made a claim in a policy year (per annum in case of multi-year tenure) and has renewed the policy with us without a break, we will increase his/her Sum Insured under each subsequent policy by 5% of the expiring policy Sum Insured. The maximum cumulative bonus shall at no time exceed 50% of the policy Sum Insured.

Reduction in Cumulative Bonus

In the event of a claim during a policy year (per annum in case of multi-year tenure), the claim free bonus in any subsequently renewed policies shall be reduced by a percentage as mentioned in the schedule of benefit. Such a reduction will be made ensuring that the limit of Indemnity shall not fall below 100% of the Basic Sum insured available under expiring policy with us.

In case of multi year tenure, any decrease in the cumulative bonus will be determined at the start of every new policy year and the same will be reflected on the policy schedule only at the time of renewal of the policy.

IV. DEFINITIONS

To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.

1. **Accident means** 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. **Annual Period** refers to a continuous period of insurance of 12 months within the contract period
4. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
5. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
6. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
7. **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.
8. **Claims Team** means the Claims administration team within Chola MS General Insurance Company Limited
9. **Condition Precedent** shall mean a policy term or condition upon which our liability under the policy is conditional upon.
10. **Congenital Anomaly** refers to a condition(s) which is present since birth, which is abnormal with reference to form, structure or position.
    a. **Internal Congenital Anomaly:** Which is not in the visible and accessible parts of the body
    b. **External Congenital Anomaly:** Which is in the visible and accessible parts of the body
11. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured to share the cost of an indemnity claim on a ratable proportion of the Sum Insured
    This clause shall not apply to any Benefit offered on fixed benefit basis.
12. **Co-Payment** is a cost sharing requirement under a health insurance policy that provides that you will bear a specific percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured
13. **Cumulative Bonus** shall mean any increase in the sum assured granted by us without an associated increase in premium
14. **Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set up within 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 criteria as under:-

a) has qualified nursing staff under its employment ;
b) has qualified medical practitioner (s) in charge;
c) has a fully equipped operation theatre of its own where surgical procedures are carried out;
d) maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

15. **Day care Procedure/ treatment** refers to medical treatment and/or surgical procedure which is
    a. undertaken under general or local anesthesia in a hospital / day care centre in less than 24 hours because of technological advancement and
    b. which would have otherwise required hospitalization of more than 24 hours

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.
16. **Dependents** refer to family members listed below, who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income. Spouse and dependent children.
17. **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
18. **Diagnostic Test** Investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
19. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure o f any material fact.
20. **Eligible Children** means children aged between 90 days and 19 years at the commencement of the policy period if they are unmarried, still dependant on the proposer and have not established their own independent households;
    Unmarried dependent children aged between 19 and 26 years at the commencement of the policy period, if in full or part time education and primarily dependent upon the proposer for financial support and maintenance
21. **Emergency Care** means management for a severe 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.
22. **Endorsement**: 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
23. **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
24. **Family Floater** means a Policy described as such in the Schedule where You and Your Dependents named in the Schedule are insured under this Policy. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during annual period within the Policy Period
25. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received.
26. **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:
    a. Has qualified nursing staff under its employment round the clock;
    b. Has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    c. Has qualified medical practitioner(s) in charge round the clock;
    d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
    e. Maintains daily records of patients and make these accessible to the Insurance Company's authorized personnel.
27. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours
28. **Identification** or **ID card** means the card issued to You by us.
29. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
    a. **Acute condition** means 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** - A 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 your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

30. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
31. **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
32. **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
33. **Intensive Care Unit -** 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
34. **IRDA / Authority** – Insurance Regulatory and Development Authority
35. **Medical Advise -** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
36. **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.
37. **Medical Practitioner/Doctor** means 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 the scope and jurisdiction of license.

    The registered practitioner should not be the insured or close family members.
38. **Medically necessary** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
    a. is required for the medical management of the illness or injury suffered by You;
    b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    c. must have been prescribed by a medical practitioner;
    d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
39. **Membership Number means I**dentification 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.
40. **Network Provider/ Hospital means** Hospitals or health care providers enlisted by the insurer to provide medical services to an insured on payment by a cashless facility. The list is available with the insurer and subject to amendment from time to time.
41. **Newborn Baby** means those babies born to you and your spouse during the Policy Period Aged between 1 day and 90 days, both days inclusive
42. **Non- Network** means any hospital, day care centre or other provider that is not part of the network.
43. **Notification of claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified
44. **Policy** means the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
45. **Policy period** means the period between the inception 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 (i) below.
46. **Policy Schedule** 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 Schedule.
47. **Pre-Existing Diseases:** Any condition, ailment or injury or related conditions for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of his / her first policy issued by the insurer.

48. **Portability** means transfer by an individual health insurance policy holder (including family cover) to the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another insurer.
49. **Post-Hospitalization Medical Expenses m**eans medical expenses incurred immediately after the Insured Person is discharged from the hospital 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 Hospitalization claim for such Hospitalization is admissible by the Insurance Company
50. **Pre-Hospitalization Medical Expenses m**eans medical expenses incurred immediately before the Insured Person is Hospitalised, 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 Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
51. **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
52. **Proposer** means the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy
53. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
54. **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.
55. **Renewal** defines 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 all waiting periods.
56. **Room Rent** shall mean the amount charged by a hospital for the occupying of a bed on per day (24 hours) basis and shall include associated medical expenses.
57. **Senior Citizen** means persons aged above 60 years at the commencement of the policy period
58. **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.
59. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
60. **Sum Insured** means the amount shown in the policy schedule which shall be our maximum liability for any and all claims made by you and all of your dependents during the Annual period within the policy period.
61. **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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner
62. **Unproven/Experimental treatment** is treatment including drug Experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
63. **Waiting period** refers to the period during which we shall not be liable to make any payment for any claim for treatment. This is not applicable if caused directly due to an accident during the policy period.

V. EXCLUSIONS

No indemnity is available or payable for claims directly or indirectly caused by, arising out of or connected to the following:

a. Waiting Periods

I. A waiting period of 30 days will apply to all claims from the commencement date of the policy except in case of hospitalization arising out of injuries caused by accident. This exclusion does not apply for subsequent renewals with the company without a break.

II. Expenses incurred on treatment of following diseases within the first year from the commencement of the Policy will not be payable:

1. Cataract
2. Benign Prostatic Hypertrophy
3. Hysterectomy for Menorrhagia or Fibromyoma
4. Hernia
5. Hydrocele
6. Fistula in anus, Piles
7. Congenital Internal Diseases

8. Sinusitis & related disorders

If these diseases are pre-existing at the time of proposal, the same will be considered under the policy as per exclusion number (b) below.

Waiting period of 30 days and 12 months will not be applicable if caused directly due to an accident during policy period.

b. Pre-Existing Disease (PED)

Benefits will not be available for any pre-existing condition(s) as defined in the policy, until 48 consecutive months of continuous coverage has elapsed, since inception of the first policy with Us/with any other Indian Insurer.

c. General Exclusions

I. War or any act of war, invasion, acts of foreign enemies, hostilities whether are be declared or not, civil war, revolution, insurrection, mutiny, martial law

II. Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane

III. The use, misuse or abuse of alcohol, Tobacco and related products, banned substances or narcotic drugs (whether prescribed or not)

IV. 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

V. Any travel or transportation costs or expenses excluding ambulance charges

VI. Experimental or unproven treatment

VII. The Insured Person's participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or ambulance services, lifeboat service, police force and the like whether part time or full time, voluntary or paid

VIII. The expenses incurred for the following treatments:

1. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run-down conditions, rest cure, treatment of sleep apnea.
2. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services
3. Circumcisions (unless necessitated by illness or injury and forming part of treatment)
4. Laser treatment for correction of eye due to refractive error
5. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment to do or undo changes in appearance or any procedure which is aimed to improve physical appearance
6. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic injury, burns or cancer
7. Vaccination or inoculation unless forming a part of post-animal bite treatment
8. HIV (Human Immunodeficiency Virus) /AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex)), Sexually transmitted disease or illness
9. Psychiatric, mental disorders (including mental health treatments)
10. 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. The Items as mentioned above may be amended as per the schedule of benefits being attached to the policy
11. Any external congenital diseases, defects or anomalies, genetic disorders
12. Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury
13. Any expenses towards fitting of hearing aids, eyeglasses or contact lenses
14. Expenses incurred primarily for diagnostic X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the illness or injury for which the Insured Person was hospitalized

IX. Independent personal comfort and convenience items or services such as television, telephone, barber or beauty service, guest service and similar incidental services and supplies which are charged separately unless they form part of the room rent

X. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings

XI. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription

XII. Except to the extent provided in the Schedule of Benefit, expenses towards pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in Chronic conditions as a result of pregnancy.

XIII. Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency.

XIV. Naturopathy Treatments.

XV. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses are placed at Annexure 1

VI. GENERAL CONDITIONS

a. Observance of Terms & Conditions

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

b. **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.

c. 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, or require a Day Care Procedure, then it is a condition precedent to our liability that You shall immediately:

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

II. 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

III. Procedure for Cashless claims:

Obtain our pre-authorisation for any medical treatment. Pre-authorisation shall, if we are satisfied as to the validity of the claim, specify:

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

IV. 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. You shall expeditiously provide us with or arrange for us to be provided with any and all information or documentation, in respect of the Illness, the claim or our liability that may be requested. Also, You shall submit Yourself for the examination by our medical advisors as often as may be considered necessary by us. The expenses towards doctors' fees for such medical examination 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. You shall acknowledges and agrees 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
   - Upon acceptance of the offer of claim settlement by the Insured, the claim amount will be settled by the Company within 7 days from the date of acceptance of the offer by the Insured. In case of delay in the payment, the Company shall be liable to pay interest at the rates stipulated by IRDA from time to time.
   - There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders

The documents should be sent to or such other address as may be notified to the Insured

Cholamandalam MS General Insurance Company Limited
Chola MS HELP – Health Claims Department
No. 163, Hari Nivas Towers, 2nd Floor, Thambu Chetty Street
Parry's Corner, Chennai - 600001
Customer Care Toll Free No: 1800-200-5544

d. **Authority to Obtain Records**

The insured must procure and cooperate with the insurers 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 the insurers 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

e. Transfer

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

f. Free Look Period

The Insured shall be allowed a period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable.

The Insured can return the policy within 15 days of its receipt if he/she is not satisfied with its coverage or terms and conditions. In such a case the policy will be cancelled from date of cancellation request received at Insurer's office provided no claim is reported and considered. Refund of premium would be after retaining charges towards medical tests, stamp duty charges and pro-rata premium from the risk start date till date of cancellation.

g. Renewal of Policy

a. We agree to renew your policy except on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.
b. This policy can be renewed for a period of 12 / 24 / 36 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period post the expiry of the policy which will be the sole discretion of the company.
c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy

d. If you decide to increase the sum insured at the time of renewal, subject to written application and our acceptance, then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 30 days, 12 months and 48 months waiting periods as per exclusions V.a and V.b above.
e. The Company reserves its right to revise the premium from time to time subject to approval of IRDA.
f. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.
g. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal the pre-existing disease clause, exclusion and waiting periods will be applicable for that insured person considering such policy period as duration of the first policy with us.
h. This product may be withdrawn from the market after approval from IRDA. We will intimate the Insured person in writing about such withdrawal atleast 30 days prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company. This will be subject to portability conditions laid down by IRDA.
i. Any revision or modification in a policy subject to the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.

h. **Portability**:

On renewal from any other Indian insurer's Individual / Family floater indemnity health insurance policy with similar type of cover with same Sum insured, Continuation of benefits would be ensured for the following.

I. Cumulative Bonus : Subject to general condition g) and coverages III above

II. 30 days Waiting Period: A waiting period of 30 days would be considered to have been served if You were insured continuously and without interruption for at least 1 year under another Indian insurer's individual / Family Hospital Indemnity insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

III. 12 months waiting period on specific diseases would be considered to have been served if You were insured continuously and without interruption for at least 12 months under another Indian insurer's individual / Family Hospital Indemnity insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

IV. Pre-Existing diseases would not be excluded in the policy if You were insured continuously and without interruption for at least 48 months years under another Indian insurer's individual / Family Hospital Indemnity insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

In case of a difference in Sum insured between old policy and new policy, it would be treated as in point no g) above.

The above condition would also be applied if the insured chooses to port to another Individual / Family floater indemnity health insurance policy within the company.

i. Cancellation of cover

This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. The policy shall be void and all premium paid hereon shall be forfeited to the Company. Upon cancellation of the policy by us for any other reasons (other than the above), the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation.

The insured person may also cancel the policy at any time in which event, the company shall be entitled to retain premium at Short Period Scale for the expired portion on the date of cancellation. Any excess premium available with us after adjustment at Short Period Scale as provided herein below shall be refunded to the Insured except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

1 Yr Policy Term		2 Yrs Policy Term		3 Yrs Policy Term	
No of Months	% of Premium to be retained	No of Months	% of Premium to be retained	No of Months	% of Premium to be retained
0 to 1	25%	0 to 1	15%	0 to 1	10%
1 to 2	25%	1 to 3	20%	1 to 3	15%
2 to 3	50%	4 to 6	30%	4 to 5	25%

3 to 4	50%	7 to 8	40%	6 to 7	30%
4 to 5	50%	9 to 11	50%	8 to 10	40%
5 to 6	75%	12 to 13	60%	11 to 15	50%
6 to 7	75%	14 to 16	75%	16 to 18	60%
7 to 8	75%	17 to 18	80%	19 to 21	70%
8 to 9	100%	19 to 20	90%	22 to 24	80%
9 to 10	100%	21 to 22	95%	25 to 30	90%
10 to 11	100%	22 to 23	100%	31 to 32	95%
>11	100%	>23	100%	>32	100%

Upon the Cancellation or non-renewal of this Policy, all ID cards shall immediately be returned to us at the your expense and you and each Insured Person agrees to hold and keep us harmless against any and all costs, expenses, liabilities and claims (whether justified or not) arising in respect of the actual or alleged use or misuse of such ID Cards prior to their return to Us.

j. Nomination:

The Insured person is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of S.39 of the Insurance Act, 1938. In case the nominee is a minor, the Policyholder can appoint a person who will receive the money secured by the policy in the event of the Policyholder's death during the minority of the nominee.

The details of nomination provided by the Insured will be acknowledged by the Company in the Policy issued by the Company. The Policyholder is entitled to cancel or withdraw the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

k. Option to migrate to suitable health insurance policy:

Specific age group such as maternity covers, children under family floater policies, students, etc, we shall offer an option to migrate to a suitable health insurance policy at the end of the specified exit age or at the renewal of the policy by providing suitable credits for all the previous policy years, provided the policy has been maintained without a break.

l. Notification

I. 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 respectively specified in the Schedule.

II. 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 Schedule.

m. Arbitration

I. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language and the venue will be in Chennai.

II. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.

III. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

n. Fraud

If You and or Your dependent shall:

I. make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or

II. permit another to use his ID Card or use another's ID Card,

III. Do/ omit to act in manner abetting fraud against Us,

this Policy shall be null and void ab initio in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

o. Subrogation

The Policyholder:

I. shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Insurer shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether before or after indemnification;

II. shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation;

III. Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the Insurer for the claim and the costs of recovery.

This clause is not applicable for benefit sections of the policy.

p. 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.

q. **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.

r. Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

s. Contribution

If you have taken two or more policies during a period from one or more insurers to indemnify treatment costs and have declared details of the other policies in your proposal for insurance, we shall not apply the contribution clause. You may choose to claim under the terms of any of the policies.

In case, the amount that you have claimed with us after consideration of deductibles and copayment exceeds the Sum insured under this policy, we will only be liable to pay a rateable proportion of the claim after consideration of the coverages under all the policies.

This clause is not applicable for benefit sections of the policy.

t. 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.

u. Disclaimer

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

v. Automatic Termination

This policy shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

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

w. **Excluded Hospital-** The Company will issue informatory documents to its insured about excluded hospitals through website or mail or email. And in case of claim the same may be settled on reimbursement basis only after satisfactory due diligence

x. Cost of Pre Insurance Health Check up

Based on acceptance of the proposal and issuance of policy, we would reimburse to the insured 50% to 100% of the cost of examinations as per the plan selected. This will be provided as refund of expenses for pre-policy health check-up to the proposer after policy issuance.

Original receipt for medical tests undergone is required to be submitted to us for reimbursement. This has to be claimed within 30 days of approval of policy

y. Two Policy period

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal / due date of premium of this health policy, if not received earlier.

z. 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.

VII. GRIEVANCES

Mechanism for Grievance Redressal:-

As an esteemed customer of our company, You can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to You. The contact details of our office are given below for Your reference.

A separate Channel will be established to address the issues relating to **Senior Citizen's** Health Insurance related claims and grievances and will be intimated to the policy holders.

Cholamandalam MS General Insurance Company Limited
Customer services
Address: H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.
Toll free: 1800 200 5544
SMS: "CHOLA" to 56677* (premium SMS charges apply)
E-MAIL: customercare@cholams.murugappa.com
WEBSITE: www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgment of complaint or if You are not satisfied with the reply of the Company, You can also contact the nearest Insurance Ombudsman, whose addresses are mentioned below:

Sl. No	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
1	AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II, Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009	Orissa

		Ph (0): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: ioobbsr@dataone.in	
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (0) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Flr., No 453(old no 312), Anna Salai, Teynampet, CHENNAI -600 018 (0) 044-24333678, 24333668 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road,,NEW DELHI - 110 002 (0) 011-23239611, 23237539, 23237532 Fax: 011-23230858 E-mail : iobdelraj@rediffmail.com	Delhi & Rajasthan
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (0) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8	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. (0) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman 2nd Fir., CC 27/ 2603 Pulinat Building Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe - a Part of UT of Pondicherry
10	KOLKATA	Office of the Insurance Ombudsman North British Bldg. 29, N. S. Road, 3rd Fir., KOLKATA -700 001. (0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
11	LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310	Uttar Pradesh and Uttaranchal

		E-mail: ioblko@sancharnet.in	
12	MUMBAI	Office of the Insurance Ombudsman 3rd Flr., Jeevan Seva Annexe, S.v. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889 Fax: 022-26106052 Email: ombudsman@vsnl.net	Maharashtra, Goa

A N N E X U R E 1 *(attached to and forming part of policy wordings)*

List of Non-Medical Expenses excluded in this Policy

S.No	NAME OF THE NON MEDICAL ITEM	Admissibility
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Payable for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Payable for bariatric and varicose vein surgery where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable

40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.	Not Payable
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
65	HORMONE REPLACEMENT THERAPY	Not Payable
66	HOME VISIT CHARGES	Not Payable
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Not Payable
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
72	DONOR SCREENING CHARGES	Not Payable
73	ADMISSION/REGISTRATION CHARGES	Not Payable
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation

		where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON Not	Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
91	COTTON	Not Payable
92	COTTON BANDAGE	Not Payable
93	MICROPORE/ SURGICAL TAPE	Not Payable
94	BLADE	Not Payable
95	APRON	Not Payable
96	TORNIQUET	Not Payable
97	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
98	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
99	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable

115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine.
154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day

155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Payable for post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable

188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitalization or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or inter-hospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG, Where it should be paid.